



YOUR *employee* BENEFITS

SEPTEMBER 1, 2025–AUGUST 31, 2026

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, 2026. 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 2025, 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.

MEDICAL INSURANCE—HEALTH PLAN OF NEVADA

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.myhpncsd.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 Covered Benefits	HMO Plan	POS Plan			PPO Plan	
	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 calendar year deductible and paid based on eligible medical expenses (EME)						
Physician Services						
Virtual Visits	\$0 copay	\$0 copay	30%	50%	\$0 copay	50%
Convenient Care	\$10 copay	\$10 copay	30%	50%	\$15 copay	50%
Primary Care	\$20 copay	\$15 copay	30%	50%	\$25 copay	50%
Specialist	\$40 copay	\$30 copay	30%	50%	\$40 copay	50%
Lab/X-Ray						
Laboratory	\$10 copay	\$10 copay	30%	50%	\$15 copay	50%
Routine Radiology	\$20 copay	\$20 copay	30%	50%	\$35 copay	50%
Hospital Services						
Inpatient	Ded., \$750 copay*	Ded., \$500 copay	30%	50%	20%	50%
Outpatient	Ded., \$750 copay	\$500 copay	30%	50%	20%	50%
Ambulatory	\$100 copay	\$100 copay	30%	50%	20%	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	\$20 copay	\$10 copay			\$10 copay	
Tier 2	\$50 copay	\$35 copay			\$50 copay	
Tier 3	\$75 copay	\$60 copay			\$80 copay	
Deductible						
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

*Per day up to \$2,250.

DENTAL INSURANCE—UHC

CCSD offers a dental plan through UnitedHealthcare (UHC). Locate a UHC 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 PPO Plan	
	In Network	Out of Network
Calendar Year Deductible		
Individual/Family	\$50/\$150	
Annual Plan Max		
Per Member	\$2,000	
Services	Member pays	Member pays
Preventive/Basic/Major	0%/20%/40%	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. [For more information, log into HCM: Benefit Details > Benefits Information and then click on 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 Covered Benefits	EyeMed Vision Plan	
	In Network	Out of Network
Eye Exam	(every 12 months) \$0 copay	Up to \$45 ¹
Standard Plastic Lenses Single/Bifocal/Trifocal	(every 12 months) \$0 copay	Up to \$35/\$55/\$75 ¹
Frames Frames at PLUS Providers	(every 24 months) \$120 allowance \$170 allowance	Up to \$60 ¹ Up to \$60 ¹
Contact lenses Conventional Disposable	(in lieu of plastic lenses) \$120 allowance \$120 allowance	Up to \$105 ¹ Up to \$105 ¹

(1) Reimbursement amount. *Visit member.eyemedvisioncare.com/member to search for PLUS Providers near you. Download the Eyemed app from the [App Store](#) or [Google Play](#).

▼ 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	\$35.73	\$139.48	\$151.37
Employee + One	\$133.47	\$385.88	\$521.52
Employee + Two (Or More)	\$192.37	\$554.70	\$941.30
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
- Marital and family relationship conflict
- Stress and change
- Addiction
- Parenting advice
- 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, log into HCM: Benefit Details > Benefits Information and then click on 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 (\$23,500 in 2025), 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/plan-sponsor/nevada/clark-county-school-district. For additional information, [log into HCM: NVPERS & Retirement Plans > Compliance Services](#).

▼ IMPORTANT CONTACT INFORMATION

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

For benefit guides, summaries, and to watch a Benefits Presentation, [log into HCM: Benefit Details > Benefits Information, and then click on Group Health Insurance](#).

Provider/Plan	Policy Number	Contact Number	Website
Medical—Health Plan of Nevada	50500664	877-813-2316	www.myhpnccsd.com
Wellness Clinic—Vera	N/A	888-241-1407	my.verawholehealth.com/
Dental—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
Supplemental Insurance Plans Options include life insurance, cancer insurance, disability insurance, long-term care insurance, and auto and homeowners insurance	AFLAC	702-312-3522	For more information and links to the vendors, log into HCM: Benefit Details > Benefits Information and then click on Payroll Deductions.
	American Fidelity	702-433-5333	
	Colonial Life	800-325-4368	
	Horace Mann	702-895-9230	
	Western Insurance Specialties	800-342-0707	

403(b) and 457(b) Savings Plans—
TSA Consulting Group

N/A

888-796-3786

For more information, including annual notices, participation guides, or to find a financial advisor, visit: www.tsacg.com

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.