

Employee Benefit Guide 2010-2011

***To have benefits for the 2010-2011 plan year you must complete your enrollment on-line.
Failure to do so will result in loss of coverage.***

MISSION STATEMENT

The Marana Unified School District, in collaboration with parents and community, will challenge all students to achieve academic and personal excellence in a rigorous, relevant and supportive learning environment.

About this Booklet: This booklet highlights important features of Marana Unified 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. Benefit plans may be changed for any reason, to the extent allowed by the law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.*

You may also access this information and much more by visiting the MUSD Internet, highlight Employment then select Employee Benefits.

www.maranausd.org

This booklet was prepared for Marana Unified School District by



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Table of Contents

Eligibility	1
Enrollment Information.....	2
Life Status Change	3
COBRA	3
Medical	4
Dental	6
Vision	7
Short & Long Term Disability....	7
Life Insurance	8
Employee Asst. Program	8
Flexible Spending Accounts.....	9
AFLAC.....	11
Rate Worksheet.....	12
Enrollment Instructions.....	13
Important Phone Numbers	15

Whether you are a new employee enrolling into your benefits for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process.

Marana Unified School District is proud to offer you a broad range of benefit options. You can choose from a number of plans including medical, dental, vision, life insurance and Aflac supplemental programs. In addition, we provide health care and dependent care reimbursement accounts to assist employees in managing their out-of-pocket expenses with before-tax dollars.

Please take the time to read this information and ask questions so you can make the best benefits decisions for both you and your family.

If you should have any questions, please do not hesitate to contact Maureen Schiltz-Human Resources Benefits Manager at (520) 682-4753.

To find us on the internet:

www.maranausd.org

- Highlight Employment
- Click on Employee Benefits

Eligibility

To be eligible for benefits, you must work a minimum of a 0.5 FTE position and 120 days of a full contract or agreement year.

Eligible Dependents include

- Legal spouse
- Dependent children under the age of 19 or to the age of 25 if a full-time student*
- Domestic Partner**

* Proof of full-time student status is required.

** Notarized Domestic Partner Declaration forms required

Enrollment Information

During Open Enrollment

Open Enrollment is from April 26 through May 14, 2010. This is your one time per year to make changes. All employees MUST re-enroll on-line to retain current benefits.

Failure to re-enroll will result in loss of coverage. If you do not complete your online enrollment during open enrollment, you will be required to wait until the next Open Enrollment period or until a Qualifying Life Event occurs.

New Employees

You have 31 days from your hire date to complete enrollment in the group insurance program. If you have moved from a non-benefits eligible status to a benefits eligible status, you will have 31 days from the new benefits eligible status to complete your enrollment.

Remember, if elections are not made within the 31-day initial period of eligibility, you will be required to wait until Annual Open Enrollment or until a Qualifying Life event takes place. Late Enrollees will be required to complete an evidence of insurability form for voluntary life insurance. You may be turned down for these benefits if you don't enroll within your first 31 days as a new hire.

District Contribution Levels

The District provides an insurance allotment to all eligible employees whose FTE is 0.5 to 1.0. These funds can only be applied toward your District Medical premium benefit payment.

Any employee contributions toward the cost of selected benefits will be deducted over 21 pay periods.

The District starts contributing the first day of the month following the date of hire. Any eligible employee working less than 0.8 in their position receives a pro-rated allotment based on their FTE. You must be classified as a 0.5 FTE per week to qualify for benefits.

This year if you choose not to elect Medical coverage, the District will provide a \$400 annual insurance allotment to all eligible employees whose FTE is 0.8 to 1.0. These funds can only be applied toward district dental, vision or voluntary life insurance. This \$400 annual insurance allotment is pro-rated based on the number of hours and days worked.

Pre-Tax vs. Post-Tax Deductions

Pre-Tax Dollars: Your insurance premiums are paid with money removed from your gross wages prior to any tax calculations. This reduces your tax liability and is a more efficient way to pay for premiums. Remember, you must choose pre-tax deductions for all your benefits to participate in a flexible spending account. You may elect to opt-out of this method of paying.

Post-Tax Dollars: You may elect to have your insurance premiums are paid after taxes as deducted from your gross pay. If you would like to choose this option, please contact Maureen Schiltz, your HR Benefits Manager.

Qualifying Life Event

The elections that you make during Open Enrollment or at initial benefits eligibility will remain in effect for the plan year (July 1, 2010 – June 30, 2011). During that time, if your life or family status changes according to the recognized events listed below, you are permitted to revise your benefits coverage to accommodate your new status. You may make benefits changes by contacting the Benefits Department and providing the proper documentation.

IRS regulations govern under what circumstances you may make changes to your benefits, which benefits you can change and what kinds of changes are permitted.

- All changes must be consistent with the qualifying life event.
- In most cases, you cannot change your benefit plan, but may modify the level of your coverage. (In other words, you can add or delete dependents, enroll or dis-enroll yourself or dependents, but not switch insurance carriers or plans.)

Any changes in benefit levels must be completed within 31 days of the event.

Qualifying Life Event	
MARITAL STATUS CHANGES	COVERED DEPENDENT CHANGES
<ul style="list-style-type: none">• Marriage• Death of spouse• Divorce• Spouse gains or loses coverage from another source• Spouse employer's Open Enrollment	<ul style="list-style-type: none">• Birth or adoption of a child• Death of dependent child• Dependent becomes ineligible for coverage

COBRA

Continuing Coverage After Employment Ends

In most cases, if your employment ends, benefits will terminate on the last day of the month in which you worked. Benefits will end on the day of termination in cases of employee fraud.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2%.

Each individual who is covered by a Marana Unified School District benefit plan immediately preceding the employee's COBRA event have the right to continue his or her medical, dental, vision, or Flexible Spending Accounts (FSA) plan.

The right to continuation of coverage ends at the earliest of when:

- you, your spouse or dependents become covered under another group health plan; or,
- you become entitled to Medicare; or,
- you fail to pay the cost of coverage; or
- your COBRA Continuation Period expires

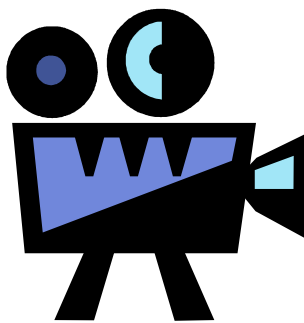
Medical Plan Information

Medical benefits provide you and your family access to quality health care. Marana Unified School District offers two medical plans with different coverage levels from which to choose. Both plans are provided through UnitedHealthcare.

Highlights	
Choice HMO	<ul style="list-style-type: none"> • All care must be sought within the UHC Network • You do not need a referral to a specialist • No 'Out-of-Network' coverage available • Minimal out of pocket expenses • No annual deductible to meet
Choice Plus POS	<ul style="list-style-type: none"> • This POS plan is similar to a PPO plan • Pay deductibles and co-insurance for hospital visits but can go in- or out-of-network • No referrals to a specialist

Unsure if your doctor is covered?

See the UnitedHealthcare Network on www.MyUhc.com



Need more information?

Check out our videos on-line covering the difference in the medical plans and much more!

www.maranausd.org

- Highlight Employment
- Click on the Employee Benefits
- Click on Video Library
- Choose one or all of the videos listed

Medical Plan Information

Medical Plan Options 2010-2011 Plan Year			
	Choice HMO	Choice Plus POS	
	<i>In-Network ONLY</i>	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	\$5,000,000	

Deductibles

Individual	None	\$500	\$1,000
Family	None	\$1,000	\$2,000
Coinsurance	100%	80%	60%

Out-of-Pocket Maximum (Includes Deductible)

Individual	\$2,000	\$3,000	\$6,000
Family	\$4,000	\$6,000	\$12,000

Hospital Services

Inpatient Hospital	\$250 per admit	80%*	60%*
Outpatient Hospital	100%	80%*	60%*
Emergency Room	\$200 co-pay	\$150 co-pay	
Urgent Care	\$50 co-pay	\$50 co-pay	60%*

Routine Services

Office Visit	\$15	\$15	60%*
Specialist Visit	\$45	\$30	60%*
Preventive Care	\$15 // \$45	\$15/\$30	N/A

Prescription Drugs

Tier 1	\$10	\$10	\$10
Tier 2	\$20	\$20	\$20
Tier 3	\$40	\$40	\$40
Mail-Order	2.5 x Retail Co-pay	2.5 x Retail Co-pay	2.5 x Retail Co-pay

*Co-Insurance applies after deductible is met

Dental Plan Information

Marana Unified School District is proud to give you the choice of two dental plans. Both offer basic preventive services such as cleaning and office visits. Additional benefits are available depending on the plan you choose.

MetLife Dental PPO Option

- Improved plan from last year
- Orthodontic benefit available for dependent children
- Both In-Network and Out-of-Network coverage Available

Metlife Dental PPO Option 2010 - 2011 Plan Year

	In-Network	Out-of-Network
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Annual Deductible

Individual	\$50
Family	\$150
Annual Plan Maximum	\$1,000

Benefits

Type I - Diagnostic & Preventive	100%
Type II - Basic Service	80%
Type III - Major Services	50%

Orthodontic Benefits

Orthodontia Age Limitation	19 years old
Lifetime Maximum	50% to \$1,500
Lifetime Deductible	N/A
Adult Orthodontia	N/A

Other Benefits

Periodontic Coverage	80%
Endodontic Coverage	80%

EDS Dental Plan

- Great network in Tucson area
- Benefits are the same for all employees, regardless of length of service.

EDS Pre-Paid Dental Option

Routine Office Visit	\$5 co-pay
Oral Exam - Periodic	No Charge
Complete Series X-rays	No Charge
Routine Cleaning	\$7 co-pay
Amalgam Restoration	\$13 co-pay
Porcelain Crown	\$280 co-pay + Lab
Root canal-4	\$305 co-pay

Vision Plan Information

Avesis Vision Options at a Glance		
	In-Network	Out-of-Network
FREQUENCY	Every 12 months	Every 12 months
EXAM	\$10 co-pay	Reimbursed to \$35
LENSES SINGLE/BIFOCAL/TRIFOCAL	Covered 100%	Reimbursed to \$25 - \$80 per pair depending on lens
FRAMES	\$50 Allowance after \$10 co-pay	Reimbursed to \$45
CONTACT LENSES (In lieu of frames/lenses)	Medically Necessary Covered in full	Medically Necessary Reimbursed to \$250
	Elective \$130 Allowance	Elective Reimbursed to \$130
LASIK SURGERY	Discount Available	No Benefit

Disability Information

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.

Short Term Disability:

Marana Unified School District pays the entire cost of this Mutual of Omaha policy.

Elimination period: 31 Days

Benefit Duration: 22 Weeks

Benefit Amount: 66 2/3% monthly base salary

Maximum Benefit: \$2,308 per week

Long Term Disability:

All employees who work a 0.50 FTE or greater, or 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).

Elimination period: 180 Days

Benefit Amount: 66 2/3% of your monthly base salary as determined by ASRS

Life and AD&D Insurance

Life insurance provides protection for those who depend on you financially. Your need varies greatly upon 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.

Basic Life Insurance and AD&D:

Marana Unified School District pays 100% of the cost of the Mutual of Omaha Group Term Life Insurance Plan. Coverage for each benefit eligible employee is 1.3 times their annual base salary rounded to the next highest \$1,000.

Voluntary Life Insurance and AD&D

You may purchase additional coverage through a term life insurance policy available from Mutual of Omaha. If you are a new hire and do **NOT** enroll within your first 31 days of hire then choose at a later date to enroll, you will be required to complete an evidence of insurability form for life insurance and can then be denied this benefit.

Employee	Purchase up to \$200,000 in \$10,000 increments Guarantee Issue: \$200,000
Spouse	50% of employee benefit to a maximum of \$50,000 in \$5,000 increments Guarantee Issue: \$50,000
Child	\$10,000 worth of coverage
Rates	Employee/Spouse - \$0.24 per \$1,000 Dependent Life - \$1.30 per child

Employee Assistance Program

1-866-271-7340

www.myuhc.com

Care24 services offer you access to a wide range of health and well-being information—seven days a week, 24 hours a day. Using one toll-free phone number, you can speak with registered nurses and master’s-level counselors who can help with almost any problem ranging from medical and family matters to personal legal, financial and emotional needs.

If face-to-face resources are appropriate for your situation, a **Care24** representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources. We also can help you find a doctor or specialist, and check if a doctor is in your network and available. We may even be able to make the appointment for you.

Spanish speaking representatives are available to assist you as well.

Flexible Spending Accounts

The Health Care Spending Account (HCSA) and the Dependent Care Spending Account (DCSA) allow you to reduce your taxable income by paying for out-of-pocket health care and dependent day care expenses with pre-tax dollars. Since these accounts are to be used for predictable expenses, careful planning is required. *If you do not use the money in these accounts, the IRS requires that you forfeit the money left in the account.*

Please Note: Employees will become eligible to participate, effective July 1st following completion of an agreement (classified) or contract year (certified).

Health Care Spending Account (HCSA)

To help you pay for predictable out-of-pocket, un-reimbursed medical and dental expenses for you and your family, Marana Unified School District is offering a Health Care Spending Account.

How it Works

- You make before-tax deposits (via payroll deduction) to your HCSA.
- You can deposit from \$100 to \$3,000 per year (\$5.00 - \$150.00 per pay period).
- Eligible expenses for both you and eligible family members are covered. You or your family members do NOT have to be enrolled in MUSD's health insurance to participate in the Health Care Spending Account.
- When you or an eligible family member has a medical expense, you pay for the expense via debit card. (Remember, you may be required to submit receipts to the debit card vendor to meet IRS regulations.)
- All expenses must be incurred from July 1, 2010 through September 15, 2011 while you are employed with MUSD.
- If your employment terminates or you change to non-benefit eligible status, your "plan year" will end effective the last day of the month in which the change occurred. Eligible expenses must be incurred before that date
- **Administrative cost of \$4.00 per month is required to participate.**

What Expenses Can Be Reimbursed

In general, the money in your HCSA can be used for expenses that are not paid for by your medical, vision or dental plan. Some examples include:

- Orthodontic Expenses
- Eye Glasses
- Laser Eye Surgery
- Over-the-counter medications
- Co-pays for Medical and Prescription Drugs
- Medical Plan Deductibles

It is important you understand what is covered. For example, elective or cosmetic surgery, cosmetic dentistry and nutritional supplements such as vitamins are not eligible expenses for reimbursement.

Need more information about Flexible Spending Accounts?

Go online! You can watch videos explaining Flexible Spending Accounts. Detailed lists of eligible expenses can be found at:



www.maranausd.org

- Highlight Employment
- Click on the Employee Benefits

Dependent Care Spending Account (DCSA)

You can use a Dependent Care Spending Account (DCSA) to make before-tax deposits to be reimbursed for expenses for dependent care expenses so that you or, if you are married, you and your spouse can work or attend school.

Eligible Dependents

The DCSA can only be used to reimburse expenses for the care of eligible dependents:

- Children under age 13 who qualify as dependents on your federal income tax return. If a child reaches age 13 during the plan year, the benefit will no longer be effective.
- Other qualifying family members who are physically or mentally incapable of caring for themselves and who qualify as dependents on your tax return.

Qualifying Care

- The care must be necessary so that you or your spouse can work, actively look for work or attend school full-time.
- Care can be given in a private home (including your own) or in a day care setting.
- Overnight camp expenses are not reimbursable.
- Homes and centers caring for more than six people must meet state and local license requirements.
- You may also use the account if your spouse is disabled or a full-time student for at least five months during the year.

How it Works

- You make before-tax deposits (via payroll deduction) to your dependent care spending account.
- You can deposit from \$100 to \$5,000 per year (\$5.00 - \$250.00 per pay period). In some cases, your maximum annual contribution may be less than \$5,000. For example:
 - *If you are married and your spouse contributes to a similar account, your combined contributions may not exceed \$5,000 per year.*
 - *If you are married but file separate tax returns, your annual contribution is limited to \$2,500.*
 - *Your contributions cannot exceed the amount of your income or your spouse's income, whichever is lower.*
- For reimbursement of an eligible expense, you pay the bill and then submit a claim form for reimbursement.
- *You must include an original receipt from your dependent care provider and report the provider's taxpayer ID number or Social Security number on your claim form.*

IRS Rules for all Flexible Spending Accounts

The Internal Revenue Service governs flexible spending accounts and the following rules apply (see IRS guidelines for further details):

- ***Any unspent balance at the end of the year must be forfeited.***
- Your deposit amount cannot be changed, stopped or started during the year for any reason, unless you have a change in family or job status.
- Only those items that are considered tax deductible for the IRS as listed in Publication 502 are eligible for reimbursement.
- IRS guidelines can be found at <http://www.irs.gov/publications/p969/ar02.html> or request Publication 969.

American Family Life Assurance Company (AFLAC) is pleased to offer Marana Unified School District Employees and qualified dependents the opportunity to elect coverage into three AFLAC policies.

A few things to remember about these policies:

- An AFLAC policy is separate from the other policies listed in this book. AFLAC does not replace your medical insurance or short-term disability coverage.
- AFLAC pays you directly, no matter what other insurance you may have.
- You can enroll in one, two or all of these policies.
- Employees will become eligible to participate, effective July 1st following completion of an agreement (support) or contract year (certified).
- *To enroll in these policies, you must meet with an AFLAC representative. Contact Phil Brenfleck to set up an appointment or for more information 520-780-8914.*

Accident Indemnity Advantage

This plan pays cash benefits in the event of an accidental injury that needs emergency treatment such as burns, lacerations, concussions, or a broken limb, along with the following benefits:

- Emergency treatment benefits
- Follow-up treatment benefits for the same accident
- Initial hospitalization benefits
- Hospital confinement benefits
- Physical Therapy benefits
- Accidental Death

Personal Sickness Indemnity Plan

This plan pays cash benefits in the event of a personal sickness to help offset the cost of major diagnostic exams, physician visits, surgery and hospital stays.

- Three levels of coverage available
- Physician visit benefits
- Initial hospitalization benefits
- Hospital confinement benefits
- Major diagnostic benefits
- Surgical benefits for covered sicknesses
- Ambulance Benefits

Cancer Indemnity Insurance

This plan pays a cash benefit for just about every part of the treatment regimen when an individual is first diagnosed as having first-occurrence internal cancer.

- Direct non-surgical treatment benefit (i.e. chemotherapy)
- Indirect/Additional therapy benefits (i.e. bone marrow transplants)
- Surgical treatment benefits
- Hospitalization benefits
- Continuing care benefits

You are encouraged to read each plan policy and brochure to insure you fully understand each plan prior to enrolling.

Employee Rate Worksheet

Use this worksheet to provide a **general estimate** of your benefits costs for the upcoming plan year. This is a great place to start planning for you and your family's health and wellness for next year.

Monthly Insurance Rates for 2010 - 2011 Plan Year					
	Medical Plan		Dental Plan		Vision Plan
	Choice HMO	Choice Plus POS	Met Life PPO	EDS Dental	Avesis
Employee Only	\$360.78	\$429.23	\$27.09	\$9.50	\$6.93
Employee & Spouse	\$859.91	\$1,023.04	\$53.29	\$22.12	\$11.40
Employee & Child(ren)	\$806.03	\$958.95	\$53.27	\$29.48	\$11.80
Employee & Family	\$1,375.21	\$1,636.10	\$80.01	\$31.90	\$18.72

Instructions:

1. Write down the rates for each Medical, Dental and Vision plan you have chosen
2. Add up the rates for a **Total Monthly Cost**.
3. Multiply the **Total Monthly Cost** by 12 for the **Annual Cost**.
4. Determine your employment status and find the district's contribution in the table below.
5. Subtract the **District's Contribution** from the **Annual Cost** for the **Total Annual Cost**
6. Divide the **Total Annual Cost** by 21 (This is the number of paychecks benefit deductions will be taken during the school year.)
7. You now have the approximate **Cost per Pay Check** for the 2010 - 2011 School Year.

District's Contribution	
Employment Status	Contribution
0.8 - 1.0 FTE	\$4,329.36 annually
0.64 - 0.79 FTE	\$3,247.02 annually
0.50 - 0.63 FTE	\$2,164.68 annually

Cost Calculator	
Plan Choices	
Medical	
Dental	
Vision	
Total Monthly Cost	
	X 12 months
Annual Cost	
District's Contribution (see side bar)	-
Total Annual Cost	
Divide by number of paychecks	÷ 21 paychecks
Cost per Pay Check	

On-line Enrollment Instructions

Marana Unified School District, in partnership with Infinite Visions, is using an on-line insurance enrollment program called iVisions. The following are instructions to help you with the enrollment process.

Log onto the following website:

<https://ivisions.maranausd.org/ivisions/>

- Under the blue menu bar on the left side, please click on the login.*
- You will need to enter the last four digits of your social security number, date of birth and zip code.
- Go to the blue menu bar and choose “Employee Resources”,
- Click on “Benefits Enrollment” from the pull down list

*for initial enrollment you must link your information from a district computer

The Enrollment Process:

- Each screen will contain instructions to guide you through the enrollment process.
- Please read the instructions carefully before making your selection(s).
- DO NOT USE your internet browser back/forward buttons. Please use the navigation buttons at the bottom of each page.
- The screens are in sequential order, so follow this guide along with your computer screen to help you through the process.

Welcome Instructions – Read this screen. No action is necessary on your part.

Reason for Change - Please Read. No action is necessary during Open Enrollment.

Employee Information - Please enter your personal information. Telephone numbers should not contain hyphens (-). Remember, this information is sent to the insurance carriers and needs to be correct.

Emergency Contact(s) - Please enter at least one emergency contact. Telephone numbers should not contain hyphens (-).

Dependent Information - Please add any dependents, such as spouse and child(ren) here. If you do not add your dependents here, they will not be eligible for benefits. For student child(ren) over the age of 19 years, please remember to indicate they are students. Birth dates should be entered as mm/dd/yyyy format. Once again, telephone numbers should not contain hyphens (-).

Beneficiary Information - Please enter at least one beneficiary by clicking on the “Add Beneficiary” link. To edit this information, please click on the magnifying glass. Social security numbers should not contain hyphens (-). Percentages must be entered in both the Primary and Contingent fields; otherwise the system will not let you advance.

Medical Insurance - Please select from the UHC HMO and PPO plans or waiver. Please also specify any covered dependents.

Dental Insurance - Please select from the Prepaid Employers Dental Service or Met Life PPO dental plans, or waiver. Please also specify any covered dependents.

Primary Care Provider - If you select the Prepaid Employers Dental Service coverage, please enter the access code for your Primary Care Provider.

Vision Insurance - Please select from the Avesis plans, or waiver. Please also specify any covered dependents.

Employer Paid Life Insurance - This program is provided by and paid for by MUSD. Click the box and specify at least one beneficiary. Click on the magnifying glass to enter the percentages (please note both fields must equal 100%).

Employer Paid Disability - This program is provided by and paid for by MUSD. Click the box to accept the coverage.

Voluntary Products Acknowledgement - Please select and review information regarding additional voluntary benefits.

Benefits Enrollment Confirmation Statement - Please View/Print this statement for your records. Click on Submit for completion.

Need additional assistance?

Please contact our Human Resources Department at 520-682-4779 or Maureen Schiltz, HR Benefits Manager, at 520-682-4753.

Important Phone Numbers

Contact	Phone	Website
UnitedHealthCare Medical	866-633-2446	www.myuhc.com
MetLife Dental PPO	888-466-8673	www.metlife.com/dental
Employers Dental Services Dental HMO	520-696-4343 800-722-9772	www.mydentalplan.net
Avesis Vision	800-522-0258	www.avesis.com
Care24 Employee Asst. Program	866-271-7340	www.myuhc.com
Mutual of Omaha Basic Life/AD&D Voluntary Life/AD&D Short Term Disability	800-775-8805 (<i>life</i>) 800-877-5176 (<i>disability</i>)	www.mutualofomaha.com
AFLAC Flexible Spending Accounts	800-992-3522	www.aflac.com
Arizona State Retirement System Long Term Disability	520-239-3100 800-621-3778	www.azasrs.gov
Maureen Schiltz MUSD Benefits Manager	520-682-4753	M.P.Schiltz@maranausd.org
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