



Desert View Schools is part of a trust or group of employers in AZ providing insurance coverage to our staff. Rural Arizona Group Health Trust (RAGHT) is a consortium of public entities that have joined together to offer employee benefits as allowed through Arizona Revised Statute 11-952 and 11-952.01. All of the RAGHT participating entities offer the same medical, prescription drug, dental and vision benefits and all pay the same premium rates. The participating entities can offer different levels of group life insurance benefits.

Desert View Schools is pleased to be able to offer the following benefits to its full time staff. We offer two types of medical coverages; EPO and a High Deductible Health Plan (HDHP) that can be coupled with a Health Savings Account (HSA) as long as IRS guidelines are followed, Dental, Vision, Life, Additional Life, Short Term Disability.

All of the benefits offered are done so as al a carte options; you can elect or waive any coverage at any level, i.e. elect Employee Only Medical, Employee plus Spouse Dental and Family Vision. The employer pays 100% of the Employee Only tier coverage election for Medical, Dental and Vision, as well as purchases a \$30,000 employee life insurance policy. The employee is responsible for the cost of any Dependent level coverage as well as the premium costs associated with any elected Additional Life Insurance or Short Term Disability. Benefits go into effect on the first day of the month after start of employment, i.e. if you start any time in July, benefits become effective August 1, and all enrollment documents must be turned in within 30 days of employment.

Medical coverage - EPO & HDHP utilize the Blue Cross Blue Shield of Arizona network of doctors. Plan members who go outside of the provider network are subject to higher costs associated with services. With either of the coverages, there is no cost to the member for in network Preventative services; women or child well checks, annual exams etc. Both plans have a preferred pharmacy providers listing, if member chooses to go outside the preferred provider listing they will be subject to higher prescription costs.

EPO type coverage: Go to the Dr. pay a co-pay and insurance covers the additional unseen costs of the visit. Have a surgery or other service that is subject to the deductible, then go into co-insurance where you pay a percentage of the billed cost and the insurance pays a percentage. Pharmacy medication co-pay costs are based on a formulary tiered basis where generics cost less than brand name medications. Under this plan there is a 90-day mandatory fill requirement on daily or maintenance medications. Prescription medications can obtained through mail order or a retail pharmacy (including 90-day fills).

HDHP type coverage: Different from the EPO in that there are no unseen costs to the plan member - go to the Dr. for a non-preventative visit and you are subject to the full negotiated cost of that visit - if a sick office visit cost \$100, you then are out of pocket that \$100, this is the same with any prescription medication fills, you are subject to that full cost. There is only a Deductible that must be met before the plan/insurance pays for all covered services at 100%, all non-preventative medical office visits and pharmacy costs count toward meeting the deductible.

HSA – Bank Account: this type of bank account can only be coupled with a High Deductible Health Plan and used only to cover costs for approved medical expenses. There are IRS guidelines that must be followed in order to qualify for the HSA account. The employer contributes to each employee account on a per pay period basis. Employees can set up payroll deductions for making contributions to this account. Employees can grant access to others to make contributions to this account. There are annual maximum contribution limits, there is no “use it or lose it”, this type of account belongs to the individual and they take it with them should employment end.

Dental coverage - there is no preferred network of dentists, our coverage is written as Any Dentist / Anywhere based on UCR (usual, customary and reasonable). Determined by the provider location and services, our claims administrator has software that polls same area providers and service fees...if your provider charges \$100 for services that 9 other area providers only charge \$90, you would then be responsible for the additional charges. Preventative services are covered at 100%, there is a deductible and maximum annual allowed expenses, basic services are covered at 80%, and most major services are covered at 50%.

Vision coverage - through Avesis and their network of providers; benefits schedule covers an annual visit with co-pay, materials co-pay, annual spectacle lenses, frames every 24 months & annual contact lenses (not in same year as spectacle lenses).

Basic Life and Additional Life - The Standard Insurance Company; the employer purchases a basic policy and each qualified member, at their own expense through payroll deduction can elect to purchase additional coverage, spousal and or dependent coverage.

Short Term Disability - Sun Life Insurance; employees can elect such coverage, at their own expense through payroll deduction, that will pay them a percentage of their salary on a weekly basis in the event of an injury or illness that prevents them from being able to work up to a maximum of 26 weeks. Claim forms must be submitted in order to start a claims process.

Arizona State Retirement System (ASRS) - All employees that work more than 20 hours/20 weeks and the employer participate, at the same contribution rate, in ASRS. Contribution rates are subject to change from one year to the next. All monies paid through payroll are subject to this deduction and employees are able to enroll on the ASRS website for many options such as being able to monitor retirement funds, review retirement eligibility, updating personal information and more. To learn more about the Arizona State Retirement System, visit their website: <https://www.azasrs.gov/>