

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	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year	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						
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).

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

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

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/mymeritain

Employee 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

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Capital Financial PLC

Gina Lindsay

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This benefit summary highlights important features of Mary C. O'Brien School District's benefits for its benefit eligible employees. While 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. Please refer to the plan specific benefit summaries and SBCs for detailed benefit information.