



# employee BENEFITS

SEPTEMBER 1, 2024-AUGUST 31, 2025

At Clark County School District, we care about you. That's why we offer benefits that support your physical and financial health. We encourage you to evaluate and elect benefits that best suit your personal needs.

#### WHO IS ELIGIBLE

If you are scheduled to work at least 20.5 hours per week in a full/part-time position, you are eligible for benefits on the first day of the month following your date of employment.

## Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
  - Note: Coverage is extended through December 31 in the year the dependent turns 26 years old.
- Your dependent children of any age who are physically or mentally unable to care for themselves.
- CCSD reserves the right to conduct dependent eligibility audits to verify valid eligible dependent status.

#### WHEN TO ENROLL

You can sign up for benefits or change your benefit elections within 30 days of your initial eligibility date (as a newly-hired employee), during the annual benefits open enrollment period, or within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through August 31, 2025. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, unless you have a qualifying life event.

#### MAKING BENEFITS CHANGES

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event and documentation uploaded to HCM within 30 days of the event.

#### Qualifying life events include, but are not limited to:

- · Marriage, divorce, or legal separation.
- Birth or adoption of a child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- · Gain or loss of other coverage.
- · Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a life event change, please visit hcm.ccsd.net within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

You will need to provide proof of the event, such as a state-issued marriage certificate or birth certificate. If you do not provide supporting documentation to CCSD Benefits, the change will not be allowed and dependents will not be added or dropped.

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CCSD offers three medical plan options through Health Plan of Nevada (HPN). Find HPN network providers and more on the HPN CCSD Member portal: www.myhpnccsd.com.

Dependents enrolled in the HMO Plan have access to covered services outside of the HPN service area if the dependent is enrolled in an accredited university, college, or vocational school in the United States. Proof of full-time student status may be requested at any time by HPN. Please contact HPN member services at 877-813-2316 for details.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount the member pays.

Summary of	HMO Plan	POS Plan		PPO Plan		
Covered Benefits	In Network Only	Tier I HMO	Tier II PPO	Tier III Out of Network	In Network	Out of Network
All benefits	paid at a percentage	are subject to calen	dar year deductible	and paid based on e	ligible medical expe	nses (EME)
Physician Services Virtual Visits Convenient Care Primary Care Specialist	\$0 copay \$10 copay \$20 copay \$40 copay	\$0 copay \$10 copay \$15 copay \$30 copay	30% 30% 30% 30%	50% 50% 50% 50%	\$0 copay \$15 copay \$25 copay \$40 copay	50% 50% 50% 50%
Lab/X-Ray Laboratory Routine Radiology	\$10 copay \$20 copay	\$10 copay \$20 copay	30% 30%	50% 50%	\$15 copay \$35 copay	50% 50%
Hospital Services Inpatient Outpatient Ambulatory	Ded., \$750 copay* Ded., \$750 copay \$100 copay	Ded., \$500 copay \$500 copay \$100 copay	30% 30% 30%	50% 50% 50%	20% 20% 20%	50% 50% 50%
Urgent Care	\$35 copay	\$40 copay		\$25 copay	50%	
Emergency Room	Ded., \$750 copay	Ded., \$500 copay		\$250 copay + 20% EME		
Prescription Drugs Tier 1 Tier 2 Tier 3	\$20 copay \$50 copay \$75 copay	\$10 copay \$35 copay \$60 copay		\$10 copay \$50 copay \$80 copay		
<b>Deductible</b> Individual/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Max	Includes deductible, copay, and coinsurance					
Individual/Family	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$13,700/\$27,400	\$6,000/\$12,000	\$12,000/\$24,000

<sup>\*</sup>Per day up to \$2,250

#### DENTAL INSURANCE—UNITEDHEALTHCARE

CCSD offers a dental plan through UnitedHealthcare. Locate a UnitedHealthcare network provider at www.myuhc.com (Find a Dentist - Employer Plans - Zip Code - National Options PPO 20).

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount the **member** pays.

Summary of Covered Benefits	Dental PP In Network	O Plan Out of Network	
Calendar Year Deductible Individual/Family	\$50/\$.	150	
Annual Plan Max Per Member	\$2,000		
Services Preventive/Basic/Major	Member pays 0%/20%/40%	Member pays 20%/40%/50%	
Orthodontia (child only)	50%	50%	
Orthodontia Lifetime Max	\$1,500	\$1,500	

Please refer to the official plan documents for additional information on medical, dental, and vision coverage and exclusions. More information can be found by visiting www.ccsd.net/departments/employee-benefits/group-health-insurance.

### ▼ VISION INSURANCE—EYEMED

CCSD offers a vision plan through EyeMed. This plan offers in- and out-of-network benefits, however you will maximize your benefits when you utilize an EyeMed network provider. Locate a network provider at **www.eyemed.com**. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of	EyeMed Vision Plan			
Covered Benefits	In Network	Out of Network		
Eye Exam (every 12 months)	\$0 copay	Reimbursement up to \$45		
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal	\$0 copay	Reimbursement up to \$35/\$55/\$75		
Frames (every 24 months) Frames at PLUS Providers	\$120 allowance \$170 allowance	Reimbursement up to \$60 Reimbursement up to \$60		
Contact lenses (in lieu of plastic lenses) Conventional Disposable	\$120 allowance \$120 allowance	Reimbursement up to \$105 Reimbursement up to \$105		

Visit member.eyemedvisioncare.com/member to search for PLUS Providers near you. Check the App Store or Google Play to download the EyeMed app.

#### PER PAY PERIOD INSURANCE PLAN COSTS

Listed below are the costs per pay period. All costs include medical, dental, and vision. These amounts are deducted from 20 payrolls.

Coverage Level	HMO Plan	POS Plan	PPO Plan
Employee Only	\$31.88	\$124.46	\$135.07
Employee + One	\$119.09	\$344.32	\$465.35
Employee + Two (Or More)	\$171.65	\$494.95	\$839.91
CCSD Employee + CCSD Spouse/DP	\$0.00	\$76.14	\$126.35
CCSD Employee + CCSD Spouse/DP & Child(ren)	\$0.00	\$242.04	\$372.56

Domestic Partner (DP) enrollment: If you enroll your domestic partner, you will pay taxes on the portion of the insurance premium that CCSD contributes to your partner's coverage and your share of the premium will be paid on a post-tax basis.

#### ● LIFE INSURANCE

CCSD provides life and AD&D insurance through Symetra to all benefits-eligible Support and Police Professionals. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. CCSD also provides basic life insurance to your eligible dependents.

- Employee life benefit amount: \$50,000
- Employee AD&D benefit amount: \$50,000
- Spouse/domestic partner life benefit amount: \$5,000
- Dependent child(ren) life benefit amount: \$5,000

Please be sure to keep your beneficiary designations up to date.

#### **♥** LONG-TERM DISABILITY INSURANCE

CCSD automatically provides long-term disability (LTD) insurance through Symetra to all benefits-eligible Support and Police Professionals.

- Benefit: 60% of base monthly pay up to \$6,667
- Elimination period: 180 days
- Benefit duration: 24 months in your own occupation;
   thereafter, in any occupation to normal retirement age

#### EMPLOYEE ASSISTANCE

CCSD cares about your total wellbeing—physical and emotional. The 24/7 "The Life Connection" Employee Assistance and Worklife Program (EAP) is available to all employees and their household members. Call the toll-free number at 800-280-3782 for 24/7 confidential assistance from a qualified EAP/work-life consultant. Or, log on to the work-life website to find a variety of helpful resources, articles, links and interactive tools.

#### Common reasons for contacting the EAP are:

- Emotional issues
- Addiction
- Marital and family relationship conflict
- Parenting advice
- Stress and change
- Legal, financial, and elder/ child care consultations

#### VOLUNTARY BENEFITS

The following benefits are offered through payroll deduction:

- · Life, cancer, and disability insurance
- Auto and homeowners insurance

CCSD does not endorse any of these products. This list is for informational purposes only. For more information about these benefits go to www.ccsd.net/departments/employee-benefits/payroll-deductions.

#### FLEXIBLE SPENDING ACCOUNTS

Save money on pre-planned healthcare expenses and lower your take home taxable pay with a flexible spending account (FSA). An FSA allows you to set aside money tax-free to help you pay for eligible out-of-pocket expenses. There are two accounts you can contribute to and your participation is for one year. But contribute wisely! If you don't use the dollars you contribute within the plan year, you lose them. Common eligible expenses are listed below, but please visit American Fidelity's website for a full IRS approved list and for FSA FAQs.

- Healthcare FSA: Use funds toward eligible expenses such as office visit copays, deductibles, prescriptions, contact lenses, and dental procedures. For more information, visit www.americanfidelity.com/support/hcfsa.
- Daycare FSA: Use funds toward eligible expenses such as child care, before and after-school programs, au pairs, and day camp.
   For more information, visit www.americanfidelity.com/support/dca.

#### SAVE FOR RETIREMENT WITH 403(B) AND 457(B) PLANS

Now is the time to start setting your retirement goals. Similar to a 401(k), a 403(b) or 457(b) plan allows you to save for your retirement. Through pre-tax paycheck deductions, this tax savings vehicle helps you meet your retirement goals. Participation is voluntary, you can increase or decrease your contributions at any time, and your participation via pre-tax deductions reduces your taxable income. Taxes are deferred until you decide to withdraw your funds. Should you choose, you may also make post-tax deductions. The IRS sets an annual contribution maximum (\$23,000 in 2024), with additional contributions allowed once you reach age 50 and "catch-up" contributions for employees with 15 years of service.

For more information about 403(b) and 457(b) plans including meaningful notices and plan participation guides, or to find a financial advisor using the QuickEnroll Tool, please visit TSA Consulting Group's website: www.tsacg.com/individual/plansponsor/nevada/clark-county-school-district.

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If you have any questions regarding your benefits, please contact CCSD Benefits at 702-799-5418.

Provider/Plan	Policy Number	Contact Number	Website	
Medical—Health Plan of Nevada	50500664	877-813-2316	www.myhpnccsd.com	
<b>Dental</b> —UnitedHealthcare	909111	800-445-9090	www.myuhc.com (Find a Dentist - Employer Plans - Zip Code - National options PPO 20)	
Vision—EyeMed	1050793	866-800-5457	www.eyemed.com	
Life Insurance—Symetra	01-020310-00	800-426-7784	www.symetra.com/mygo	
Long-Term Disability Insurance—Symetra	01-020310-00	800-426-7784	www.symetra.com/mygo	
Flexible Spending Accounts (FSA)— American Fidelity	N/A	800-662-1113	americanfidelity.com/pages/clark-county- schools/	
Employee Assistance Program— Behavioral Healthcare Options (BHO)	N/A	800-280-3782	www.bhoptions.com (Code: CCSD)	
Plan	Provider	Contact Number	Website	
	AFLAC	700 040 0500		
	AFLAC	702-312-3522		
Supplemental Insurance Plans Ontions include life insurance	AFLAC American Fidelity	702-312-3522	— For more information and	
Options include life insurance, cancer insurance, disability insurance,			<ul><li>For more information and links to the vendors, visit:</li></ul>	
Options include life insurance, cancer insurance, disability insurance, long-term care insurance, and auto and	American Fidelity	702-433-5333	links to the vendors, visit:  www.ccsd.net/departments/employee-	
Options include life insurance, cancer insurance, disability insurance,	American Fidelity  Colonial Life	702-433-5333 800-325-4368	links to the vendors, visit:	

This guide contains highlights of the benefits options available and is not a complete description of the benefits. CCSD may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document, the official documents will govern.