



Employee Benefits

January 1, 2022 - December 31, 2022



West Ada School District

Provided by:
 MORETON & COMPANY

Employee Benefits: 2022

West Ada School District HR and Moreton & Company Account Manager Contact Information

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www.moreton.com

Benefit Carrier Contact Information

Blue Cross of Idaho - Medical
208-331-7347 / 800-627-1188

Group #: 10021204
www.bcidaho.com

Blue Cross of Idaho: Mail Order Pharmacy
855-839-5205

ComPsych - Employee Assistance Program
855-247-0206

WASD Web ID: WASD
www.guidanceresources.com

Flores and Associates - Cafeteria Plan, Medical/Dependent Care Flex
704-335-8211 / 800-532-3327

www.flores247.com

Unity Health Center - Urgent Care and Family Practice Services
208-895-6729

uhcidaho.com

Willamette Dental - Dental
855-433-6825

Policy #: Z1390/ID209
Email: memberservices@willamettedental.com

Delta Dental - Dental
208-489-3580 / 800-356-7586

Group #: 3906
www.deltadentalid.com

Vision Service Plan (VSP) (through United Heritage) - Vision
800-877-7195

Group # 3337
www.vsp.com

United Heritage - Life Insurance, AD&D and Disability
800-657-6351 Option 3

Group #: 3337A
Claims: 800-830-1140

AFLAC - Supplemental Insurance
800-992-3522

Group #: 89236 & 0GM99
www.aflac.com

American Fidelity - Supplemental Insurance
877-589-2544 Ext. 7

www.americanfidelity.com

TSACG Compliance Services, Inc - 403(b) Plan
888-796-3786

www.tsacg.com

P.E.R.S.I. - Retirement Plan
208-334-3365 / 800-451-8228

www.persi.idaho.gov

NC PERS Group Decreasing Term Life Insurance - HealthSmart
Benefit Solutions, Inc.
800-525-8056

www.NCPERSVoluntaryLife.com/pers

Welcome!

To learn more about the benefits West Ada School District offers, please review the following 2022 benefit materials. If you have any questions about your benefits, we are here to help!

Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

Social Security Numbers

Federal law requires you to provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact Human Resources.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that we cannot accept changes after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. **If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.**

Enrollment Guidelines: 2022

Why is open enrollment so important?

Benefits open enrollment for West Ada School District is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and, as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally within **30 days** after the event.

Who is eligible to participate in the benefit plans?

- **Medical benefits:** Classified employees must work 20+ hours; Administration and Certified employees must work 30+ hours per week.
- **All other benefits:** Classified employees, Administration and Certified employees must work 20+ hours per week.
- **Employees' legally married spouse, and/or dependent(s),** (dependents are generally children who are less than 26 years of age); see your Benefits Summary's definition of legally married spouse and/or dependent(s);

When do benefits begin?

- Employees will be eligible to receive Medical benefits on the first day of the month following 60 days from the first day of work (provided the online enrollment process has been completed);
- Voluntary benefits on the first day of the month following 30 days from first day of work (provided the online enrollment process has been completed);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Human Resources department.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete the online enrollment process generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of Terms

Co-pay: Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Deductible: Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Coinsurance: Typically refers to a member's share of covered costs after any deductible has been satisfied.

Out of Pocket Maximum (OOPM): The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

PPO (Preferred Provider Organization): This type of plan utilizes both network and non-network benefits.

Network (In-Network): Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out of Network): Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Medical Plan: 2022

West Ada School District offers the following medical plan through Blue Cross of Idaho:

	Preferred Blue PPO	
	Network	Non-Network *
Deductible PCY	\$500 Individual / \$1,000 Family	
	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$5,000 Individual / \$10,000 Family	\$6,500 Individual / \$13,000 Family
	If any family member reaches the individual out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	\$20 Co-pay (Per Visit) ‡	60 / 40 AD
Preventive **	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	\$20 Co-pay (Per Visit)	60 / 40 AD
Chiropractic (18 Visit Maximum)	\$30 Co-pay	60 / 40 AD
Rehabilitation Therapy (Combined 30 Visit Maximum PCY)	\$60 Co-pay	60 / 40 AD
Diagnostic Lab & X-Ray Services	Covered 100% for the first \$100, then:	
Minor	80 / 20 AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	\$20 Co-pay (Per Visit) §	60 / 40 AD
Emergency Room (Co-pay Waived if Admitted)	\$200 Co-pay, then 80 / 20 AD	\$200 Co-pay, then 60 / 40 AD
Ambulance	80 / 20 AD	60 / 40 AD
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Outpatient - Office	\$20 Co-pay (Per Visit)	60 / 40 AD
Prescriptions (Generic Required)	Generic Prescriptions / Brand Name Prescriptions	
Out of Pocket Maximum (Separate)	\$1,500 Per Individual / \$3,000 Per Family	\$1,500 Per Individual / \$3,000 Per Family
Pharmacy	\$10 Co-pay, then 20% / \$20 Co-pay, then 20%	\$10 Co-pay, then 20% / \$20 Co-pay, then 20%
Mail Order ‡	\$10 Co-pay / \$20 Co-pay	None
Coverage Type	Employee Monthly Rates (Based on 1.0 FTE Classification)	
Employee (EE)	\$35.00	
EE + Spouse	\$758.95	
EE + Child	\$179.78	
EE + Children	\$339.05	
EE + Spouse + Child	\$903.73	
EE + Spouse + Children	\$1,063.00	

AD: After Deductible

PCY: Per Calendar Year

‡: The lessor of 90 day supply or 100 unit doses

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Blue Cross of Idaho materials for a full list of covered preventive services and limitations.

‡ No Co-pay will apply to in-network primary care office visits for children ages 0-17. Unity Health office visit requires no Co-payment. This clinic provides urgent care and family practice services.

§ Unity Health office visit requires no Co-payment. This clinic provides urgent care and family practice services.

Monday through Saturday 9 AM to 6 PM with no appointment necessary. See uhcidaho.com or call 208-895-6729 for more information.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided Blue Cross of Idaho materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.bcidaho.com.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Preventive Care Benefits: 2022

Highlights of your preventive care benefits:

Applies to non-grandfathered individual and group plans You pay nothing; no coinsurance, co-payment or deductible, for covered preventive care services when you visit in-network providers.

- You pay nothing – no coinsurance, co-payment or deductible – for covered preventive care services when you visit in-network providers. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.
- The listed preventive care services may be adjusted to agree with federal government changes, updates and revisions.

Services For Adults (18 years and older)

- Alcohol – unhealthy use screening
- Annual adult physical examinations
- Aortic aneurysm ultrasound
- Behavioral counseling for participants who are overweight or obese
- Bone density
- Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer
- Chemistry panels
- Cholesterol screening
- Colorectal cancer screening
- Complete blood count (CBC)
- Diabetes screening
- Dietary counseling (limited to three visits per participant, per benefit period)
- Health risk assessment for depression
- Hepatitis B virus screening
- Hepatitis C virus infection screening
- HIV assessment
- Lung cancer screening for participants age 55 and older
- Pap test
- PSA test
- Screening and assessment for interpersonal and domestic violence
- Screening mammogram
- Skin cancer prevention counseling
- Smoking cessation counseling visit
- Sexually transmitted infections assessment
- Transmittable diseases screening (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papilloma virus [HPV], syphilis, tuberculosis [TB])
- Thyroid-stimulating hormone (TSH)
- Urinalysis (UA)
- Urinary incontinence screening
- Well-woman visits for recommended age-appropriate preventive services

Services for pregnant women or women who may become pregnant.

- Breast-feeding support, supplies and counseling
- Gestational diabetes screening
- Iron deficiency screening
- Preeclampsia screening
- Prescribed contraceptive coverage *
- RhD incompatibility screening
- Urine culture

Services For Children (17 years and younger)

- Anemia screening
- Dental fluoride application for participants age 5 and younger
- Lipid disorder screening
- Preventive lead screening
- Rubella screening
- Skin cancer prevention counseling
- Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings
- Newborn screenings:
 - Hearing test
 - Metabolic screening (PKU, thyroxine, sickle cell)
 - Screening EKG

Please note: Not all children require all the services identified above. Your provider should give you information about your child's growth, development and general health, and answer any questions you may have.

* For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100 percent of the cost of women's preventive prescription drugs and devices as specifically listed on the BCI Formulary on the Blue Cross of Idaho website, bcidaho.com; deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one time, as applicable to the specific contraceptive drug or supply. Prescribed contraceptive services include diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.

Please Note: Your provider must bill these services as preventive / wellness services. The specifically listed preventive care services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.

The descriptions above are general in nature, to allow for an overall view of Blue Cross of Idaho's preventive care coverage. For complete descriptions of your policy and policy changes, please read your contract and contract amendment language.

Employee Assistance Plan: 2022

ComPsych - 100% District Paid

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program provides short-term, confidential counseling for you and anyone living in your household regardless of whether you and/or they are covered under your health insurance plan at no out-of-pocket expense to you.

Is it Confidential?

Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including West Ada School District) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.

Employee Assistance Program counselors are experienced, caring professionals who hold a Master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by West Ada School District. All EAP services are free to you with no Co-pay or deductible required.

Each household member is entitled to **6** face-to-face visits per incident per calendar year. Should you elect to receive mental health services through your medical benefit, ComPsych will not absorb the cost.

How do I make an Appointment?

Setting up an appointment is as simple as calling the office. You will be offered an appointment time, generally within a couple working days of your initial call. **Crisis cases are seen the same day, generally within two hours.** No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

Call 1-855-247-0206

Visit www.guidanceresources.com

Web ID: WASD

To reach an EAP Representative

Call 1-855-247-0206

All services are free and accessible
24 hours a day, 365 days a year.

The EAP is your resource for everything from the everyday to the unexpected.

At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life, including:

Life Changes	Legal Advice
Birth / Adoption	Finances
Child Care	Elder Care
Parenting	Relationships
Family Conflicts	Grief
Stress	Aging
Depression	Drugs / Alcohol
Job Pressures	Eating Disorders



Reimbursement Accounts: 2022

Flores & Associates January 1, 2022 through December 31, 2022

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. Depending on your personal tax rate, this can save you 10% to 30% or more on medical, dental, vision, and/or dependent care out-of-pocket costs.

The following accounts may be available to you:

Flexible Spending Account (FSA)

This account allows you to set aside up to \$2,750 in pretax dollars to pay most out-of-pocket medical, dental or vision care expenses, including: Medical and Dental Deductibles and Co-payments, Eye Glasses, Dental, and Orthodontic work not covered by insurance.

Dependent Care Assistance Plan (DCAP)

This account lets you set aside up to \$5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and if married, your spouse) can work.

The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. The accounts can save you 10% to 30% or even more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out-of-pocket health and/or dependent care expenses.

How It Works

During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the calendar year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following one month of employment. Following are additional guidelines for determining eligible expenses:

- Expenses are for services received during the calendar year (Jan. 1 to Dec. 31).
- Expenses are not covered by any health care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses on your income taxes.

Debit Cards

Debit Cards will be available for your Flexible Spending Account. The debit card will allow you to use your FSA funds to pay for eligible services and supplies at the point of sale, rather than paying out of pocket and requesting a reimbursement. It is important that you keep all of your receipts when using this debit card, as you may be required to substantiate a purchase by submitting a copy of the receipt to the FSA plan administrator.

The Dependent Care Assistance plan

With the Dependent Care account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- You and your spouse both work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student.

Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lowest of:
 - Your (or your spouse's) earned income.
 - \$5,000 if filing jointly, or \$2,500 if filing separately.

Rollover Option

If you don't use all the pre-tax dollars you deposited in your FSA account during the plan year, you may rollover up to \$550 into the next plan year. (The rollover amount does not count toward the \$2,750 yearly maximum FSA contribution limit.) Any remaining unused balance at the end of the plan year will be forfeited. If you do not use all of the pre-tax dollars you deposited in your DCAP account, you will forfeit any balance in the account at the end of the plan year. You have until March 31, 2023 to submit claims for expenses incurred during that plan year

Once Enrolled, You May Not Change

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a qualifying Change Event as defined and limited by the IRS. See Qualifying Change rules earlier in this guide.

Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For health care this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, or receipts. You may send this information to Flores & Associates via email, fax, or standard mail.

Email: www.flores247.com

Fax: 800-726-9982

Mailing Address: PO Box 31397 Charlotte, NC 28231

Dental Plan: 2022

West Ada School District offers the following dental plan through Delta Dental:

DENTAL OPTION 1

	Network	PPO Passive Plan ‡	Non-Network *
Deductible PCY		\$50 Per Individual	
Maximum Annual Benefit - <i>Dental</i>		\$1,500 Per Individual	
Coinsurance		Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride (for children to age 19), X-Rays		No Waiting Period	
		Covered 100%	
Basic Services Fillings, Non-Surgical Extractions, Oral Surgery		No Waiting Period	
		80 / 20 AD	
Major Services § Bridges, Crowns, Dentures		12 Month Waiting Period for Late Enrollees	
		50 / 50 AD	
Endodontic & Periodontic Services		Covered under Basic Services	
Maximum Lifetime Benefit - <i>Orthodontia</i>		None	
Orthodontic Services (All Ages)		Discounts Available, please refer to your carrier provided material.	
Coverage Type		Employee Monthly Rates	
Employee (EE)		\$38.72	
EE + 1 Dependent		\$78.38	
EE + 2 or More Dependents		\$133.67	

AD: After Deductible

PCY: Per Calendar Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

‡ A PPO Passive Plan is a network arrangement that means you are entitled to the same level of benefit payment at all providers (both in-network and non-network providers). However, if you access a Delta Dental PPO provider discounts will be applied to the charges so your benefit maximum will go further and your costs will be lower. Non-network providers can balance bill the member for any amounts over the Delta Dental allowed amount in addition to the member's deductible and coinsurance.

§ Implants are a covered benefit per tooth, with a maximum lifetime benefit of \$1,200. Covered for members age 19 and over.

Value-Added Orthodontic Discount Program: If West Ada School District covered adults and children obtain orthodontia services from a Delta Dental of Idaho Discount Program orthodontist then they will receive the orthodontia services at a reduced fee schedule cost based on the number of months in treatment

Number of Treatment Months and Fee Schedule:

- 12 to 17 months - \$3,800
- 18 to 24 months - \$4,200
- 25+ months - \$4,600

Introducing the Dental HOW Program: HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits. Contact your dentist or Delta Dental for additional information.

For additional information, call Delta Dental of Idaho at 208-489-3580 or email CustomerService@deltadentalid.com.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at www.deltadentalid.com.

Dental Plan: 2022

West Ada School District offers the following dental plan through Willamette Dental:

DENTAL OPTION 2		Willamette Providers Only
Deductible		None
Maximum Annual Benefit - <i>Dental</i>		None
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays		No Waiting Period \$15 Office Visit Co-pay, then Covered 100%
Basic Services Fillings, Non-Surgical Extractions		No Waiting Period \$15 Co-pay, then Covered 100% †
Major Services Bridges, Crowns, Oral Surgery		No Waiting Period \$15 Office Visit Co-pay, then Covered 100% †
Maximum Lifetime Benefit - <i>Orthodontia</i>		None
Dental Implants		1 Implant PCY Covered 100% to \$1,500
Orthodontic Services (All Ages) Initial Exam, Study Models & X-rays, Comprehensive Ortho Services Invisalign		\$1,500 Co-pay ** \$2,300 - \$2,800 Co-pay, depending on treatment plan **
Specialists		\$30 Co-pay
Emergency Office Visits		\$15 Co-pay
Coverage Type		Employee Monthly Rates
Employee (EE)		\$51.40
EE + 1 dependent		\$100.25
EE + 2 or more dependents		\$180.00

** \$150 Co-Pay for pre-orthodontic services, including initial orthodontic exam, study models and x-rays. \$1,500 Co-Pay for comprehensive orthodontic services. The \$150 pre-orthodontic services Co-Pay will be applied to the \$1,500 Co-Pay. Services connected with orthodontic treatment, such as general office visits and emergency office visits, are still subject to the Co-Pay specific to the service.

† Additional Co-Pay may apply based on the services provided.

Please note: Willamette Dental will send out member letters with a wallet card attached. The wallet card will allow Willamette Dental providers to access your eligibility and electronic dental record in the Willamette system.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at www.WillametteDental.com.



Vision Plan: 2022

West Ada School District offers the following vision plan through Vision Service plan (VSP):

Your Coverage from a VSP Doctor

Exam (Covered in Full)	Every 12 Months
Prescription Glasses Lenses (Covered in Full) Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for dependent children.	Every 12 Months
Frames Frame of your choice covered up to \$130. Plus, 20% off amount over allowance.	Every 24 Months
Contact Lenses (In Lieu of Eye Glasses) When you choose contacts instead of glasses, your \$130 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or visit www.vsp.com	Every 12 Months

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses - Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives 20% off additional prescription glasses and sunglasses *

Contacts * - 15% off cost of Contact Lens Exam (Fitting and Evaluation)

Your Co-Pays

Exam	\$10.00
Prescription Glasses	\$25.00
Contacts	\$0.00

* Available from the same VSP doctor who provided your eye exam within the last 12 months

Out of Network Reimbursement Amounts

Exam	Up to \$45.00
Lenses - Single Vision	Up to \$30.00
Lined Bifocal	Up to \$50.00
Lined Trifocal	Up to \$65.00
Frames	Up to \$70.00
Contacts	Up to \$105.00

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, Co-pays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at **800-877-7195**.

An Eyecare plan With You In Mind

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer. Sharper. Brighter. Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, and diabetes. Even cancer. Plus, eye exams for kids can spot problems that can impact learning and development.

New Patients Are Always Welcome

VSP network doctors are located right where you need them - close to work, home, and shopping centers. They provide exceptional care and offer a wide selection of frames and contact lenses to choose from - all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

No ID Cards. No Claim Forms. Easy as 1, 2, 3.

- 1. Find** a VSP network doctor at www.vsp.com or call **800-877-7195**.
- 2. Make** an appointment and tell the doctor you are a VSP member.
- 3. Your** doctor and VSP will handle the rest.

Visit www.vsp.com today

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit www.vsp.com

Coverage Type

Employee (EE)
EE + Spouse
EE + Child(ren)
Family

Employee Monthly Rates

\$6.23
\$12.45
\$13.34
\$21.32

Life Insurance Plans: 2022

United Heritage Basic Life, AD&D - 100% District Paid (Dependent Coverage 100% Employee Paid)

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce to 65% at age 65, and to 50% at age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Retirees may continue basic life insurance benefits by contacting the Human Resources Department and completing the required retiree basic life insurance enrollment form. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

Benefits	Class 1 - Administrators	Class 2 - All Other Staff
Employee Life Insurance	\$100,000	\$50,000
Accidental Death & Dismemberment (AD&D) - Employee Only	Up to the Principal Sum of \$100,000	Up to the Principal Sum of \$50,000
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	\$10,000	\$10,000
Voluntary Life Insurance (\$0.40 Per Month Per Family Unit)		
Spouse	\$1,000	\$1,000
Child(ren) - Live birth to age 26	\$1,000	\$1,000

Please see Certificate of Coverage summary for more detailed benefit information.

Employee and Dependent Voluntary Supplemental Life, AD&D - 100% Employee Paid

Supplemental Group Term Life Insurance is available on a voluntary basis. This coverage is in addition to the employer provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic Group Term Life Insurance provided by West Ada School District.

Coverage	Benefits	Increments	Guaranteed Issue
Employee Voluntary Life Insurance	The lessor of \$300,000 of coverage or 7x annual salary	\$10,000	\$300,000
Spouse Voluntary Life Insurance	May elect 7x the employee's annual salary or \$300,000	\$10,000	\$50,000
Unmarried Dependent Child(ren) Life Insurance Under the age of 26	Up to \$10,000 of coverage	—	All Amounts

Accidental Death & Dismemberment (AD&D) Benefits *

Employee	
Spouse	
Children	
Termination of AD&D Coverage	

* This AD&D plan is offered as an automatic, matching benefit to the Life Insurance. AD&D rates are included in the illustration above

Spouse coverage may be elected even if the employee is not enrolled in Supplemental Life coverage.

If an employee or spouse purchases an amount of \$10,000 or greater during their initial enrollment, they can always increase coverage up to the guaranteed issue amount during future annual open enrollment periods without answering medical questions. For insurance amounts over the guaranteed issue amount or late enrollment each applicant must complete a Statement of Health Form. Insurance will become effective on the first of the month following underwriting approval by United Heritage. Supplemental Life benefits will reduce to **65% at the insured's age 65, and to 50% at age 70. Benefits terminate upon retirement.** Supplemental Life offers a Right of Conversion. Enrollment forms are available from Human Resources.

Monthly Rates Per \$1,000 of Coverage

Age	Rate
Under 30	\$0.08
30 to 34	\$0.10
35 to 39	\$0.11
40 to 44	\$0.13
45 to 49	\$0.21
50 to 54	\$0.31
55 to 59	\$0.53
60 to 64	\$0.68
65 to 69	\$1.00
70 to 74	\$1.74
75 to 79	\$3.22
Monthly Dependent Life	\$0.13 per \$1,000 of coverage (Rate is fixed - Regardless of number of children)

The waiver of premium does not apply to any AD&D benefits. Please see Certificate of Coverage summary for more detailed benefit information..

Disability Insurance Plans: 2022

United Heritage Short-Term Disability - 100% District Paid

Short Term Disability (STD) insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by United Heritage, for more detailed benefit information.

Benefits	Class 2 - Classified Staff
Weekly Benefit	66 2/3% of the first \$1,500 of pre-disability earnings reduced by deductible income; maximum payment of \$1,000
Maximum Benefit Period	60 days minus the length of the Benefit Waiting Period
Elimination / Waiting Period	
Injury	None
Physical Disease, Pregnancy, Mental Disorder	5 days
Maternity	Covered as any other Sickness (See Certificate for more Details)
Definition of Earnings	Your Pre-disability Earnings means your "daily rate" of earnings from your Employer in effect on your last full day of Active Work times 5 and includes: <ol style="list-style-type: none"> 1. Contributions you make through a salary reduction agreement, 2. An executive non-qualified deferred compensation arrangement or 3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan
Pre-Existing Condition Restrictions	None

United Heritage Voluntary Short-Term Disability - Shared Cost with Employer

West Ada School District will contribute \$12 monthly to Administrators and Certified Staff STD premium.

Short Term Disability (STD) Insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by United Heritage, for more detailed benefit information.

2022 Rates

\$0.25 per \$10 of Weekly Benefit

Benefits	Class 1 - Administrators & Certified Staff
Weekly Benefit	66 2/3% of the first \$3,000 of pre-disability earnings reduced by deductible income; maximum payment \$2,000
Maximum Benefit Period	60 days minus the length of the Benefit Waiting Period
Elimination / Waiting Period	
Injury	None
Physical Disease, Pregnancy, Mental Disorder	5 days
Maternity	Covered as any other Sickness (See Certificate for more Details)
Definition of Earnings	Your Pre-disability Earnings means your "daily rate" of earnings from your Employer in effect on your last full day of Active Work times 5 and includes: <ol style="list-style-type: none"> 1. Contributions you make through a salary reduction agreement, 2. An executive non-qualified deferred compensation arrangement or 3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan
Pre-Existing Condition Restrictions	None

Disability Insurance Plans: 2022

United Heritage Voluntary Long-Term Disability - 100% Employee Paid

Long Term Disability (LTD) Insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by United Heritage, for more detailed benefit information.

Benefits

Monthly Benefit	60% of first \$10,000 of monthly earnings; maximum payment \$6,000
Maximum Benefit Period	Determined by your age when Disability begins. Please refer to carrier materials.
Elimination / Waiting Period	60 Days
Definition of Disability Own Occupation Definition	You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder: The first 24 months for which LTD Benefits are paid. Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins.
Any Occupation Definition	You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation. Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Pre-disability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.
Mental & Health / Substance Abuse	Payment limited to 24 months during your entire lifetime
Definition of Earnings	Your Pre-disability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings after that last full day of Active Work will not affect your Pre-disability Earnings. Pre-disability Earnings means your monthly rate of earnings from your Employer, including: 1. Contributions you make through a salary reduction agreement with your Employer to: a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or b. An executive non-qualified deferred compensation arrangement. 2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan. If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1 / 12 th) of your annual contract salary. If you are paid hourly (non-exempt), your monthly rate of earnings is your average monthly earnings over the preceding 12 months, or over the period of employment with the Employer if less than 12 months.
Pre-Existing Condition Restrictions	Continuously insured under the group policy for 12 months; and actively at work for a least one full day after the end of that 12 months.

Rates Per \$100 of Coverage	
Age	Monthly Rate
29 & Under	\$0.158
30 to 34	\$0.202
35 to 39	\$0.308
40 to 44	\$0.422
45 to 49	\$0.590
50 to 54	\$0.845
55 to 59	\$1.038
60 to 64	\$1.074
65 & Over	\$1.162

Worksite Products: 2022

Aflac - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits	Off - Job Accident Coverage
Accidental Death - Employee/ Spouse/ Child	\$50,000 / \$25,000 / \$10,000
Common Carrier - Employee/ Spouse/ Child	\$100,000 / \$50,000 / \$20,000
Dismemberment-Employee/ Spouse/ Child	Up to \$20,000 / \$8,000 / \$4,000
Dislocations and Fractures	Up to \$6,000
Emergency Room Services	\$200 - \$250
X-Rays	Included in site of care benefits
Ambulance - Regular Ambulance / Air Ambulance	\$400 / \$1,200
Hospital Visits / Confinement	
Initial Hospital Admission	\$1,250
Hospital Confinement	\$300 Per Day
Intensive Care (up to 30 days per accident)	\$400 Per Day"
Lacerations	\$50 - \$800
Burns	
Second degree	\$100 - \$1,000
Third degree	\$1,000 - \$20,000
Appliance	\$40 - \$400
Physical Therapy (6 per Accident)	\$50 Per Day
Rehabilitation (Up to 31 Days per Confinement)	\$100 Per Day
Transportation (Up to 3× per Accident)	\$200 - \$500 per trip
Family Lodging Benefit (For up to 30 Days)	\$200 per night
Wellness/ Outpatient Physician Benefits	\$25 - \$75 per visit
Coverage Type	Aflac Employee Monthly Rates
Employee	\$13.86
EE + Spouse	\$24.00
EE + Child(ren)	\$31.16
Family	\$41.30

Worksite Products: 2022

Aflac Critical Illness - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law.

Guaranteed Issue

(Guaranteed Issue Applies to New Employees Only)

Employee	Up to \$30,000
Spouse	Up to \$15,000
Dependent Child(ren)	50% of the employee coverage amount

Spouse coverage is limited to 50% of the employee's coverage amount

Elections made after your initial eligibility period are subject to Evidence of Insurability and the carrier's approval.

Base Benefits

Critical Illness Coverage Amount

Heart Attack Employee / Dependent	Covered 100%
Coronary Artery Bypass Surgery Employee / Dependent	Covered Up to 100%
Stroke Employee / Dependent	Covered 100%
Major Organ Transplant Employee / Dependent	Covered 100%
End Stage Renal Failure Employee / Dependent	Covered 100%
Cancer (Internal or Invasive) Employee / Dependent	Covered 100%
Carcinoma In Situ (25%) Employee / Dependent	\$250 Per Calendar Year
Reoccurrence Benefit	Pays 100% of previously paid base policy benefit (Occurrences must be separated by 6 months)
Additional Occurance	Pays 100% of previously paid base policy benefit (Occurrences must be separated by 6 months)

* 25% of this benefit is payable for insureds paced on a transplant list for a major organ transplant

Worksite Products: 2022

Aflac Critical Illness Premium Rates - 100% Employee Paid

Non-Tobacco Monthly Premiums

Issue Ages	Employee Premiums									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 to 25	\$3.61	\$5.55	\$7.49	\$9.43	\$11.37	\$13.31	\$15.25	\$17.20	\$19.14	\$21.08
26 to 30	\$4.28	\$6.89	\$9.49	\$12.10	\$14.71	\$17.32	\$19.92	\$22.53	\$25.14	\$27.75
31 to 35	\$4.74	\$7.81	\$10.88	\$13.95	\$17.02	\$20.09	\$23.16	\$26.24	\$29.31	\$32.38
36 to 40	\$5.81	\$9.96	\$14.10	\$18.24	\$22.38	\$26.53	\$30.67	\$34.81	\$38.95	\$43.10
41 to 45	\$7.13	\$12.58	\$18.04	\$23.49	\$28.95	\$34.40	\$39.86	\$45.31	\$50.77	\$56.22
46 to 50	\$8.16	\$14.65	\$21.14	\$27.63	\$34.11	\$40.60	\$47.09	\$53.58	\$60.07	\$66.56
51 to 55	\$11.65	\$21.63	\$31.61	\$41.59	\$51.57	\$61.55	\$71.53	\$81.51	\$91.49	\$101.47
56 to 60	\$11.25	\$20.83	\$30.41	\$39.98	\$49.56	\$59.14	\$68.72	\$78.30	\$87.88	\$97.46
61 to 65	\$21.48	\$41.29	\$61.11	\$80.92	\$100.73	\$120.54	\$140.35	\$160.17	\$179.98	\$199.79
66 & Over	\$36.98	\$72.29	\$107.60	\$142.91	\$178.22	\$213.53	\$248.84	\$284.15	\$319.46	\$354.76

Issue Ages	Spouse Premiums									
	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18 to 25	\$3.61	\$4.58	\$5.55	\$6.52	\$7.49	\$8.46	\$9.43	\$10.40	\$11.37	
26 to 30	\$4.28	\$5.58	\$6.89	\$8.19	\$9.49	\$10.80	\$12.10	\$13.40	\$14.71	
31 to 35	\$4.74	\$6.28	\$7.81	\$9.35	\$10.88	\$12.42	\$13.95	\$15.49	\$17.02	
36 to 40	\$5.81	\$7.88	\$9.96	\$12.03	\$14.10	\$16.17	\$18.24	\$20.31	\$22.38	
41 to 45	\$7.13	\$9.85	\$12.58	\$15.31	\$18.04	\$20.76	\$23.49	\$26.22	\$28.95	
46 to 50	\$8.16	\$11.40	\$14.65	\$17.89	\$21.14	\$24.38	\$27.63	\$30.87	\$34.11	
51 to 55	\$11.65	\$16.64	\$21.63	\$26.62	\$31.61	\$36.60	\$41.59	\$46.58	\$51.57	
56 to 60	\$11.25	\$16.04	\$20.83	\$25.62	\$30.41	\$35.20	\$39.98	\$44.77	\$49.56	
61 to 65	\$21.48	\$31.39	\$41.29	\$51.20	\$61.11	\$71.01	\$80.92	\$90.82	\$100.73	
66 & Over	\$36.98	\$54.63	\$72.29	\$89.94	\$107.60	\$125.25	\$142.91	\$160.56	\$178.22	

Tobacco Monthly Premiums

Issue Ages	Employee Premiums									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 to 25	\$4.57	\$7.47	\$10.37	\$13.26	\$16.16	\$19.06	\$21.96	\$24.86	\$27.76	\$30.65
26 to 30	\$5.50	\$9.34	\$13.17	\$17.01	\$20.84	\$24.68	\$28.51	\$32.35	\$36.18	\$40.02
31 to 35	\$6.61	\$11.54	\$16.48	\$21.42	\$26.35	\$31.29	\$36.22	\$41.16	\$46.10	\$51.03
36 to 40	\$8.92	\$16.16	\$23.41	\$30.65	\$37.90	\$45.14	\$52.39	\$59.63	\$66.88	\$74.12
41 to 45	\$10.95	\$20.22	\$29.50	\$38.77	\$48.05	\$57.33	\$66.60	\$75.88	\$85.15	\$94.43
46 to 50	\$12.56	\$23.46	\$34.35	\$45.25	\$56.14	\$67.03	\$77.93	\$88.82	\$99.72	\$110.61
51 to 55	\$18.50	\$35.33	\$52.16	\$68.99	\$85.82	\$102.66	\$119.49	\$136.32	\$153.15	\$169.98
56 to 60	\$18.42	\$35.18	\$51.93	\$68.68	\$85.43	\$102.19	\$118.94	\$135.69	\$152.44	\$169.20
61 to 65	\$35.67	\$69.68	\$103.68	\$137.69	\$171.69	\$205.70	\$239.70	\$273.71	\$307.71	\$341.72
66 & Over	\$61.47	\$121.26	\$181.06	\$240.85	\$300.65	\$360.44	\$420.24	\$480.04	\$539.83	\$599.63

Issue Ages	Spouse Premiums									
	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18 to 25	\$4.57	\$6.02	\$7.47	\$8.92	\$10.37	\$11.81	\$13.26	\$14.71	\$16.16	
26 to 30	\$5.50	\$7.42	\$9.34	\$11.26	\$13.17	\$15.09	\$17.01	\$18.93	\$20.84	
31 to 35	\$6.61	\$9.07	\$11.54	\$14.01	\$16.48	\$18.95	\$21.42	\$23.88	\$26.35	
36 to 40	\$8.92	\$12.54	\$16.16	\$19.78	\$23.41	\$27.03	\$30.65	\$34.27	\$37.90	
41 to 45	\$10.95	\$15.58	\$20.22	\$24.86	\$29.50	\$34.14	\$38.77	\$43.41	\$48.05	
46 to 50	\$12.56	\$18.01	\$23.46	\$28.91	\$34.35	\$39.80	\$45.25	\$50.69	\$56.14	
51 to 55	\$18.50	\$26.92	\$35.33	\$43.75	\$52.16	\$60.58	\$68.99	\$77.41	\$85.82	
56 to 60	\$18.42	\$26.80	\$35.18	\$43.55	\$51.93	\$60.30	\$68.68	\$77.06	\$85.43	
61 to 65	\$35.67	\$52.68	\$69.68	\$86.68	\$103.68	\$120.69	\$137.69	\$154.69	\$171.69	
66 & Over	\$61.47	\$91.36	\$121.26	\$151.16	\$181.06	\$210.95	\$240.85	\$270.75	\$300.65	

Worksite Products: 2022

Aflac Group Hospital Indemnity - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so federal ERISA law is inapplicable.

Benefits

First Day Hospital Confinement Benefit Aflac pays the benefit amount shown for the first day a covered person is confined in a hospital. The First day benefit is unlimited.	\$1,000
Daily Hospital Confinement Benefit Aflac pays the benefit amount shown per day when a covered person is confined in a hospital. Max 31 days.	\$150
Hospital Intensive Care Benefit Aflac pays the benefit amount shown per day when a covered person is confined in a hospital intensive care unit. This benefit is paid in addition to the First Day Hospital confinement benefit and the Daily Hospital Confinement benefit. Max 10 days.	\$150
Hospital Intensive Care Step-Down Unit Benefit Aflac pays the benefit amount shown per day when a covered person is confined in a hospital intensive care step-down unit. This benefit is paid in addition to the First Day Hospital confinement benefit and the Daily Hospital Confinement benefit. Max 10 days.	\$75

Coverage Type

- Employee (EE)
- EE + Spouse
- EE + Child(ren)
- Family

Employee Monthly Rates

Employee (EE)	\$21.80
EE + Spouse	\$41.98
EE + Child(ren)	\$33.72
Family	\$53.90



Retirement Program: 2022

Public Employee Retirement Systems of Idaho (PERSI)

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

PERSI Retirement Plan

You become a PERSI member when you go to work in an eligible position with a PERSI employer. When you earn 60 months of service credit you will be vested to receive a lifetime benefit at retirement. The 60-month vesting period (5 months for elected and some appointed officials) does not have to be with the same PERSI employer. So unless you leave public employment altogether, changing jobs should not affect your PERSI membership.

Base Plan Benefits

Enrollment in the PERSI Base Plan (pension) is mandatory. Both you and your employer make contributions to PERSI: **Employee contributes 7.16% and Employer contributes 11.94%**. Your contributions are credited to your personal account, while employer contributions are pooled in a trust to cover benefits. The actual value of your benefit exceeds your contributions. When you retire as a vested member, PERSI will pay you every month for as long as you live - and if you select a retirement option with survivor benefits, your Contingent Annuitant will receive a benefit for life after your death.

Portability of Funds

Your Base Plan contributions are always yours. If you leave a PERSI employer, but keep your Base Plan money in PERSI and later work for another PERSI-covered employer, you retain the service credit earned in your previous job. All service credit you earn while working for a PERSI employer is automatically combined into a single account for you.

The Choice 401(k) Plan

The Choice 401(k) Plan is an optional defined contribution retirement savings plan available to active members. Unlike the Base Plan, participation in The Choice 401(k) Plan is completely voluntary. It allows you to contribute a portion of your salary on a tax-deferred basis via payroll deduction. This means your contributions come out of your paycheck before taxes, thereby reducing the amount of taxes you pay during the year. The Choice 401(k) Plan includes a loan provision where members may take a loan for any reason as long as they have a balance of \$2,000 or more in their account, excluding any gain sharing amounts.

The Choice 401(k) Plan has 12 investment options. One of the most popular is the PERSI Total Return Fund (TRF), which mirrors the Base Plan investments. The TRF is the default investment fund. Your contributions are automatically invested in the TRF unless you elect otherwise. The TRF has no investment manager fee; however, fees are associated with the other 11 investment options. Unlike the Base Plan, you manage your Choice 401(k) Plan funds. In most cases, you may change deferral amounts and investments at any time. No fee is charged for making changes to your account. PERSI pays the record keeping fees for active members.

Money from other qualified retirement plans, such as a 401(a), 457, pre-tax IRA, 403(a) or 403(b), or another 401(k) account, can be rolled over to The Choice 401(k) Plan at PERSI. After-tax contributions cannot be rolled into The Choice Plan.

For More Information

To learn more about PERSI, or for more detailed information about your retirement options and benefits, visit the PERSI Website at: www.persi.idaho.gov. You may also contact the PERSI Answer Center Monday thru Friday between 7:30 AM and 5:30 PM (Mountain Time) by calling 208-334-3365 in the Boise area, or toll free 800-451-8228 from other parts of the state. Your Human Resources Department and/or payroll personnel will gladly assist you as well.

Retirement Program: 2022

TSACG Compliance Services, Inc 403(b) and/or 457(b) Plan(s) - 100% Employee Contribution

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

The 403(b) and / or 457(b) Plan is a valuable retirement savings option available through West Ada School District.

Plan administrative services for the 403(b) and / or 457(b) are provided by TSACG Compliance Services, Inc (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the Plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) and / or 457(b) loan and roll overs.

All employees with the exception of private contractors, school board members and student workers are eligible to participate in the 403(b) and / or 457(b) plan immediately upon employment. Employees may make voluntary elective deferrals to the 403(b) and / or 457(b) plan. Participants are fully vested in their contributions and earnings at all times.

Employees who wish to enroll in the Supplemental 403(b) and / or 457(b) Retirement Plan must first select the provider and investment product best suited for their 403(b) and / or 457(b) account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement"(SRA) form and any disclosure forms must be completed and submitted to West Ada School District. This form authorizes the District to withhold 403(b) and / or 457(b) contributions from your pay and send those funds to the Investment Provider on your behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) and / or 457(b) account.

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their 403(b) and / or 457(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contribution to the participant's 403(b) and / or 457(b) account are made from income paid through West Ada School District's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and / or 457(b) Plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his / her objectives are being met, and make changes as appropriate. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets your needs.

TSACG monitors 403(b) and / or 457(b) plan contributions and notifies the employer in the event of an excess contribution.

Retirement Program: 2022

TSA and Retirement Vendor Listing

Additional Deductions - Voluntary Contact vendor excluding PERSI

Tax Sheltered Annuities (TSA) 403(B) Pre-Tax

American Fidelity Assurance

Address: 325 E Shore Dr. #110, Eagle, ID 83616

Katherine Hamilton

Phone: 877-589-2544 Ext 7

Email: katherine.hamilton@americanfidelity.com

Horace Mann Annuity Co.

Address: 1560 N. Crestmont Dr., Suite B, Meridian, ID 83642

Website: www.horacemann.com

Horace Mann Annuity Co. provides student loan guidance.

Michael Sallee

Phone: 208-385-0609

Email: mike.sallee@horacemann.com

Voya Financial

Address: 6154 N. Meeker Place, Suite 175, Boise, ID 83713

Scott Gull

Phone: 208-685-0101

Waddell & Reed - Boise Office

Address: 913 W. River St., Suite 410, Boise, ID 83702

Phone: 208-338-0771

Website: www.waddell.com

Security Benefit Group

Address: 1817 N. Lakes Place, Suite 150, Meridian, ID 83646

Chad Majors

Phone: 208-376-6949

Email: chad.majors@raymondjames.com

Invesco Investment Services, Inc. (formerly Oppenheimer Funds Services)

Address: PO Box 219078, Kansas City, MO 64121-9078

Phone: 800-959-4246

Website: www.invesco.com

AIG Retirement Services (Valic)

Address: 1800 SW First Ave., Suite 420, Portland, OR 97201

Website: www.valic.com

Ternel Martinez, Financial Advisor | Email: ternel.martinez@aig.com

Phone: 208-803-5731

Aspire (Preferred Retirement Options, Inc.)

Address: 3456 E 17th St, Suite 260, Ammon, ID 83406

Website: www.proinvestmentcoach.com

Jim Hancock

Phone: 208-521-2957

Email: jimmythancock@gmail.com

Roth 403(b) - After Tax

Security Benefit Group

Address: 1817 N. Lakes Place, Suite 150, Meridian, ID 83646

Chad Majors

Phone: 208-376-6949

Email: chad.majors@raymondjames.com

Horace Mann Annuity Co.

Address: 1560 N. Crestmont Dr., Suite B, Meridian, ID 83642

Website: www.horacemann.com

Horace Mann Annuity Co. provides student loan guidance.

Michael Sallee

Phone: 208-385-0609

Email: mike.sallee@horacemann.com

Aspire (Preferred Retirement Options, Inc.)

Address: 3456 E 17th St, Suite 260, Ammon, ID 83406

Website: www.proinvestmentcoach.com

Jim Hancock

Phone: 208-521-2957

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Address: 1800 SW First Ave., Suite 420, Portland, OR 97201

Website: www.valic.com

Ternel Martinez, Financial Advisor | Email: ternel.martinez@aig.com

Phone: 208-803-5731

Roth 457 - After Tax

Security Benefit Group

Address: 1817 N. Lakes Place, Suite 150, Meridian, ID 83646

Chad Majors

Phone: 208-376-6949

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AIG Retirement Services (Valic)

Address: 1800 SW First Ave., Suite 420, Portland, OR 97201

Website: www.valic.com

John Rutter, Financial Advisor | Email: john.rutter@aig.com

Phone: 208-519-1362

Retirement Program: 2022 (Cont.)

TSA and Retirement Vendor Listing

Additional Deductions - Voluntary Contact vendor excluding PERSI

401(k) thru PERSI

PERSI Choice 401(k) - Optional Program

Address: PO Box 83720, Boise, ID 83720-0078

Phone: 208-334-3365

Website: www.persi.idaho.gov

Please see website for eligibility requirements and details

457 - Deferred Compensation

Security Benefit Group

Address: 1817 N. Lakes Place, Suite 150, Meridian, ID 83646

Chad Majors

Phone: 208-376-6949

Email: chad.majors@raymondjames.com

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Website: www.proinvestmentcoach.com

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Website: www.valic.com

Ternel Martinez, Financial Advisor

Phone: 208-803-5731

Email: ternel.martinez@aig.com

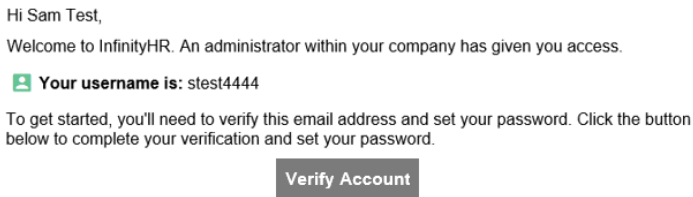
Online Enrollment: 2022

InfinityHR Enrollment System - Instructions for enrolling in your benefits online

If you have previously logged into the system you can start this process on step 3 in order to log in for open enrollment.

1 - You will receive two emails from the system:

The first email is an account verification email that will provide a Username and include a link to verify your account. Employees only have 72 hours from the time the email is sent to register in the system. You can set up your password by clicking the "Verify Account" button:



The second email will outline the enrollment window dates and provide the URL for the Arcoro site. (See example email below).

An Enrollment Window has been created for you allowing you to enroll in your Benefits between 07/01/2020 and 07/31/2020. To access your personal account, please login using the following URL and your username and password. If you do not have a username and password, a separate account verification email will be sent with login instructions.

<https://www.infinityhr.com/>

PLEASE NOTE: IF YOU NEED SUPPORT, DO NOT REPLY TO THIS E-MAIL. This message has been automatically generated by our e-mail system, and replies will not be received.

2 - Once you have created a new password, you can use the URL below to access the site: www.infinityhr.com

3 - Once you are in the site you will see the following box. You will use the username that was emailed to you and the password that you just created to log in. Once you enter your username and password and click "Sign In", you will be logged into the site.

ARCORO

Step 1

Username

Password

 [SHOW](#)

[SIGN IN](#)

Remember Me

[Forgot your password?](#)
[Forgot your username?](#)

- If you have forgotten your password you can click on "Forgot your password", which will email you a link to reset your password.
- If you have forgotten your username you can click on "Forgot your username", which will email you a link that will allow you to follow a process to get your username.

4 - Once you have logged into the Arcoro system, you will be taken to the your company's home page. From here you will see "New Hire Event or Open Enrollment Event" in the drop down box, click on "Begin Event" to make your elections.

