

Benefits Snapshot

Spring 2014



MEDICAL

Your core plan is the new Base Plan offered by the Schools Medical Insurance Trust (SMIT). You can buy up to the Low or High Plan, which includes out-of-network benefits.

SMIT's medical Preferred Provider Organization (PPO) network provider is BlueCross BlueShield of Arizona (BCBSAZ). Pharmacy network services are provided through Catamaran.

Refer to the PPO Schedules, which accompany the BCBSAZ open enrollment packet, for a summary of the coverage levels applicable to each plan option.

You and the J.O. Combs Unified School District #44 share in paying the cost for medical premiums. Your premium is deducted from your paycheck on a pre-tax basis each pay period. You may elect Employee only, Employee + 1, or Family coverage.

DENTAL

Plan Available: **Delta Dental of Arizona** (voluntary plan)

The following chart provides a brief summary of dental benefits available under the Delta Dental of Arizona plan. For more information, refer to the plan's benefit summary available from the Human Resources Department.

	Delta Dental of Arizona
Diagnostic & Preventive Services*	Covered at 100%, no deductible for routine services
Basic & Major Restorative Services*	Basic: Covered at 70%, after deductible Major: Covered at 50%, after deductible
Orthodontic Services*	Child and adult: Covered at 50%, after deductible (\$1,000 lifetime maximum)
Calendar Year Deductible	\$50 individual; \$150 family
Calendar Year Benefit Maximum	\$1,000 per person

* No wait periods.

This dental plan is completely voluntary and you pay the cost at group rates. Your premium is deducted from your paycheck on a pretax basis each pay period. You may elect Employee only, Employee + Spouse, Employee + Child(ren), or Family coverage.



VOLUNTARY SHORT TERM DISABILITY (STD)

Plans Available:

Assurant (Voluntary Plan)

You can purchase voluntary STD coverage, which provides partial income replacement for up to six months if you are out of work due to illness or injury for more than **fourteen** consecutive days. If you are determined to be disabled, your benefit would be 66 ⅔% of your monthly earnings, up to \$5,000 per month.

You pay for voluntary STD coverage at a rate per \$100 of covered benefit and it is deducted from your pay on an after-tax basis.

This year during Open Enrollment current employees can increase coverage one level without evidence of insurability (not to exceed annual salary). All increases over one level and existing employees who are enrolling for the first time must complete an evidence of insurability form for any benefit amount/election (not to exceed annual salary). Pre-existing conditions apply to all new and increase applications.

VISION

Plan Available: **DeltaVision (EyeMed)** (voluntary plan)

DeltaVision uses EyeMed's network, which includes providers at chain stores such as Target, LensCrafters, Sears and Pearle Vision, plus many more.

	Participating EyeMed Provider	Out-of-Network Reimbursement
Vision Exam (once every 12 months)	\$10 copay	Up to \$35 allowance
Frame (up to plan allowance) and Standard Lenses (single, bifocal and trifocal)	Frame allowance: \$120 \$10 copay	Up to \$60 allowance (frame) \$25-\$55 allowance (depending on lens type)
Progressive Lens	Standard: \$75 copay Premium: 80% of charge, less \$120 allowance, plus \$75 copay	Up to \$40 allowance
Contact Lenses (in lieu of eyeglasses)	Visually necessary: \$0 copay Elective: \$80 allowance, 15% discount off balance over \$80	Visually necessary: Up to \$200 allowance Elective: Up to \$64 allowance
Laser Vision Correction	15% discount	N/A

The vision plan is completely voluntary and you pay the cost at group rates. Your premium is deducted from your paycheck on a pre-tax basis each pay period. You may elect Employee only, Employee + Spouse, Employee + Child(ren), or Family coverage.

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE

Plan Available: **Minnesota Life**

Basic Life Insurance and AD&D — You or your beneficiary receive a dollar amount based on earnings in the event of death or accidental death or dismemberment. This coverage is provided at no cost to you. For more information, contact the Human Resources Department.



ADDITIONAL VOLUNTARY BENEFIT OFFERINGS

In addition to the benefits available to you in this Benefits Snapshot, you will also have the option of purchasing Accidental, Critical Illness, Legal, and/or Universal Life Insurance during your enrollment session.