

*A healthier you*  
**starts  
here!**



**Employee Benefits Guide**  
2024 - 2025



**SOMERTON  
SCHOOL DISTRICT**



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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.

Somerton School District is proud to offer you a broad range of benefit options. You can choose from a number of plans including medical, dental, vision, and voluntary supplemental 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:

1. Contact the carrier directly. Phone number and website information is on [page 23](#).
2. Contact the Human Resources Department at **928-341-6000** or [hrdept@ssd11.org](mailto:hrdept@ssd11.org).

This booklet highlights important features of Somerton School District'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 24th through May 10th, 2024. This is your one time per year to make changes.

This year, the district will hold an active enrollment which means you will be required to meet with an American Fidelity enrollment representative to review the new online enrollment platform and make your elections. If elections are not made, your current benefits will terminate effective 7/1/2024.

**New Employees** have 30 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 30 days from the new benefits eligible status date to complete your enrollment. All insurance coverage starts at the first of the following month.

Remember, if elections are not made within the 30-day initial period of eligibility, you will be required to wait until **Annual Open Enrollment** or until a **Qualifying Life Event** takes place.

## WHO IS ELIGIBLE?

Employees who work 30+ hours per week are eligible for benefits. Your eligible dependents include your legally married spouse and your child(ren) up to age 26.

## 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.

**Post-Tax Dollars:** Some insurance premiums may be paid after taxes. Please contact Human Resources for more information related to the specific premiums that are deducted post-tax.

Check out the Benefits Overview Presentation:



[brainshark.com/cfplc/vu?pi=zHMzaCj2PzNpZWz0](https://brainshark.com/cfplc/vu?pi=zHMzaCj2PzNpZWz0)



# How To Enroll

Somerton School District has partnered with American Fidelity for their benefits enrollment platform allowing you to enroll in your medical, dental, vision and supplemental benefits all in one place. As a new hire, you will meet one on one with an American Fidelity account manager to enroll in your medical, dental, and vision insurance. It will also be a chance for you to become familiar with the benefits enrollment platform. Follow the steps below to schedule an appointment.

1. Visit [enroll.americanfidelity.com/2EAF8844](https://enroll.americanfidelity.com/2EAF8844) and click on the *Schedule Appointment* button at the top.
2. Click on the bubble next to New Hires Select a date and time from the drop down menus Complete the remaining information and click *Schedule Enrollment*.

**For assistance or questions contact  
American Fidelity Arizona Branch Office  
800-616 3576 • 702 433 5333**

## Please note:

- The email address you provide will be where you will receive your appointment confirmation and additional information about connecting to your appointment, make sure it is an email address you have access to.
- Provide a phone number where you can be reached at the time of your appointment so if there are any connection difficulties the American Fidelity Account Manager can contact you.

Somerton School District No. 11  
Benefit Site

[Schedule Appointment](#)

Information From Your Employer  
Welcome to your benefits site! Below you'll find general information and American Fidelity contact information. Feel free to reach out with any questions!

New Hire Enrollment  
July 1, 2024 – June 30, 2025

Open Enrollment  
April 24, 2024 – May 10, 2024



## Prepare for Enrollment

When did you last review your benefits? Even if it seems like yesterday, there's probably a lot that's changed, from within your family to the benefit options available to you. The benefits you picked last year may not be the best fit for this year. Check out this video for how to get the most out of your enrollment this year.

[Learn About Your Benefit Options](#)



# 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, 2024 – June 30, 2025 ). 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 Human Resources Department 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 30 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. Contact Human Resources for the COBRA premium.

Each individual who is covered by a Somerton School District 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

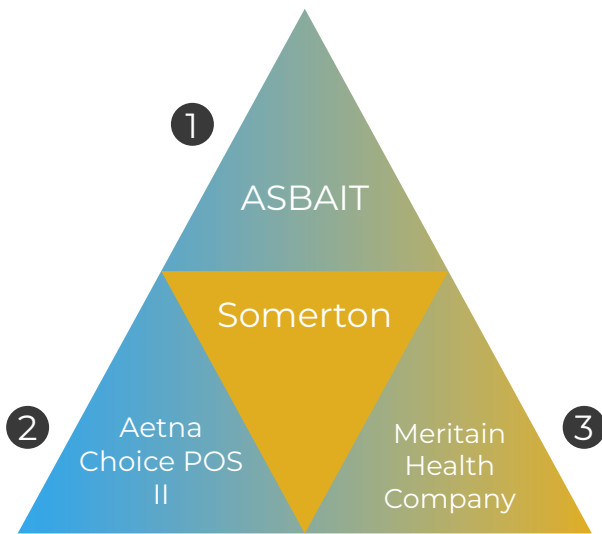
- Marriage
- Death of spouse
- Divorce
- Spouse gains or loses coverage from another source
- Spouse employer’s Open Enrollment

### Covered Dependent Changes

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

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# Medical Plan Information



- 1 The Trust that will provide medical insurance to Somerton School District.
- 2 The network Somerton School District will use for hospitals and physicians.
- 3 The company that will process Somerton School District's medical claims.

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## SUMMARY

Medical benefits provide you and your family access to quality health care. Somerton School District offers two medical plans with different coverage levels from which to choose. All plans are provided through Arizona School Boards Association Insurance Trust (ASBAIT). ASBAIT contracts with Aetna to use their Choice POS II Network, with claims processing and customer service being provided by Meritain Health Company.

To contact Meritain, please go to [www.mymeritain.com](http://www.mymeritain.com) or contact them at **866.300.8449**.

ASBAIT includes the International Medical Solutions (IMS) Mexico wrap network to its benefit plans, allowing employees to access services in Mexico using their ASBAIT medical insurance. Additional details can be found on page 9.

To contact International Medical Solutions, please go to [www.internationalmedsolutions.com](http://www.internationalmedsolutions.com) or call them at **928.446.6179**.

## MERITAIN CONTACT

[www.mymeritain.com](http://www.mymeritain.com)



# Medical Plans

	HDHP A** with Health Savings Account In Network	HDHP B with Health Savings Account In Network	Value Silver In Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Calendar Year</b>	Unlimited	Unlimited	Unlimited
<b>Deductibles</b>			
<b>Individual</b>	\$1,600	\$3,200	\$1000
<b>Family</b>	\$3,200**	\$6,400	\$2,000
<b>Coinsurance</b>	20%	20%	25%
<b>Out-of-Pocket Maximum</b>			
<b>Individual</b>	\$5,500	\$6,000	\$6,000
<b>Family</b>	\$11,000	\$12,000	\$12,000
<b>Hospital Services</b>			
<b>Inpatient Hospital</b>	\$250 Copay, Deductible, then 20%	\$250 Copay, Deductible, then 20%	\$250 Copay, then 25%
<b>Outpatient Hospital</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%
<b>Emergency Room</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%
<b>Urgent Care</b>	Deductible, then \$45 Copay	Deductible, then \$45 Copay	\$60 Copay
<b>Routine Services</b>			
<b>Office Visit</b>	Deductible, then \$25 Copay	Deductible, then \$25 Copay	\$40 Copay
<b>Specialist Visit</b>	Deductible, then \$35 Copay	Deductible, then \$35 Copay	\$50 Copay
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full
<b>Lab &amp; X-Ray</b>	Deductible, then 20%	Deductible, then 20%	25% (deductible waived at a free-standing laboratory)
<b>Chiropractic</b>	Deductible, then 20%	Deductible, then 20%	\$40 Copay
<b>Rehabilitation</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%
<b>Prescription Drugs</b>			
<b>Tier 1</b>	Deductible, then \$15 Copay	Deductible, then \$15 Copay	\$15 Copay
<b>Tier 2</b>	Deductible, then 20% (\$25 min/\$80 max)	Deductible, then 20% (\$25 min/\$80 max)	20% Copay (\$25 min/\$80 max)
<b>Tier 3</b>	Deductible, then 40% (\$40 min/\$110 max)	Deductible, then 40% (\$40 min/\$110 max)	40% Copay (\$40 min/\$110 max)
<b>Tier 4 Specialty</b>	\$200 Copay	\$200 Copay	\$200 Copay
<b>Mail-Order</b>	Deductible, then \$30 / 20% / 40%	Deductible, then \$30 / 20% / 40%	\$30 / 20% / 40%
<b>Diabetic Medications</b>	Deductible, then 20%	Deductible, then 20%	\$5 Generic, \$15 Brand

\*\*If you have Family coverage under the HDHP A 1600 the Family Deductible must be satisfied before the Plan will pay any benefits.

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# 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 HealthEquity. An H.S.A. is a tax-advantaged savings and spending account that can be used to pay for qualified health care expenses.



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## 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. There are two health plans available; one includes a deductible of \$1,600 for individuals and \$3,200 for family coverage the other includes a deductible of \$3,200 for individuals and \$3,200 for family coverage.
2. An H.S.A. bank account with HealthEquity which can be funded by pre-tax payroll contributions from you, the district, or both.

**Somerton School District will contribute \$500 annually into your HSA. This contribution counts toward the annual maximum.**


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## HOW AN H.S.A. WORKS:

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

**Up to \$4,150 for an individual**  
or **\$8,300 for a family**

The district will contribute **\$500 annually** to your HSA, which is included in the contribution limits above.

 **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
  - chiropractor
  - dental treatment
  - hearing aids
  - glasses/ contacts
  - prescriptions

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## 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 medical plan (such as the HDHP A or HDHP B)
- You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSA)
- You cannot be claimed as a dependent on someone else's taxes



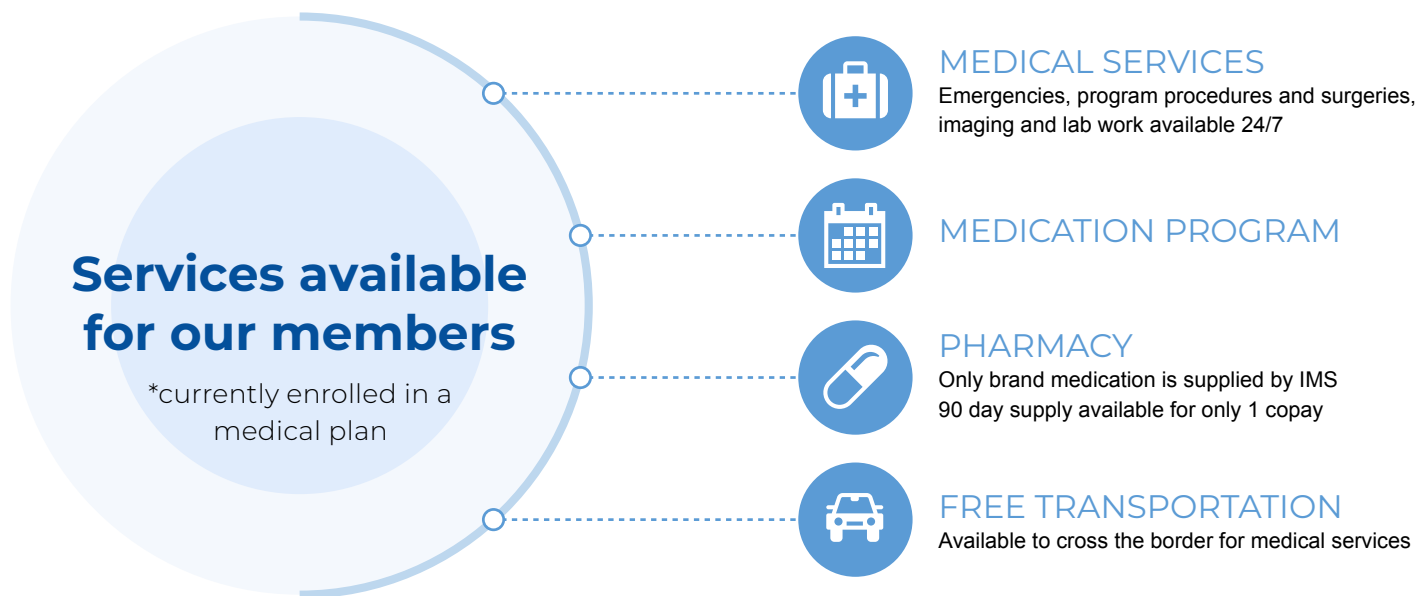
# International Medical Solutions

In partnership with ASBAIT, International Medical Solutions provides quality and affordable healthcare service south of the border for employees and their families who are enrolled in the district offered ASBAIT medical plans.

Quality is ensured by the diligent selection of participating providers under our network.

Physicians must be members in good standing with the National College of Physicians of México, Hospitals are regulated under the criteria of the general health council of México.

[www.internationalmedsolutions.com](http://www.internationalmedsolutions.com)



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## Hinge Health

When you enroll in an ASBAIT medical plan, you have access to Hinge Health which provides PT & Coach-led, digital program for chronic back, knee, hip, shoulder and neck pain. Once approved, you will have access to exercise therapy, behavioral support with 1:1 health coaching and physical therapy, and personalized curriculum.



# Hinge Health

**Employees are required to complete a health questionnaire with Hinge in order to be approved as Hinge is not a good fit for all chronic pain conditions. In order to complete the questionnaire go to:**

**Hingehealth.com** or call **855-902-2777**

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## skinIO

SkinIO is available to all employees enrolled in one of the ASBAIT medical plans. It is the easiest way to get your annual skin screening – you can do it from home in just 15 minutes!

It's simple to use- download the skinIO app, upload photos of your skin and a board-certified dermatologist will review your images. The dermatologist will determine if there are any spots to be concerned about and will give you information on how to find a local dermatologist within the ASBAIT network.



# skinIO™

see more

skinio.com





**Virta**

# Join the movement to reverse type 2 diabetes

Virta, offered by Banner|Aetna, uses the research-backed combination of nutritional ketosis, medical supervision, and one-on-one health coaching. You also get all the supplies you need for biomarker tracking, access to a private patient community, and curated recipes, food guides, and meal plans!



## OUR PROGRAM CAN HELP YOU:

- ✓ Lower blood sugar
- ✓ Decrease medications
- ✓ Reduce A1c
- ✓ Lose weight
- ✓ Lower triglycerides

## HOW IS OURS DIFFERENT?

- ✗ No calorie counting
- ✗ No fasting
- ✗ No exercise required
- ✗ No medication
- ✗ No surgery

## WHO IS BANNER | AETNA'S VIRTA PROGRAM FOR?

Virta is available to Banner|Aetna members and their adult dependents between the ages of 18 and 79 enrolled in an eligible health plan. This benefit is currently being offered to those with type 2 diabetes.

## WHAT'S THE COST?

There is no copay or out of pocket cost for the treatment— the cost of Virta is fully covered for those who qualify!

Learn more at [VirtaHealth.com/Join/BannerAetna](https://VirtaHealth.com/Join/BannerAetna)

Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Providers are independent contractors and are not agents of Banner|Aetna. Provider participation may change without notice. Refer to BannerAetna.com for more information about Banner|Aetna® plans. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna).

Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna and Banner Health provide certain management services to Banner|Aetna.

# Telehealth

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

Whenever you have an issue, simply connect with 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
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bite
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- And more!

## When should I use telehealth?

- 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



HealthiestYou is best suited for employees:

- Enrolled in the HDHP A or HDHP B plans (there is no consultation fee)
- Those waiving the ASBAIT medical plan
- Those who do not have dependent medical coverage but want access for their dependents

**\*Costs \$9.50/month to enroll**

[member.healthiestyou.com](http://member.healthiestyou.com)

866.703.1259

[support@healthiestyou.com](mailto:support@healthiestyou.com)



Teladoc is best suited for employees:

- Enrolled in the Value Silver plan
- If enrolled in HDHP A or B, a \$56 consultation fee will be charged at the time of service

[teladoc.com](http://teladoc.com)

800.835.2362

[teladoc.com/mobile](http://teladoc.com/mobile)

\*Coverage included with Silver Plan



# Dental Plans

## AMERITAS UCR

	In Network
<b>Annual Deductibles</b>	
Individual	\$50
Family	\$150
Annual Plan Maximum	\$1,500

### Benefits

Type I - Diagnostic & Preventive	100% In / 100% Out
Type II - Basic Services	80% In / 80% Out
Type III - Major Services	50% In / 50% Out

### Orthodontic Benefits

Orthodontia Age Limitation	19 years old
Lifetime Maximum	50% to \$1,500
Lifetime Deductible	N/A
Adult Orthodontia	N/A

### Other Benefits

Periodontic Coverage	80% In / 80% Out
Endodontic Coverage	80% In / 80% Out

## AMERITAS MAC

	In Network
<b>Annual Deductibles</b>	
Individual	\$50
Family	\$150
Annual Plan Maximum	\$1,500

### Benefits

Type I - Diagnostic & Preventive	100% In / 100% Out
Type II - Basic Services	100% In / 100% Out
Type III - Major Services	60% In / 60% Out

### Orthodontic Benefits

Orthodontia Age Limitation	19 years old
Lifetime Maximum	50% to \$1,500
Lifetime Deductible	N/A
Adult Orthodontia	N/A

### Other Benefits

Periodontic Coverage	100% In / 100% Out
Endodontic Coverage	100% In / 100% Out

Both dental plans include preventive services and office visits.



# Vision Plan

Standard lenses are covered.



## AMERITAS (using the VSP Choice network)

	In Network	Out of Network
<b>Exam</b>	\$10 Copay	Reimbursed to \$45
<b>Frequency</b>	Every 12 Months	Every 12 Months
<b>Lenses</b>	Covered 100%	Reimbursed: \$30 to \$100
<b>Single/Bifocal/Trifocal/Lenticular</b>	after \$25 copay	depending on lens
<b>Frequency</b>	Every 12 Months	Every 12 Months
<b>Frames</b>	\$170 or \$190 Allowance \$95 Walmart/Costco Allowance	Reimbursed to \$70
<b>Frequency</b>	Every 24 Months	Every 24 Months
<b>Contact Lenses (instead of glasses)</b>	\$150 Allowance Every 12 Months	Reimbursed to \$105 Every 12 Months
<b>Lasik Surgery</b>	15% Off Retail or 5% Off Promotional Price	



# 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 yourself and your family, Somerton School District is offering a Health Care Spending Account.

### How it Works:

- You make pre-tax deposits (via payroll deductions) to your HCSA.
- You can deposit from \$100 to \$3,200 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 SESD'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 FSA debit card.
- All expenses must be incurred between July 1, 2024 and June 30, 2025 while you are employed.
- If your employment terminates or you change job status resulting in a loss of benefit eligibility, 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.
- You may not enroll in both the HDHP (with Health Savings Account) and the HCSA.

**The money in the Healthcare FSA must be used during the plan year as the maximum amount that can be rolled over from year to year is \$640.**

## DEPENDENT CARE SPENDING ACCOUNT (DCSA)

You can use a Dependent Care Spending Account (DCSA) to accumulate pre-tax funds that you will use to reimburse yourself for dependent care expenses that you incur so that you, and/or your spouse (if married), can work or attend school.

### How it Works:

You make pre-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 example:

- If you are married and your spouse contributes to a similar account, your combined contributions may not exceed \$5,000 per year.
- Your contributions cannot exceed the amount of your income, or your spouse's income, whichever is lower.

For reimbursement of an eligible expense, you pay the bill and then submit a claim form for reimbursement. Reimbursement is processed based on payroll contributions collected.

All expenses must be incurred between July 1, 2024 and June 30, 2025. **If you do not use all the money in this account, it will be forfeited after June 30, 2025.**

## IRS RULES FOR FLEXIBLE SPENDING ACCOUNTS

- Your deposit amount cannot be changed, stopped or started during the year, 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.

# Life & 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.

## SHORT TERM DISABILITY

Somerton School District offers voluntary short term disability coverage through MetLife.

Elimination Period: 7 Days - Accident and Sickness  
Benefit Amount: 60% of pre-disability weekly earnings up to \$1000.

*The weekly benefit is rounded down to the next lower \$50 increment. For example, if 60% of your weekly income is \$365, you are eligible for a weekly benefit of \$350.*

Benefit Duration: 26 Weeks

**NOTE:** If you previously waived the Short Term Disability coverage and wish to enroll during open enrollment, you will only be eligible for a maximum benefit of \$100 for the first year enrolled. You will be able to increase your benefit by \$50 in subsequent years.

## 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

## BASIC LIFE INSURANCE AND AD&D

Somerton School District pays 100% of the cost of this MetLife Group Term Life Insurance Plan.

Coverage for each full-time benefit eligible employee is \$50,000 and eligible PT employees coverage is \$15,000.

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.



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





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# Annual 403(b)/457 Plan Eligibility Notice

**Somerton School District #11** offers our eligible employees the opportunity to save for retirement by participating in the **403(b)/457 Plan** (the “plan”). You can participate in this plan by making pre-tax contributions and (if permitted by the 403(b) plan) Roth 403(b) after-tax contributions. You are eligible to participate in this plan, whether or not you are actively contributing to it.

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## NOT YET CONTRIBUTING TO THE 403(B) OR 457 PLAN?

To start your contributions to the 403(b) or 457 plan, contact the approved investment vendors listed on this page. You must establish an account with the appropriate investment provider(s) and you may also need to provide any additional information that may be required to enroll you in the 403(b) plan.

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## ALREADY CONTRIBUTING TO THE PLAN?

Great news! You have an opportunity to increase your contributions to the 403(b)/457 Plan.

If you are already contributing to the 403(b) plan, you may be able to increase your pre-tax contributions. To change your contributions, please contact your provider, then contact the Payroll Department to update your changes.

Of course, you can keep your contributions at their current level; or, if it is necessary to reduce your savings for retirement at this time, you can change your contribution rate by completing and returning a salary reduction agreement as described above.

**For more information visit:**

**<https://www.tsacg.com/individual/plan-sponsor/arizona/somerton-school-district-11/>**

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## HOW MUCH CAN I CONTRIBUTE?

In general, you may contribute up to \$23,000 in 2024. This amount may be adjusted annually. **If appropriate to your plan:** Also, if you are at least 50 years old, and/or you have completed at least 15 years of service, you may also be able to make additional catch-up contributions. Each catch-up has its own limits.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their own financial representative or tax professional with any questions.

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## APPROVED INVESTMENT VENDORS

**Corebridge (formerly AIG Retirement Services-VALIC)**

(800) 448-2542

**Equitable**

(800) 628-6673

**Brighthouse Life Insurance Company**

(800) 638-5433

**Security Benefit Group**

(800) 888-2461

**VOYA Financial**

(800) 584-6001

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# Employee Assistance Program

**Alliance Work Partners** - An EAP provides valuable services at no cost to employees and their families in the form of short-term counseling, legal and financial consultations through LawAccess, and worklife resources and referral through Work/Life Standard. Seven days a week, 24 hours a day, using one toll-free phone number **(800-343-3822)**, 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 in the Aetna Choice POS II Network. If appropriate, the program also provides access to a wide range of national and community resources.

**The Employee Assistance Program provides Solution-Focused Counseling for issues such as:**

- Job Performance
- Relationship Difficulties
- Family Issues
- Managing Depression/Anxiety
- Anger / Stress Management
- Grief & Bereavement

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## THE EAP ALSO PROVIDES RESOURCES FOR:

- Child / Elder Care
- Legal & Financial Issues
- Substance Abuse
- Will Preparation

An **EAP Teen Line 800-334-TEEN (8336)** specializing in teen issues is an additional resource available as well as a **24-Hour Nurseline at 888-771-9116** for all medical questions and health issues.

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## TO CREATE A PERSONAL ACCOUNT:

Go to [www.awpnow.com](http://www.awpnow.com)

Select **"Access Your Benefits"**

Registration Code: **AWP-ASBAIT-2811**

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## EMPLOYEE ASSISTANCE PROGRAM CONTACT:

**1.800.343.3822** • [www.awpnow.com](http://www.awpnow.com)

All EAP services are **100% confidential and free to use.**



## American Fidelity

American Fidelity is pleased to offer Somerton School District employees and qualified dependents the opportunity to elect coverage under several American Fidelity policies. A few things to remember about these policies:

- An American Fidelity policy is separate from the other policies listed in this book. American Fidelity does not replace your medical insurance coverage.
- American Fidelity pays you directly, no matter what other insurance you may have.
- You can enroll in one or all of the policies and are eligible to participate in these policies the first of the month following date of hire.

### ACCIDENT INSURANCE

This plan pays cash benefits in the event of an accidental injury that needs emergency treatment.

### CANCER INSURANCE

This plan pays cash benefits for an individual diagnosed with cancer.

### HOSPITAL INDEMNITY INSURANCE

This plan pays cash benefits when an individual is confined in a hospital. It also provides HSA-compliant coverage.

### LIFE INSURANCE

Life insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.



# Core Benefit Rate Sheet

Use this sheet to provide a general estimate of your monthly benefit costs for the upcoming plan year. This is a great place to start planning for your, and your family's, health and wellness for next year.

MEDICAL PLANS - BIWEEKLY RATES						
	VALUE SILVER		HDHP 1600		HDHP 3200	
	16 PAYS	26/26B PAYS	16 PAYS	26/26B PAYS	16 PAYS	26/26B PAYS
EMPLOYEE ONLY	\$63.38	\$39.00	\$27.75	\$17.08	\$9.00	\$5.54
EMPLOYEE & SPOUSE	\$550.13	\$338.54	\$476.25	\$293.08	\$439.50	\$270.46
EMPLOYEE & CHILDREN	\$350.63	\$215.77	\$294.00	\$180.92	\$262.50	\$161.54
EMPLOYEE & FAMILY	\$780.38	\$480.23	\$689.26	\$424.16	\$642.75	\$395.54

DENTAL PLAN (MAC & UCR PLANS)		
	16 PAYS	26/26B PAYS
EMPLOYEE ONLY	\$7.50	\$4.62
EMPLOYEE & SPOUSE	\$33.48	\$20.60
EMPLOYEE & CHILDREN	\$38.30	\$23.57
EMPLOYEE & FAMILY	\$55.59	\$34.21

VISION		
	16 PAYS	26/26B PAYS
EMPLOYEE ONLY	\$2.25	\$1.38
EMPLOYEE & SPOUSE	\$5.18	\$3.18
EMPLOYEE & CHILDREN	\$5.33	\$3.28
EMPLOYEE & FAMILY	\$10.21	\$6.28

TELEHEALTH (Healthiest You)		
	16 PAYS	26/26B PAYS
EMPLOYEE ONLY	\$7.13	\$4.38
EMPLOYEE & SPOUSE	\$7.13	\$4.38
EMPLOYEE & CHILDREN	\$7.13	\$4.38
EMPLOYEE & FAMILY	\$7.13	\$4.38



# Voluntary Short-Term Disability

## What is the Monthly Premium?

To determine your premium, refer to the chart below that shows monthly premium for all ages and each amount. Premiums are based on your current age as of the plan effective date. At each policy anniversary, future costs will change as your age increases. Please note, the maximum benefit amount cannot exceed 60% of your gross weekly earnings or \$1,000 (whichever is less, rounded down to the next \$50 increment).

My annual income: \_\_\_\_\_ / 52 weeks x 0.60 = \_\_\_\_\_

Use the chart below to identify your monthly premium for coverage.

	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-99
<b>\$100</b>	\$4.73	\$4.10	\$3.99	\$3.78	\$4.10	\$4.41	\$5.04	\$5.99	\$6.83
<b>\$150</b>	\$7.10	\$6.15	\$5.99	\$5.67	\$6.15	\$6.62	\$7.56	\$8.99	\$10.25
<b>\$200</b>	\$9.46	\$8.20	\$7.98	\$7.56	\$8.20	\$8.82	\$10.08	\$11.98	\$13.66
<b>\$250</b>	\$11.83	\$10.25	\$9.98	\$9.45	\$10.25	\$11.03	\$12.60	\$14.98	\$17.08
<b>\$300</b>	\$14.19	\$12.30	\$11.97	\$11.34	\$12.30	\$13.23	\$15.12	\$17.97	\$20.49
<b>\$350</b>	\$16.56	\$14.35	\$13.97	\$13.23	\$14.35	\$15.44	\$17.64	\$20.97	\$23.91
<b>\$400</b>	\$18.92	\$16.40	\$15.96	\$15.12	\$16.40	\$17.64	\$20.16	\$23.96	\$27.32
<b>\$450</b>	\$21.29	\$18.45	\$17.96	\$17.01	\$18.45	\$19.85	\$22.68	\$26.96	\$30.74
<b>\$500</b>	\$23.65	\$20.50	\$19.95	\$18.90	\$20.50	\$22.05	\$25.20	\$29.95	\$34.15
<b>\$550</b>	\$26.02	\$22.55	\$21.95	\$20.79	\$22.55	\$24.26	\$27.72	\$32.95	\$37.57
<b>\$600</b>	\$28.38	\$24.60	\$23.94	\$22.68	\$24.60	\$26.46	\$30.24	\$35.94	\$40.98
<b>\$650</b>	\$30.75	\$26.65	\$25.94	\$24.57	\$26.65	\$28.67	\$32.76	\$38.94	\$44.40
<b>\$700</b>	\$33.11	\$28.70	\$27.93	\$26.46	\$28.70	\$30.87	\$35.28	\$41.93	\$47.81
<b>\$750</b>	\$35.48	\$30.75	\$29.93	\$28.35	\$30.75	\$33.08	\$37.80	\$44.93	\$51.23
<b>\$800</b>	\$37.84	\$32.80	\$31.92	\$30.24	\$32.80	\$35.28	\$40.32	\$47.92	\$54.64
<b>\$850</b>	\$40.21	\$34.85	\$33.92	\$32.13	\$34.85	\$37.49	\$42.84	\$50.92	\$58.06
<b>\$900</b>	\$42.57	\$36.90	\$35.91	\$34.02	\$36.90	\$39.69	\$45.36	\$53.91	\$61.47
<b>\$950</b>	\$44.94	\$38.95	\$37.91	\$35.91	\$38.95	\$41.90	\$47.88	\$56.91	\$64.89
<b>\$1000</b>	\$47.30	\$41.00	\$39.90	\$37.80	\$41.00	\$44.10	\$50.40	\$59.90	\$68.30





# Important Phone Numbers & Websites

## Alliance Work Partners

*EAP & Nurse Support*

800.343.3822 (EAP)  
800.334.8336 (Teen Line)  
888-771-9116 (Nurse)  
[alliancewp.com](http://alliancewp.com)

## American Fidelity

*Flexible Spending Account & Voluntary Benefits*

800.616.3576 or 702.433.5333  
[jordan.rinas@americanfidelity.com](mailto:jordan.rinas@americanfidelity.com)

## Ameritas

*Dental & Vision*

800.659.2223  
[ameritas.com](http://ameritas.com)

## Arizona State Retirement System

*Long Term Disability*

520-239-3100  
800-621-3778  
[azasrs.gov](http://azasrs.gov)

## ASBAIT

*Aetna Choice POS II Network Medical*

866.300.8449  
[aetna.com/docfind/custom/mymeritain](http://aetna.com/docfind/custom/mymeritain)

Employee Portal:  
[mymeritain.com](http://mymeritain.com)

## HealthEquity / HSA

866.346.5800  
[healthequity.com](http://healthequity.com)

## Healthiest You

*Telehealth*  
866.703.1259  
[member.healthiestyou.com](http://member.healthiestyou.com)

## Hinge Health

[hingehealth.com](http://hingehealth.com)  
855-902-2777

## International Medical Solutions

*Mexico Network*

928.446.6179  
[internationalmedsolutions.com](http://internationalmedsolutions.com)

## MetLife

*Life & Short Term Disability*

800.880.1800  
[metlife.com](http://metlife.com)

## SkinIO

[skinio.com](http://skinio.com)  
Organization Code: ASBAIT48

## Somerton HR Team

928.341.6000  
[hrdept@ssd11.org](mailto:hrdept@ssd11.org)

## Teladoc

*Telehealth*  
[teladoc.com](http://teladoc.com)  
[teladoc.com/mobile](http://teladoc.com/mobile)  
800.835.2362

## Virta

[VirtaHealth.com/Join/BannerAetna](http://VirtaHealth.com/Join/BannerAetna)

## 403(b)/457 Plan Vendors

<https://www.tsacg.com/individual/plan-sponsor/arizona/somerton-school-district-11/>

## Corebridge

*(formerly AIG Retirement Services - VALIC)*  
(800) 448-2542

## Equitable

(800) 628-6673

## Brighthouse Life Insurance Company

(800) 638-5433

## Security Benefit Group

(800) 888-2461

## VOYA Financial

(800) 584-6001



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## ABOUT THIS BOOKLET

This booklet highlights important features of Somerton School District'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.

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Capital Financial  
14614 N. Kierland Blvd., Suite N220, Scottsdale, AZ 85254  
Office / 480.347.0926  
Fax / 480.360.6417

