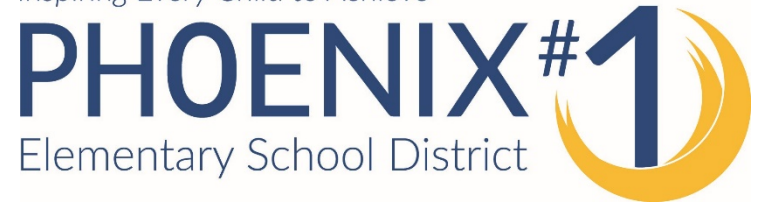


BENEFITS OPEN  
ENROLLMENT  
2021-2022  
SCHOOL YEAR

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*Inspiring Every Child to Achieve*



# Time Line

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**Open Enrollment runs from 5/1/21 – 5/31/21.**

**Finish by 5/31/21 or next opportunity for coverage starts 7/1/22.**

**Elections run from 7/1/21 – 6/30/22.**

# New for 2021-2022

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**3 medical plans: PPO Alliance, PPO Buy Up, and HDHP 3,000.**

	<b>PPO Alliance</b>	<b>PPO Buy Up</b>	<b>HDHP 3,000</b>
Employee Only	\$0.00	\$50.90	\$0.00
Employee + 1 Dep	\$570.82	\$672.62	\$514.95
Employee + 2/More Dep	\$782.03	\$902.66	\$705.49

# Returning Employees (contract accepted for next year)

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**There is no “roll over”.**

**Current coverage ends 6/30/21.**

**If you want coverage 7/1/21, you must elect via iVisions.**

**If you do not want coverage 7/1/21, you must “waive” via iVisions.**

**Your next opportunity for coverage starts 7/1/22.**

# Non-returning Employees (5 or more full fiscal years of service)

**Current coverage ends on 6/30/21.**

**Extra month is available if you go through Open Enrollment (PAPER ENROLLMENT). Coverage then ends on 7/31/21.**

**Vision & Dependent premium for July due by 6/1/21, or coverage ends 6/30/21.**

**You will be sent information on COBRA from P&A by 06/30/21, or 7/31/21 with extra month.**

**Voluntary Life insurance & AFLAC will be ported by 6/30/21.**

## Non-returning Employees (less than 5 years of service)

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- **Current coverage ends on 6/30/21.**
- **You will be sent information on COBRA from P&A by 06/30/21.**
- **Voluntary Life insurance & AFLAC will be ported by 6/30/21.**

# COBRA Participants

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**There is no “roll-over”.**

**Current coverage ends on 6/30/21.**

**If you want coverage 7/1/21, you must elect via paper.**

# Dependents

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**You may enroll your legally married spouse and dependent children up to age of 26.**

**Children are removed at the end of the month in which they turn 26.**



# Mid-Year Changes

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**Your new elections run from 7/1/21 – 6/30/22.**

**You may change your elections mid-year only if you have a qualifying life event (marriage, divorce, birth, death, loss of benefits, gain of benefits).**

**Enrollment (or drops) must be within 31 days of event.**

# Plan Summaries

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**Available on the Employee web site.**

**Available on iVisions site.**

**Available in the Benefits Office.**

**Available on Provider Sites.**

**Included in active Employee's email.**

# Medical Coverage

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## Blue Cross Blue Shield of Arizona.

	PPO Alliance	PPO Buy Up	HDHP 3,000
Employee Only	\$0.00	\$50.90	\$0.00
Employee + 1 Dep	\$570.82	\$672.62	\$514.95
Employee + 2/More Dep	\$782.03	\$902.66	\$705.49

**Employees are responsible to pay for their dependent coverage premium.**

# Medical Coverage

	PPO Buy Up	PPO Alliance	HDHP \$3000
<b>Plan Summary</b>	<ul style="list-style-type: none"> <li>Buy-up plan that costs employees \$50.90 per month</li> <li>Broad Network</li> <li>\$1500/\$3000 deductible.</li> <li>Free preventative care</li> </ul>	<ul style="list-style-type: none"> <li>No cost plan</li> <li>Narrow network</li> <li>\$1,000/\$2,000 deductible</li> <li>Free preventative care</li> </ul>	<ul style="list-style-type: none"> <li>No cost plan</li> <li>Broad network</li> <li>\$3000/\$6000 deductible</li> <li>No co-pays, but an HSA option with \$670.44* district contribution</li> <li>Free preventative care</li> </ul>
<b>Emp. Cost</b>	\$50.90	\$0	\$0
<b>Emp. Cost +1</b>	\$672.62	\$570.82	\$514.96
<b>Emp. Cost + Fam</b>	\$902.66	\$782.03	\$705.49
<b>In Network Deductible</b>	\$1,500 single \$3,000 family	\$1,000 single \$2,000 family	\$3,000 single \$6,000 family
<b>In Network OOP Max</b>	\$3,500 single \$7,000 family	\$3,500 single \$7,000 family	\$6,000 single \$12,000 family
<b>Doctor Office Copay</b>	\$25	\$25	No Co-Pay; 20% Co-Insurance after Deductible
<b>Specialist Copay</b>	\$50	\$50	No Co-Pay; 20% Co-Insurance after Deductible
<b>Urgent Care Copay</b>	\$75	\$75	No Co-Pay; 20% Co-Insurance after Deductible
<b>Rx Copay</b>	\$10/\$35/\$60	\$10/\$35/\$60	After Deductible \$10/\$35/\$60
<b>In-Network Coinsurance</b>	20%	20%	20% Co-Insurance after Deductible
<b>Out of Net. Deductible</b>	\$3,000 single \$6,000 family	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family
<b>Out of Net. OOP Max</b>	\$8,000 single \$16,000 family	\$8,000 single \$16,000 family	\$10,000 single \$20,000 family
<b>Out of Net. Coinsurance</b>	50%	50%	50%

# Dental Coverage

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## Delta Dental

**\$50.00(individual)/\$150.00(family) deductible, \$2,000.00 benefit maximum.**

**The Employee monthly premium is paid 100% by the District.**

**Employees are responsible to pay for their dependent coverage premium.**

**Calendar year maximums (Jan – Dec).**

**\$250.00 predetermination.**

# Vision

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**Delta Vision.**

**Discount Program.**

**Annual eye exam (Medical every other year).**

**Employees are responsible to pay for the entire premium.**

# Health savings account

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**HSA is for HDHP 3,000 enrollments only.**

**Maximum contributions for Single Taxpayers is \$3,600.**

**Maximum contributions for Married Taxpayers is \$7,200.**

**Additional contributions for 55 or older is \$1,000.**

**Phoenix #1 will contribute \$670.44 per school year for HDHP enrollees.**

**Contributions roll over.**

# Flexible Spending Account

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**P&A.**

**Expenses from 7/1/21 – 6/30/22.**

**Medical costs up to \$2,750.**

**Dependent Day Care costs up to \$10,500.**

**Loaded to a MasterCard.**

**Current Card - exp. date.**

**Use it or Lose it by 6/30/22.**

**Expense Requests - “Frozen”, possible loss of benefit.**



# Current Flex Accounts

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**Current year expenses 7/1/20 – 6/30/21.**

**Use it (incur the expense) or lose it by 6/30/21.**

**Submit paper reimbursement up to 90 days after plan year.**

**You can submit paper reimbursement by email to [laura.lopez-gomez@phxschools.org](mailto:laura.lopez-gomez@phxschools.org)**

## SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS

### CARES Act of 2020 Update

Over-the-counter (OTC) medications are now reimbursable under FSAs without requiring a prescription or completing a Letter of Medical Necessity Form. This provision is retroactive to January 1, 2020. Menstrual care products are now reimbursable as eligible expenses, including tampons and pads.

### Eligible Health FSA Expenses

- Acupuncture
- Alcoholism treatment
- Allergy medication, nasal sprays
- Ambulance
- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- Artificial teeth/dentures
- Bandages
- Birth control
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Chondroitin
- Co-insurance amount you pay
- Cold/hot packs
- Cold medicines, tablets, syrups, cough drops & lozenges
- Co-pay amount you pay
- Compression hose (30-40 mmHg or higher)
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cost of medically necessary operations and related treatments
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Diaper rash ointment
- Drug addiction treatment
- Doula
- Ear wax removal kits
- Eye exams, eye surgery
- Eye glasses (protection plans/warranties are NOT eligible expenses)
- Eczema treatments
- Feminine hygiene products
- Fertility treatments (in vitro fertilization, surgery)
- First-aid cream
- Glucosamine
- Hearing devices and batteries
- Hemorrhoid treatments
- Hospital services
- Incontinence products
- Infertility treatments
- Insulin
- Laboratory fees
- Lactose intolerance tablets
- Lamaze classes
- Latex gloves
- Laxatives
- Medical alert bracelets
- Medical information plan
- Menstrual pain relievers
- Mentally handicapped persons cost of special home care
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Nursing fees (including boarding)
- Obstetrical expenses
- Orthotics
- Over-the-counter medications
- Oxygen
- PPE (i.e., face masks, hand sanitizer, sanitizing wipes). *These expenses are temporarily eligible through 12/31/2022.*
- Petroleum jelly
- Prosthesis
- Pregnancy tests
- Prenatal vitamins
- Psychiatrists' and psychologists' fees
- Radial keratotomy and lasik eye surgery
- Routine physical & other non diagnostic services or treatments
- Sinus medication
- Smoking cessation programs
- Speech therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (i.e., tubal ligation, vasectomy) and reversal
- Stomach and digestive relief items
- Sunburn cream (Solarcaine)
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Toothache and teething pain relievers
- Transportation expenses for person to receive medical care
- Urinary pain relief medication
- Vaccines
- Walkers
- Wart removal, i.e., W Freeze Off (certain wart medicines may require a prescription)
- Wheelchair
- X-rays
- Yeast infection medication

### Eligible Health FSA Expenses Only with a Letter of Medical Necessity Form

- Compression hose (20-30 mmHg)
- Dietary supplements
- Exercise programs or equipment
- Fiber supplements
- Humidifier
- Hypnosis
- Lead-base paint removal
- Massage therapy, rolfing therapy
- Mineral supplements
- Occupational therapy
- Orthopedic shoes (*Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.*)
- Scooter, electric
- Service animal (guide dogs are eligible without a LOMN)
- Tuition/meals/lodging for special needs schooling
- Varicose vein, treatment of
- Vitamins
- Water-Pik

# Waive Benefits

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**The ACA (Affordable Care Act) requires benefits be offered to all full-time employees.**

**Complete enrollment process in iVisions to waive (decline) your coverage.**

# Questions

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**Login Issues – MIS Help Desk 602-257-4096**

**Enrollment – Laura Lopez**

Email: [laura.lopez-gomez@phxschools.org](mailto:laura.lopez-gomez@phxschools.org)

Office: 602-257-6075

Work Cell: 602-622-9368

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