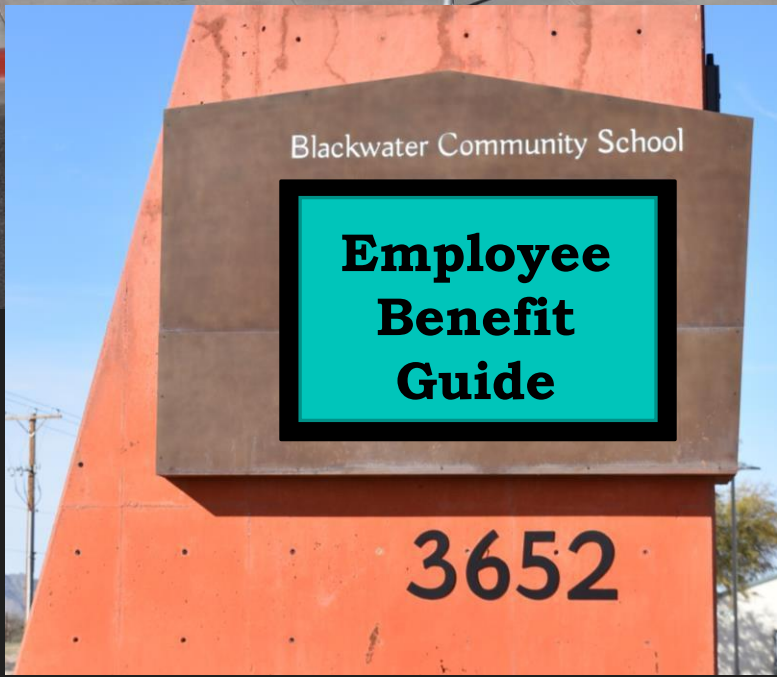




Blackwater Community School Akimel O'otham Pee-Posh Charter School



2024 - 2025

Overview of 2024 - 2025 Employee Benefits

PAGE	BENEFIT	COVERAGE
1	Eligibility	Blackwater Community School
2	Medical – EPO Plan	Blue Cross Blue Shield of Arizona
3	Prescription / Rx Program	Magellan Rx Management
4	Precertification / Preauthorization	Hines
5	Dental / Vision	Premier / Lincoln
6	Life Insurance and AD&D / Short Term Disability / Long Term Disability	Mutual of Omaha ASRS
7	Employee Assistance Program	Jorgensen Brooks Group
8	Health Benefits on the Go	Summit Mobile App Website
9,10	Enrollment Instructions	Employee Navigator
11	Contact Information	Various, see listing

ABOUT THIS BENEFITS GUIDE

This guide summarizes the benefits offered to the eligible employees and their dependents. For more details and additional information, contact Leeanna Paul by email at address Leeanna.paul@bwcs.k12.az.us.

You can also refer to the Plan Document or Summary of Benefits and Coverages, found on the Summit Employee Portal at web address: www.summit-inc.net.

DISCLAIMER

All 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.

Eligibility for Benefits

OPEN ENROLLMENT

Open enrollment provides a window for you to make changes to your plan elections *one time per year* without having a reason to do so. Outside of the open enrollment window, you are typically locked into your benefit elections for the year.

Mid-year changes are **ONLY** allowed if a Qualified Change or Life Event occurs. You must notify Human Resources and complete an enrollment form within thirty (30) days following the date of any qualifying event.

Examples of Qualifying Life Events are:

- Marriage, legal separation or divorce
- Change in a child's dependent status
- Death of a spouse, child or other qualified dependent
- Spouse's open enrollment
- Change in spouse's employment / insurance
- Birth or adoption of a child
- Assignment of legal guardianship
- Loss of insurance coverage
- New coverage under another plan
- Active member of the Armed Forces

WHO IS CONSIDERED ELIGIBLE

- A full-time active employee normally scheduled to work a minimum of 30 hours per week
- A part-time active employee normally scheduled to work a minimum of 30 hours per week
- On the payroll of the School
- In a class of employees eligible for coverage AND
- Not covered under another Blackwater Community School employee

ELIBIGLE DEPENDENTS

- Your legal spouse
- Your child under age 26 regardless of financial dependency, residency with you, marital status, residency, student status or
- Your unmarried child of any age who is principally supported by you and who is not capable of self-support due to a physical or mental disability that began while the child was covered by the Plan
- A foster child who has been placed with you by an authorized placement agency or by judgment decree or other court order

MEDICAL: EPO Plan

Blue Cross Blue Shield of Arizona

Your PPO Network is Blue Cross Blue Shield of Arizona that consists of medical professionals who provide a discounted rate for your family access to quality health care. Blackwater Community School offers you this medical option that is on an In-Network Basis only. All Out-of-Network Services are not covered.

To search for a BlueCross BlueShield of Arizona PPO provider, please go to www.azblue/chsnetwork.com

LOG IN and click on "Find a Doctor/Rx."

Please refer to your Plan Document for all specifications and detailed information.



An Independent Licensee of the Blue Cross Blue Shield Association

In-Network ONLY		
Benefit Description & Benefit Limitation	Preferred Provider	Visit Deductible Does Not Apply
The benefit year is the 12-month period in which benefits accrue: January 1 st through December 31 st Any maximum benefit listed is combined between preferred providers and nonpreferred providers.	After the benefit year deductible is satisfied, the Plan shall pay the listed percentage of the negotiated rate or customary and reasonable amount. Only preferred provider covered expenses apply to the preferred provider out-of-pocket expense limit.	
Lifetime Maximum Paid Benefit	Unlimited	
Deductibles	Individual \$ 0 Family \$ 0	
Out-of-Pocket Maximum	Individual \$ 6,000 Family \$12,000	
Provider's Office or Clinic	Primary Care \$20 Copayment Specialist Visit \$40 Copayment Chiropractic Care \$40 Copayment Preventive Care No Charge Screening Immunization No Charge	• • •
Tests	Diagnostic Test No Charge Imaging \$50 Copayment	•
Emergency Services	Emergency Room Care \$150 Copayment Emergency Medical Transport No Charge Urgent Care \$50 Copayment	• •
Outpatient	Facility Fee * \$100 Copayment Physician/Surgeon Fees No Charge Mental/Behavioral Health \$10 Copayment Substance Abuse Services \$10 Copayment	• • •
Inpatient	Facility Fee * \$250 Copayment Physician/Surgeon Fees * No Charge Mental/Behavioral Health * \$250 Copayment Substance Abuse Services * \$250 Copayment	• • •

* Precertification

Required. \$300 Penalty for noncompliance.

A list of Preventive Care Services can be found at: www.healthcare.gov/coverage/preventive-care-benefits

PRESCRIPTION DRUG PROGRAM



The prescription drug benefit of the Plan is administered by a Prescription Benefit Manager, Magellan Rx, and is separate from the medical benefits.

PLAN	Prescription	Network Retail Pharmacy (Up to a 30-day Supply)	Mail -Service Program (Up to a 90-day supply)
EPO	Generic Preferred Brand Drugs Non-preferred Brand Drugs Specialty Drugs	\$ 5 copayment per prescription \$ 25 copayment per prescription \$ 75 copayment per prescription \$200 copayment per prescription	\$ 5 copayment up 90 day \$ 25 copayment up to 90 day \$ 75 copayment u to 90 day \$200 copayment up to 90 day

Out of network prescription not covered.

Non-prescription drugs, as specified by the Patient Protection and Affordable Care Act, are payable at 100% with no **copay** when purchased at a **participating pharmacy**.

If the **covered person** purchases a **brand name** drug when the physician indicated a generic drug can be dispensed, the covered drug will be required to pay the difference between the generic drug and the brand name requested, plus the usual copay.

Specialty pharmacy requires precertification.

Specialty prescription medicines must be purchased through the Specialty pharmacy

PRECERTIFICATION / PREAUTHORIZATION



With 24hr access to Hines' member health education links, members can easily access education and helpful information to over 4,000 different topics. It is Hines' commitment to making sure each member gets the care they need, the answers they deserve, and the resources they need to make it happen. For those members who do not have access to a computer or smart phone, Hines' case managers will print and mail any and all information to those members who need it.

Certain medical services require precertification/preauthorization. This is the process of determining if services are medically necessary. Failure to comply may result in denial of benefits, an additional deductible, copay or reduction of benefits. The following are some of the services that **MUST** be precertified or preauthorized:

- Inpatient Facility Fee
- Outpatient Facility Fee
- Inpatient Physician / Surgeon Fees
- Inpatient Mental & Behavioral Health
- Inpatient Substance Abuse Services

Precertification Penalty

Failure to obtain precertification for required services will result in a \$300 penalty for non-compliance.

For a detailed listing please refer to your plan document on-line at www.summit-inc.net or contact Summit's Customer Service Department at (888) 690-2020.

DENTAL



BENEFIT DESCRIPTION & BENEFIT LIMITATION	In-Network
The benefit year is January 1 st through December 31 st	After the benefit year deductible is satisfied, the Plan shall pay the listed percentage of the customary & reasonable amount, up to the maximum benefit.
Benefit Year Deductible Per Individual	\$50
Annual Maximum Per Person	\$2,500
Preventive Services Office Visit Cleaning Exam X-Ray	100% No Deductible
Class II: Basic Services Fillings, Extractions, Restorative	100% After Deductible
Class III: Major Services Crowns, Bridges, Dentures	80% After Deductible
Endodontics, Periodontics	Basic
Orthodontics (to lifetime maximum) Appliances, treatment & related	50% to \$1,000 In-Network Only Child Only
Out of Network (if different from In-Network)	Preventive 100% Class II-Basic 60% Class III-Major 50%

VISION



BENEFIT DESCRIPTION & BENEFIT LIMITATION	The Plan shall pay the listed percentage of the customary and reasonable amount, up to the maximum benefit
Exam / Materials Copay	\$ 10 / \$10
Materials (Contacts OR Frames/Lenses) Frames Allowance Spectacle Lenses, Bifocals, Progressive Medically Necessary Contacts Elective Contacts Allowance Separate Contact Lens Fitting Fees	\$130 + 30% off Balance \$10 100% 100% after \$10 copay or \$125 allowance no copay None with Contact Lens Selection Option
Frequency of Benefits in Months	Exam 12 Lenses 12 Frames 24

LIFE INSURANCE | AD&D

BASIC LIFE INSURANCE AND AD&D

Blackwater Community School offers life insurance 1x up to:

\$100,000	Per employee, family
\$20,000	Spouse
\$1,000	0-6 months Child(ren)
\$5,000	6 months or older

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.

SHORT TERM DISABILITY

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. On your 31st day of disability, benefits available are 60% of your before tax weekly earnings, maximum \$500, up to 22 weeks.



VOLUNTARY LIFE | AD&D INSURANCE

You can also elect to purchase additional life insurance from The Standard for yourself, your spouse or children.

- Employee \$10,000 increments to a maximum of \$500,000 or 5x annual earnings.
- Spouse \$5,000 benefit increments to a maximum of \$25,000 not to exceed 50% of the employee coverage.
- Children \$1,000 benefit increments to a maximum of \$10,000 not to exceed 50% of the employee coverage.

NEW HIRES: If you are electing an amount above the Guaranteed Issue amount of \$100,000, you **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment.

EMPLOYEES ENROLLING AFTER INITIAL ELIGIBILITY AT TIME OF HIRE (LATE ENTRANTS) or EMPLOYEES REQUESTING TO INCREASE COVERAGE: Any amount of coverage elected requires Evidence of Insurability (EOI). You **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the Payroll Department.

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).



EMPLOYEE ASSISTANT PROGRAM



Employee Assistance Programs

Helping employees and their families build thriving lives, resilient minds and healthy bodies

EMPLOYEE SERVICES

We help employees and their household members with confidential, comprehensive services.

- 24/7 support – clinicians with an average of 12 years of experience help members with ups and downs of life, from day-to-day challenges to more complex situations.
- Counseling – In-person and virtual therapy is provided by a nationwide network of 165,000 + licensed providers; virtual appointments are typically available within 48 hours.
- Digital emotional wellbeing – Artificial intelligence – driven program supports employees in building resiliency, managing stress, improving mood, sleeping better and more.
- Member website – Timely, curated content and centralized access to program benefits and services
- Life enrichment services:
 - Financial wellbeing – Access to expert financial consultation and resources for a wide range of concerns
 - ID Theft resolution – Help from a fraud specialist to challenge fraudulent charges and restore credit
 - Legal services – Consultation with an attorney and access to forms and preferred discounts
 - Work-life services – Online help for parenting, elder care, financial, legal and other life needs
 - Discount center – Savings on major purchases, recreation, groceries and more

MOBILE APP

Manage your health benefits on the go

Want a simple, easy way to check your healthcare account balances and submit receipts from anywhere? The Summit Admin FSA lets you securely access your health benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, our Mobile App provides easy, on-the-go access.



View balance information for all your account(s) rightaway.

Use the "I Want To" section to quickly take any number of actions from making payments to viewing HSA Investments to scanning items for eligibility and more.

Get started with Summit Admin FSA in minutes



Search Keywords:
"SUMMIT ADMIN"

WEBSITE

Benefit Information at your Fingertips!

Summit offers online solutions that give you the tools and resources to have on demand access to your health care benefits



- Eligibility
- Coverages
- Accumulators
- Claims
- ID Card Image
- Contact Us
- Messaging
- FAQs

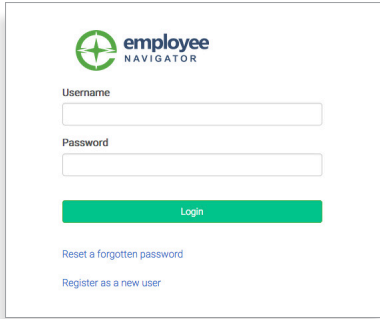
NOTE:

DO NOT use any dashes when entering your Social Security Number. Once logged in, click on the tab of the option you would like to access.



The site is user-friendly

ENROLL IN YOUR BENEFITS: One step at a time



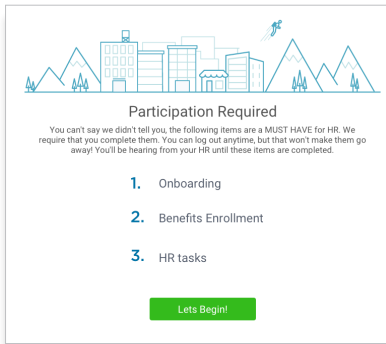
The login form features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom left, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

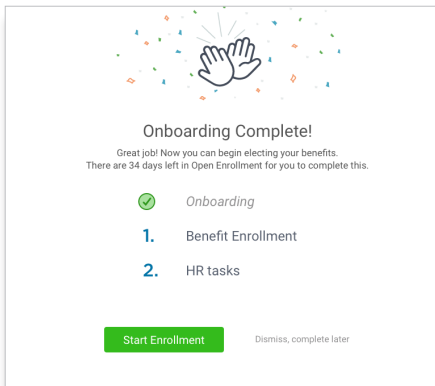
**Company Identifier:
Blackwater Community School**



The page has a header with a cityscape illustration. Below it, the title 'Participation Required' is followed by a paragraph explaining that certain items are mandatory for HR. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Lets Begin!' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



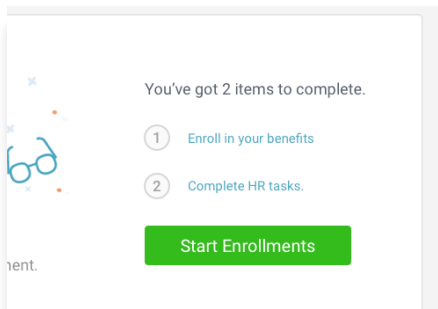
The page features a celebratory graphic of hands and confetti. The title 'Onboarding Complete!' is followed by a paragraph stating that the user can now begin electing benefits and that there are 34 days left in Open Enrollment. A green checkmark icon is next to the word 'Onboarding'. A numbered list follows: 1. Benefit Enrollment, 2. HR tasks. A green 'Start Enrollment' button is at the bottom left, and a link 'Dismiss, complete later' is at the bottom right.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The page shows a header with a pair of glasses icon. Below it, the text 'You've got 2 items to complete.' is followed by a numbered list: 1. Enroll in your benefits, 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

\$138.46 Effective on 08/01/18
Cost per pay period Employee

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

- Enroll in your benefits
- 1.** HR Tasks

 Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

CONTACTS

	Website	Phone Number
	www.bwcs.k12.az.us	Leeanna Paul 520-215-5859
	www.summit-inc.net	888-690-2020
	www.azblue.com	877-475-8454
	www.hinesassoc.com	800-944-9401
	www.premierlife.com	888-715-0760
	www.mutualofomaha.com	800-377-9000
	www.azasrs.gov	800-621-3778
	www.magellanrx.com	800-424-6008
	www.jorgensenbrooks.com	1-888-520-5400
	Diana Salinas & Vanessa Johnston/Employee Benefits Account Manager Jentry Harris/Employee Benefits Advisor	480-253-5940 dsalinas@mahoneygroup.com 520-784-6686 vjohnston@mahoneygroup.com 480-214-2768 jdharris@mahoneygroup.com
 (underwritten by Spectera)	www.lincolnfinancial.com	877-275-5462



Blackwater Community School Akimel O'otham Pee-Posh Charter School



888-690-2020



By Mail
P.O. Box 25160
Scottsdale, AZ 85255



www.summit-inc.net

SUMMIT

Health Plan Customer Service



P.O. Box 25160 • Scottsdale, AZ 85255 • PH: 888-690-2020 • Fax: 480-505-0406

Online Services

Visit www.summit-inc.net to access your personal information 24 hours a day, 7 days a week. Other services available online include:

- **Ordering a replacement ID card;**
- Viewing and printing your Explanation of Benefits;
- Obtaining claim information and details;
- Locating an in-network provider.

You have access to the BlueCross Blue Shield of Arizona provider network. This means you have access to the #1 healthcare network of providers in the state.



An Independent Licensee of the Blue Cross and Blue Shield Association

To find a provider, go to: www.azblue.com/chsnetwork

If you prefer to speak to a customer service representative for Summit you may call toll-free:

1-888-690-2020 (Group Number 430)

Hours are Monday through Friday from 8 a.m. to 5 p.m., excluding holidays.