



**L.H. Unified  
School District #1**  
*Employee Benefit Trust*

**RETIREE & DEPENDENT INSURANCE Rates Effective July 1, 2011**

RETIREES							
Medical/Dental/Vision Plan							
CATEGORIES	Medical	Dental	Vision	TOTAL	LHS District Pays	ASRS Pays	Employee
	Premiums *	Per Month	Per Month	AMOUNT	\$3,000 per yr.	\$1,800 per yr.	Pays Per Month
Retired Employee (District)	\$ 400.00				\$ 250.00	\$ 150.00	\$ -
ASRS Retired Spouse (non-district)	\$ 302.00	\$ 42.00	\$ 8.00	\$ 352.00	\$ -	\$ 150.00	\$ 202.00
Spouse Only	\$ 302.00	\$ 42.00	\$ 8.00	\$ 352.00	\$ -	\$ 110.00	\$ 242.00
1 Child only	\$ 91.00	\$ 35.00	\$ 5.00	\$ 131.00	\$ -	\$ 110.00	\$ 21.00
Children only	\$ 171.00	\$ 58.00	\$ 7.00	\$ 236.00	\$ -	\$ 110.00	\$ 126.00
Family	\$ 355.00	\$ 100.00	\$ 18.00	\$ 473.00	\$ -	\$ 110.00	\$ 363.00

\*District RETIREE Life Premiums included (\$20,000)

\* Can pick Medical Only - if other benefits are selected, medical must be included with other choices.

6/16/2011

**IT'S THAT TIME OF YEAR AGAIN!**

**PLEASE MAKE SURE YOU READ ALL THE INFORMATION REGARDING THE CHANGES TO OUR MEDICAL PLAN. BECAUSE WE WILL NO LONGER BUNDLE/PACKAGE BENEFITS, EVERY EMPLOYEE & RETIREE WITH DEPENDENT COVERAGE WILL NEED TO FILL OUT A NEW BENEFIT ENROLLMENT AND CHANGE FORM.**

**EACH RETIREE SHOULD MARK UNDER ITEM 2 WHAT YOU CHOOSE FOR YOURSELF. TO THE RIGHT; IF YOU HAVE DEPENDENT COVERAGE YOU WILL NEED TO MARK WHAT YOU CHOOSE FOR YOUR DEPENDENT(S) COVERAGE.**

**(CHOOSE ONLY 1 PLAN FOR ALL DEPENDENTS)**

**PLEASE SEE DEPENDENT COSTS (PER MONTH) ABOVE.  
THIS CHANGE WILL TAKE EFFECT ON AUGUST 1, 2011.**

**WE HAVE EXTENDED OPEN ENROLLMENT TO OUR RETIREES THROUGH JULY 31<sup>ST</sup> FOR THE 11-12 FISCAL YEAR. RETURN THE ENROLLMENT AND CHANGE FORM TO THE PAYROLL DEPT BY JULY 15, 2011, IF POSSIBLE. IF NOT, DEFINITELY NO LATER THAN JULY 31, 2011.  
(INSURANCE TAKES EFFECT 8/1/11)**

**NOW IS THE TIME TO**

- ◆ **ADD A DEPENDENT** (Pre-existing conditions may not be covered if no prior insurance coverage)
- ◆ **REMOVE A DEPENDENT**

The only way you can add/delete a dependent from your medical plan any other time of the year would be if there was a "QUALIFYING EVENT": marriage, divorce, birth, death, spouse lost his/her insurance, etc. That has to be done within 31 days of the qualifying event. That would take effect on the first of the following month.

Email [bbreazeal@havas.k12.az.us](mailto:bbreazeal@havas.k12.az.us) (505-6929) or  
[sgranger@havas.k12.az.us](mailto:sgranger@havas.k12.az.us) (505-6930)  
if you have questions.

**ENROLLMENT AND CHANGE FORM IS ATTACHED.**



# L.H. Unified School District #1

*Employee Benefit Trust*

GILSBAR  
Group Number: S2595

BENEFIT ENROLLMENT AND CHANGE FORM

EMPLOYEE INFORMATION TO BE COMPLETED BY THE EMPLOYEE ONLY

2011-2012 OPEN ENROLLMENT

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status  Single  Married  Widowed  Divorced Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F Hours Worked Per Week: \_\_\_\_\_

Telephone # Home (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

ARE YOU MARRIED TO ANOTHER EMPLOYEE OF THE LAKE HAVASU SCHOOL DISTRICT?  Yes  No

1.  I waive the following coverage(s):  Medical/Dental/Vision Signature \_\_\_\_\_ Date \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

If you are waiving medical coverage you must sign and indicate your medical carrier: \_\_\_\_\_

2. EMPLOYEE OPTIONS (CHOOSE ONE) DEPENDENT OPTIONS (CHOOSE ONE PLAN ONLY)

Medical Only  Employee only  Spouse  Child  Children  Family

Medical/Dental Only  Employee only  Spouse  Child  Children  Family

Medical/Vision Only  Employee only  Spouse  Child  Children  Family

Medical/Dental/Vision  Employee only  Spouse  Child  Children  Family

3. BENEFICIARY: \_\_\_\_\_ Relationship: \_\_\_\_\_

YOU ARE STILL ENTITLED TO LIFE INSURANCE WHEN WAIVING MEDICAL COVERAGE. ALL EMPLOYEES NEED TO FILL IN BENEFICIARY.

4. LIST SPOUSE AND DEPENDENTS TO BE COVERED ON THE PLAN

Last Name	First Name	MI	Relation	M/F	DOB	SSN	ADD	Terminate	Other Insurance
			Spouse						Y or N
									Y or N
									Y or N
									Y or N
									Y or N

5. OTHER INSURANCE INFORMATION MUST BE COMPLETED:

Is Spouse Employed?  Yes  No (if Yes Employer) \_\_\_\_\_

Other Insurance Co \_\_\_\_\_ Does Spouse have insurance coverage?  Yes  No

Group/Policy# \_\_\_\_\_ Do Children have insurance coverage?  Yes  No

Group/Policy# \_\_\_\_\_ Medical  Dental  Medicare?  A  B Eff Date \_\_\_\_/\_\_\_\_/\_\_\_\_

6. I hereby appoint my Employer as agent to receive all notices concerning premiums, coverage and termination and authorize my payroll deduction as required for coverage. I understand that any false or inaccurate information may result in the termination of coverage or nonpayment of benefits. I hereby authorize any provider of service to release to GILSBAR any information regarding diagnosis, treatment or prognosis for any person listed on this application.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY PAYROLL DEPARTMENT ONLY

New Hire Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ins. Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Classified \_\_\_\_\_ Certified \_\_\_\_\_ Salary \$ \_\_\_\_\_

Change Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_  Add Dependent(s)  Terminate Dependent(s)  Retiree

FMLA  LOA  Address \_\_\_\_\_  Name \_\_\_\_\_  Termination of Insurance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent to Gilsbar \_\_\_\_\_ Americas \_\_\_\_\_ Spreadsheet \_\_\_\_\_ IFAS \_\_\_\_\_ Life to Assurant \_\_\_\_\_ Spreadsheet \_\_\_\_\_ IFAS \_\_\_\_\_ Dept. Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## LAKE HAVASU UNIFIED SCHOOL DISTRICT #1 EMPLOYEE BENEFIT TRUST

### What happened with The Trust during 2010-11?

Year-to-date school year, **monthly** claims (medical, dental, vision and prescription drug spend) averaged about \$417,000. This compares to \$516,000 for the same period during 2009-10.

Even though the paid loss history for the Trust has been lower than in 2009-10, with new benefits mandated by Health Care Reform, with the national medical trend increasing by 8%, combined with Arizona trending at 12 to 15%, in order to keep the LHUSD#1 employee benefit trust financially strong, the Trust's actuary recommended some increases to the plan's deductibles, co-pays, out-of-pocket maximum expenses, and dependent contributions. The EBT board of trustees approved the following changes, which will become effective **July 1, 2011**.

The schedule summary is as follows:

Individual Calendar Year Deductible:	\$1,150
Family Calendar Year Deductible:	\$3,450
Calendar Year Individual Out-of-Pocket maximum:	\$1,575
Calendar Year Family Out-of-Pocket maximum:	\$4,725
Lifetime Plan Maximum:	Unlimited
Chiropractic Care:	\$35.00 co-pay
Emergency Room:	\$200.00 co-pay
Office Visits (Primary):	\$35.00 co-pay
Office Visits (Specialist):	\$55.00 co-pay
Urgent Care:	\$35.00 co-pay
Generic Prescription Drugs:	\$5.00 co-pay (no change from 2010-11)
Brand Prescription Drugs:	\$35.00 co-pay
Non-Brand Prescription Drugs:	\$65.00 co-pay
Mail Order RX – 90 day supply:	\$15.00/\$105.00/\$195.00 co-pay
Wellness Colonoscopies:	\$100.00 co-pay (reduction from 2010-11)

Please note that the co-pay for wellness colonoscopies has been decreased from \$200.00 to \$100.00 to encourage members who may need this test to have it done. Additionally, the co-pay for generic drugs was not increased. EBT members have significantly increased their use of generics over the past few years. Thank you for remembering to ask your physician about the possibility of using a generic when a prescription is written. Don't forget that 27% of all prescriptions can be purchased for a copay of \$4.00 at many pharmacies (not through our plan), but **you have to ask**.

Because of Health Care Reform, the Trust will no longer "bundle/package" benefits. Effective July 1, 2011, an EBT member may sign up dependents for medical only, minus dental and vision, however they are not able to take dental and/or vision, minus medical. The options are;

- medical only;
- medical dental only;
- medical, vision only.
- Medical, dental and vision.

The EBT board of trustees voted to increase dependent premiums by 5%, also effective July 1, 2011. **Please see the attached contribution schedule.** A reminder that May is open enrollment to sign on or remove dependents from coverage.

The EBT Trust will be conducting an audit of eligible and enrolled dependent(s). You will be receiving communication from Gilsbar on this audit in the next few weeks. So please be on the lookout for it.

The EBT board previously approved changes to coverage for out-of-network non-emergency claims. During 2011-12, the EBT will pay 15% and the member will pay 85%. In 2012-13, the EBT member will be responsible for all out-of-network non-emergency charges. There is a \$3,000 deductible for out-of-network non-emergency charges. Expenses incurred for a bona fide emergency service will be paid under the in-network benefit allowances. Dependents living out-of-state are considered "out-of-network", except for emergency services.

An electronic version of the Blue Cross Blue Shield provider directory is available on the district website and is updated on a regular basis. Although the LHUSD#1 EBT is not insured by Blue Cross Blue Shield of Arizona, (BCBSAZ) our group pays a monthly access fee to utilize their "contracted providers" and to take advantage of the BCBSAZ discounts. However, these discounts are only available in Arizona.

Under Health Care Reform, as of July 1, 2011, new or existing employees who cover or might wish to cover a dependent child under the age of 19, who may not have had prior health insurance coverage, and therefore were not protected by HIPPA laws; said enrolled child will not be subject to pre-existing condition limitations.

Under Health Care Reform, a second regulation, adopted early by the EBT on July 1, 2010 allows an EBT member's dependent child to be covered until their 26<sup>th</sup> birthday. This includes non-students and married children. The exception is if the child is employed and their employer offers health insurance or the child's spouse is employed and that employer offers insurance coverage for spouses said child is not eligible to enroll in the LHSEBT. If a child has dropped off coverage previously, they would need to be re-enrolled during open enrollment, which takes place during the month of May of each year.

The employee benefit plan booklet is also available on the district web page.

### **Questions about Claims and Benefits...**

All questions concerning claims and benefits must be directed to our insurance administrator, Gilsbar, by telephone, or through their e-mail address, [www.mygilsbar.com](http://www.mygilsbar.com). The Gilsbar telephone number and address are located on your insurance card. For questions on prescription drug coverage, please contact Prescription Solutions at [www.prescriptionsolutions.com](http://www.prescriptionsolutions.com) or telephone 1-877-559-2955. The EBT pays Gilsbar and Prescription Solutions to answer all your medical and prescription questions. Shauna Granger and Bonnie Breazeal of the LHUSD #1 payroll department are the initial contacts for plan enrollment and changes. They cannot advise you on medical decisions or claims issues. If you do contact Gilsbar and are not satisfied with the answer you were given, or need further clarification, you may then contact the district's EBT consultants, David Stewart or Loren Martinez, from Webb & Greer Insurance Agency. Mr. Stewart may be reached at 480-889-0969 or e-mail address [dstewart@webbandgreer.com](mailto:dstewart@webbandgreer.com) and Ms. Martinez may be contacted at 480-889-0970 or e-mail address [lmartinez@webbandgreer.com](mailto:lmartinez@webbandgreer.com). Again, please contact Gilsbar initially, but feel free to call Mr. Stewart or Ms. Martinez if you still need assistance.

The open enrollment period to sign up for both the district's health insurance and flexible spending accounts is during the month of May. This is your time to make any changes to your coverage. For example, you may add or delete yourself or eligible dependents to/from the benefit plan without evidence of insurability. Please remember however, the changes you make during open enrollment are permanent for the following plan year unless you have a HIPAA qualified event (for more information, please refer to the EBT Insurance Booklet, which may be found on the district website [www.havasu.k12.az.us](http://www.havasu.k12.az.us)).

### **Women's Health and Cancer Rights Act...**

The Women's Health and Cancer Rights Act of 1998 was passed on October 21, 1998. Under the law, our health plan must provide medical and surgical benefits in connection with a mastectomy for certain reconstructive surgeries. This includes reconstruction of the breast on which the mastectomy was performed,

surgery on the other breast to produce a symmetrical appearance; and Prostheses and treatment for physical complications from all stages of mastectomy, including lymph edemas. The coverage is subject to the Plan's normal Medical Schedule of Benefits (i.e., deductibles, co-insurance and co-pays).

### **Our New and Continued Programs...**

During 2010-11, individuals covered by the District's health insurance were given the opportunity to obtain mammograms through Mobile On-Site Mammography (MOM). MOM will be scheduled again during the fall of 2011 and the spring of 2012, however payment for the mammograms will no longer be covered by Blue Cross Blue Shield of Arizona. Accordingly, the cost of the mammograms will be applied to the EBT member's wellness benefit. Please plan your schedule accordingly.

The district also offered health screenings and flu/pneumonia shots in 2010. This event was offered free of charge to covered EBT members. These events are also planned for the fall of 2011.

Special rates were once again offered to our members, through payroll deduction, by London Bridge Racquet and Fitness Club. The program will again be offered to LHUSD #1 employees during the 2011-12 school year. Please contact Bonnie Breazeal at 505-6929 or e-mail [bbreazeal@havasuk12.edu](mailto:bbreazeal@havasuk12.edu) for more information.

### **Wellness...**

Please join us in once again thanking Colleen Pankow for her efforts in creating the LHUSD #1 Employee Benefit Trust wellness newsletter. These newsletters are excellent tools for sharing tips for healthy living and for keeping EBT members up-to-date on the benefits that are available to them. Among the subjects reported by Colleen this year was the progress on the weight loss program that was offered to a small group of district employees who met certain criteria. Congratulations to this group for their diligence and the impressive amount of weight loss they have achieved year-to-date.

If you have any information, recipes, etc. that you would like to share with your fellow EBT members, please feel free to e-mail them to Colleen at [cpankow@havasuk12.edu](mailto:cpankow@havasuk12.edu).

The Employee Benefit Trust will continue to provide access to **eDocAmerica**, a service that provides on-line health decision support. Information on **eDocAmerica** is available on the district website at [www.havasuk12.edu](http://www.havasuk12.edu). It has been reported by the employees of the district that they have been able to avoid a doctor's office visit by contacting eDocAmerica and they have been comforted by a qualified "second opinion" from one of eDocAmerica's physicians on a planned procedure.

We would like to thank the insurance committee members from each school for their attendance at meetings during 2010-11 and for being the liaison between the Employee Benefit Trust and your site. The committee members share your concerns with the Trustees and are available to take suggestions and ideas to the meetings as well. We encourage each school to continue to work together to keep the District's employees healthy and fit.

### **Voluntary Programs...**

The district makes several voluntary (employee paid) programs available to employees. For more information, please contact Shauna or Bonnie in the payroll department. Information is also available on the district website. We encourage you to seriously consider the purchase of these products to ensure ease of mind, should an unexpected health event occur.

1. Additional life insurance for employees, as well as eligible spouses/children
2. Short Term Disability Insurance
3. AFLAC

In addition to the voluntary programs listed above, a flexible spending account is also available to LHUSD#1 employee benefit members. Information on this option is also available on the district web page.

**Looking to the future...**

Although covered Trust Members continue to do well in controlling health care expenditures, costs are increasing, including charges for doctor visits, prescription drugs, etc. Even though members of our staff are doing their best to maintain a healthy lifestyle, we are still affected by outside sources and health care will continue to cost more. Your assistance with our goal of keeping medical expenses down is very much appreciated.

**LHUSD#1 Employee Benefit Trust Board of Trustees:**

Cinda Ross (President)	Community Member
Mark Nexsen	Community Member
Kari Thompson	Employee Member
Ross Hobday	Governing Board Member
Colleen Pankow	Retiree

**Employee Benefit Trust Insurance Committee Members for 2010-11:**

Smoketree	Jeannie Phelps
Starline	Susan Read
Oro Grande	Rebecca Androzzi
Jamaica	Jana Koch
Nautilus	Tracey Kennedy
Havasupai	Marnetta Anderson
Thunderbolt	Kathleen Weber
LHHS/RTP	Audrey Berniklau
Transportation	Peggy Wallis
District Office	Mary Heronema