



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



**2023 - 2024**

# Overview of 2023 - 2024 Employee Benefits

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## 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](mailto: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](http://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.

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# 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](http://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.



		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 <sup>st</sup> through December 31 <sup>st</sup> . 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.		
<b>Lifetime Maximum Paid Benefit</b>	Unlimited		
<b>Deductibles</b>	Individual	\$ 0	
	Family	\$ 0	
<b>Out-of-Pocket Maximum</b>	Individual	\$ 6,000	
	Family	\$12,000	
<b>Provider's Office or Clinic</b>	Primary Care	\$20 Copayment	•
	Specialist Visit	\$40 Copayment	•
	Chiropractic Care	\$40 Copayment	•
	Preventive Care	No Charge	
	Screening Immunization	No Charge	
<b>Tests</b>	Diagnostic Test	No Charge	
	Imaging	\$50 Copayment	•
<b>Emergency Services</b>	Emergency Room Care	\$150 Copayment	•
	Emergency Medical Transport	No Charge	
	Urgent Care	\$50 Copayment	•
<b>Outpatient</b>	Facility Fee *	\$100 Copayment	•
	Physician/Surgeon Fees	No Charge	
	Mental/Behavioral Health	\$10 Copayment	•
	Substance Abuse Services	\$10 Copayment	•
<b>Inpatient</b>	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](http://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 up 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](http://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 <sup>st</sup> through December 31 <sup>st</sup>	After the benefit year deductible is satisfied, the Plan shall pay the listed percentage of the customary & reasonable amount, up to the maximum benefit.
<b>Benefit Year Deductible</b> Per Individual	\$50
<b>Annual Maximum</b> Per Person	\$2,500
<b>Preventive Services</b> Office Visit Cleaning Exam X-Ray	100% No Deductible
<b>Class II: Basic Services</b> Fillings, Extractions, Restorative	100% After Deductible
<b>Class III: Major Services</b> Crowns, Bridges, Dentures	80% After Deductible
<b>Endodontics, Periodontics</b>	Basic
<b>Orthodontics (to lifetime maximum)</b> Appliances, treatment & related	50% to \$1,000   In-Network Only Child Only
<b>Out of Network (if different from In-Network)</b>	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
<b>Exam / Materials Copay</b>	\$ 10 / \$10
<b>Materials (Contacts OR Frames/Lenses)</b> 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
<b>Frequency of Benefits in Months</b>	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 31<sup>st</sup> 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).



# Voluntary Benefits

## Lump Sum Critical Illness/Cancer

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount.

Other:

- Additional Diagnosis Benefit
- Recurrence Diagnosis Benefit
- Waiver of Premium Benefit

Heart Attack	100%
Coronary Artery Bypass	100%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%
CARDIOPULMINARY BENEFITS	
Open Heart Category	50%
Pulmonary Category	25%
Invasive Procedure Category	10%

## Group Hospital Indemnity Insurance

Group Hospital Indemnity plan helps to protect you from the financial strain associated with a hospital stay.

- Drug and Alcohol Rehab Rider: Pays a \$100 daily benefit for up to 30 days confinement in a hospital or residential treatment facility for drug or alcohol rehabilitation.

Mental and Nervous Disorder Rider: Pays a \$100 daily benefit for up to 30 days confinement in a hospital or residential treatment facility for treatment of a mental or nervous disorder.

Group Hospital Indemnity pays a lump-sum benefit of \$3,000 for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.



## Accident Expense

The following are some of the examples of CASH Benefits that are paid to you.

### Initial Accident Treatment:

Physician's Office \$150  
 Urgent Care Office \$150  
 Emergency Room \$300  
 Telemedicine \$60

### Hospital Care Category:

Hospital Admission \$1500  
 Hospital Confinement \$300/day  
 ICU Benefit \$600/day

## 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) right away.

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

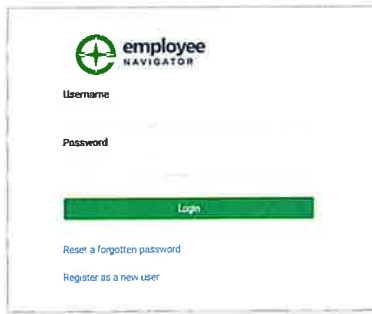
#### NOTE:

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

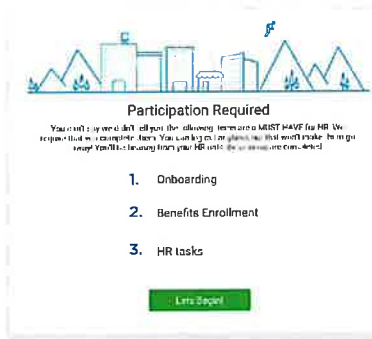


## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

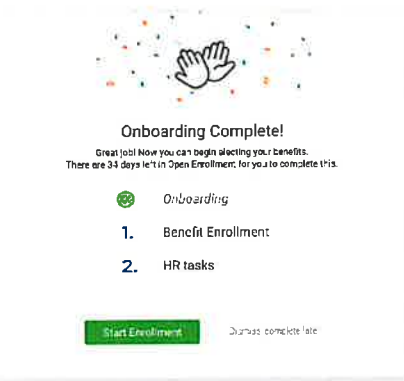
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

**Company Identifier:  
Blackwater Community School**



## Step 2: Welcome!

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

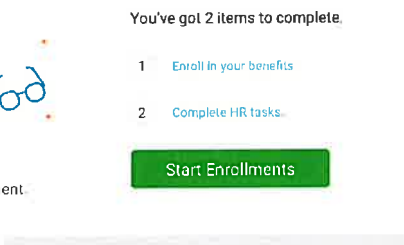


## Step 3: Onboarding (For first time users, if applicable)

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**"



## 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)

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 08/01/18 for an employee. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' contains a table:

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

Buttons for 'View employer contributions summary', 'Save & Continue', and 'Don't want this benefit?' are visible at the bottom.

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.

The screenshot shows an 'Enrollment Summary' page. It features a progress bar at the top right labeled 'Progress: 6 of 7'. A yellow warning box states 'Enrollment Not Complete!'. Below this, there is a list of 'Enrolled Plans' and a checklist of tasks. The 'Enrollment Summary' link is highlighted in yellow.

## 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.

The screenshot shows a celebratory message: 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists '1. HR Tasks' with a 'Start Tasks' button.

## 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
	<a href="http://www.bwcs.k12.az.us">www.bwcs.k12.az.us</a>	Leeanna Paul 520-215-5859
	<a href="http://www.summit-inc.net">www.summit-inc.net</a>	888-690-2020
	<a href="http://www.azblue.com">www.azblue.com</a>	877-475-8454
	<a href="http://www.hinesassoc.com">www.hinesassoc.com</a>	800-944-9401
	<a href="http://www.premierlife.com">www.premierlife.com</a>	888-715-0760
	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	800-377-9000
	<a href="http://www.azasrs.gov">www.azasrs.gov</a>	800-621-3778
	<a href="http://www.magellanrx.com">www.magellanrx.com</a>	800-424-6008
	Vanessa Johnston/Employee Benefits Account Manager Jentry Harris/Employee Benefits Advisor	520-784-6686 <a href="mailto:vjohnston@mahoneygroup.com">vjohnston@mahoneygroup.com</a> 480-214-2768 <a href="mailto:jdharris@mahoneygroup.com">jdharris@mahoneygroup.com</a>
	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>	877-275-5462



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[www.summit-inc.net](http://www.summit-inc.net)

# SUMMIT

