

MARY C. O'BRIEN ACCOMMODATION DISTRICT

2025-2026 BENEFITS

PLAN YEAR: July 1, 2025 through June 30, 2026

MEDICAL PLANS

		Classic Gold In Network		Classic Silver In Network		HDHPA 2600 In Network	
		Aetna	Banner	Aetna	Banner	Aetna	Banner
Lifetime Maximum Calendar Year		Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited
Deductibles							
Individual		\$600	\$500	\$800	\$700	\$3,150	\$2,600
Family		\$1,200	\$1,000	\$1,600	\$1,400	\$6,300*	\$5,200*
Coinsurance		15%	15%	20%	20%	20%	20%
Out-of-Pocket Max							
Individual		\$4,600	\$3,720	\$5,100	\$4,200	\$7,500	\$6,500
Family		\$9,200	\$7,440	\$10,200	\$8,400	\$15,000	\$13,000
Hospital Services							
Inpatient Hospital		\$280 then 15%	\$230 then 15%	\$280 Copay, then 20%	\$230 Copay, then 20%	\$280 + Deductible, then 20%	\$230 + Deductible, then 20%
Outpatient Hospital		Deductible, then 15%		Deductible, then 20%		Deductible, then 20%	
Emergency Room		Deductible, then 15%		Deductible, then 20%		Deductible, then 20%	
Urgent Care		\$75 Copay	\$68 Copay	\$80 Copay	\$72 Copay	Deductible, then \$75 copay	Deductible, then \$70 copay
Routine Services							
Office Visit		\$25 Copay	\$20 Copay	\$30 Copay	\$24 Copay	Deductible, then \$25	Deductible, then \$20
Specialist Visit		\$65 Copay	\$58 Copay	\$70 Copay	\$62 Copay	Deductible, then \$65	Deductible, then \$60
Preventive Care		Covered in Full		Covered in Full		Covered in full	
Lab & X-Ray		\$55 Copay	\$50 Copay	\$60 Copay	\$54 Copay	Deductible, then 20%	
Chiropractic		\$55 Copay	\$50 Copay	\$60 Copay	\$54 Copay	Deductible, then 20%	
Rehabilitation		\$55 Copay	\$50 Copay	\$60 Copay	\$54 Copay	Deductible, then 20%	
Prescription Drugs						Deductible, then:	
Tier 1		\$15 Copay		\$15 Copay		\$15 Copay	
Tier 2		20% Copay (\$55 min/\$100 max)		20% Copay (\$55 min/\$100 max)		20% Copay (\$55 min/\$100 max)	
Tier 3		40% Copay (\$70 min/\$140 max)		40% Copay (\$70 min/\$100 max)		40% Copay (\$70 min/\$140 max)	
Tier 4 Specialty		\$230 Copay		\$230 Copay		\$230 Copay	
Mail-Order		2x Retail		2x Retail		2x Retail	
Employee Cost		22 pays	26 pays	22 pays	26 pays	22 pays	26 pays
Employee		\$22.36	\$18.92	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse		\$502.91	\$425.54	\$458.18	\$387.69	\$380.18	\$321.69
Employee + Child(ren)		\$411.82	\$348.46	\$372.00	\$314.77	\$308.18	\$260.77
Family		\$751.09	\$635.54	\$698.18	\$590.77	\$577.64	\$488.77

*Family deductible must be met before the plan will pay coinsurance.

HEALTH SAVINGS ACCOUNT (H.S.A.)

If you choose to enroll in the High Deductible Health Plan (HDHP), you will have the option of opening an H.S.A. provided by HealthEquity. An H.S.A. is a tax advantaged savings and spending account that can be used to pay for qualified health care expenses.



THERE ARE TWO COMPONENTS TO AN H.S.A. COVERAGE PLAN:

1. A qualified health plan is the insurance component that provides medical coverage for you and your family. This health plan includes a deductible of \$1,650 for individuals and \$3,300 for family coverage (Banner Network).

2. An H.S.A. with HealthEquity which can be funded by pre-tax payroll contributions from you, the district, or both.

The district contributes \$1,710 annually to an employee's H.S.A. when enrolled in the HDHP.

HOW AN H.S.A. WORKS:

1. Enroll in the HDHP 2600 offered by the district.

2. Contribute to your H.S.A. by payroll deductions:

Up to \$4,300 for an individual

or

\$8,550 for a family



The money contributed to the account is yours to keep and will roll over year after year – no 'use it or lose it' rule!

3. With your HSA debit card, use those funds to pay for qualified expenses such as:

- copays
- deductibles
- doctors, hospitals
- chiropractor

- dental treatment
- hearing aids
- glasses/ contacts
- prescriptions

H.S.A. ELIGIBILITY

To make tax-free contributions to an H.S.A., the IRS requires that:

- You are covered by an H.S.A. qualified plan (such as the HDHP 2600)
- You cannot be claimed as a dependent on someone else's taxes
- You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSA)

DENTAL PLANS

METLIFE: BASE PLAN

In Network	
Annual Deductibles	
Individual	\$50
Family	\$150
Annual Plan Maximum	\$750
Benefits	
Type I - Diagnostic & Preventive	100% In / 60% Out
Type II - Basic Service	80% In / 50% Out
Type III - Major Services	50% In / 30% Out
Orthodontic Benefits	
Orthodontia Age Limitation	19 years old
Lifetime Maximum	50% to \$1,000
Adult Orthodontia	N/A

METLIFE : BUY-UP PLAN

In Network	
Annual Deductibles	
Individual	\$50
Family	\$150
Annual Plan Maximum	\$1,000
Benefits	
Type I - Diagnostic & Preventive	100% In / 100% Out
Type II - Basic Service	80% In / 80% Out
Type III - Major Services	50% In / 50% Out
Orthodontic Benefits	
Orthodontia Age Limitation	19 years old
Lifetime Maximum	50% to \$1,000
Adult Orthodontia	N/A

Employee Cost	22 pays	26 pays	22 pays	26 pays
Employee	\$18.37	\$15.54	\$23.23	\$19.65
Employee + Spouse	\$35.97	\$30.44	\$45.49	\$38.49
Employee + Child(ren)	\$44.06	\$37.28	\$53.02	\$44.86
Family	\$66.43	\$56.21	\$80.81	\$68.38

VISION PLAN

METLIFE

In Network		In Network	
Exam	\$0 copay	Lenses	
Frequency	12 months	Frequency	12 months
Frames	\$130 allowance	Single	\$0 copay
Frequency	12 months	Bifocal	\$0 copay
Contact Lenses	\$130 allowance	Trifocal	\$0 copay
Frequency	12 months	Standard Progressives	Covered up to \$55, plus 20% off retail
Employee Cost	22 pays	26 pays	
Employee	\$5.68	\$4.80	
Employee + Family	\$13.32	\$11.27	

LIFE AND AD&D PLAN

LINCOLN

Employee Life / AD&D	\$50,000 district paid	Employee Cost	22 pays	26 pays
Dependent Life / AD&D	\$5,000 spouse / \$2,000 child(ren)		\$0.35	\$0.30

IMPORTANT PHONE NUMBERS & WEBSITES

ASBAIT**Aetna Choice POS II or Banner Network****Medical**

866.300.8449

www.aetna.com/docfind/custom/mymeritainEmployee Portal: www.mymeritain.com**HealthEquity / HSA**

866.346.5800

www.healthequity.com**Alliance Work Partners****EAP & Nurse Support**

800.343.3822 (EAP)

800.334.8336 (Teen Line)

888-771-9116 (Nurse)

www.alliancewp.com**Arizona State Retirement System****Long Term Disability**

520-239-3100

800-621-3778

www.azasrs.gov**MetLife****Dental & Vision**

800.275.4638

www.metlife.com/mybenefits**Teladoc**

800.362.2667

www.MyDrConsult.com**Lincoln Life Insurance**

800.423.2765

www.Lincoln4benefits.com**Mary C. O'Brien**

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