



Clear eyes. Bright smiles. Healthy lives.



Employee Benefits Guide
2025 - 2026



**WINDOW ROCK
UNIFIED SCHOOL
DISTRICT**



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INTRODUCTION

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.

Window Rock 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, disability and voluntary 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 yourself and your family.

If you should have any questions:

1. Contact the carrier directly. Phone number and website information is on [page 14](#).
2. Contact **Elissa James** by phone at 928.729.6718 or by email at elissaj@wrschool.net

This booklet highlights important features of Window Rock 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.

Enrollment Information

OPEN ENROLLMENT

Open Enrollment will be held from **May 1st through May 24st**. This is your one time per year to make changes.

This year, open enrollment will be active which means you are **REQUIRED** to complete an election form even if you are not making changes.

If you plan to participate in the Flexible Spending Account, a new form is required.

NEW EMPLOYEES

New Employees 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 date to complete your enrollment. All insurance coverage starts at the first of the following month.

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.

PRE-TAX VS POST-TAX DEDUCTIONS

Pre-Tax Dollars: Your insurance premiums are paid with money deducted 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: Some insurance premiums may be paid after taxes. Please contact Elissa James for more information related to the specific premiums that are deducted post-tax.





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, 2025 – June 30, 2026). During that time, if your life or family status changes as per 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 which circumstances allow you to 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 qualifying life event.

QUALIFYING LIFE EVENTS LIST	
Marital Status 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	Covered Dependent Changes <ul style="list-style-type: none">• Birth or adoption of a child• Death of dependent child• Dependent becomes ineligible for coverage

COBRA

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

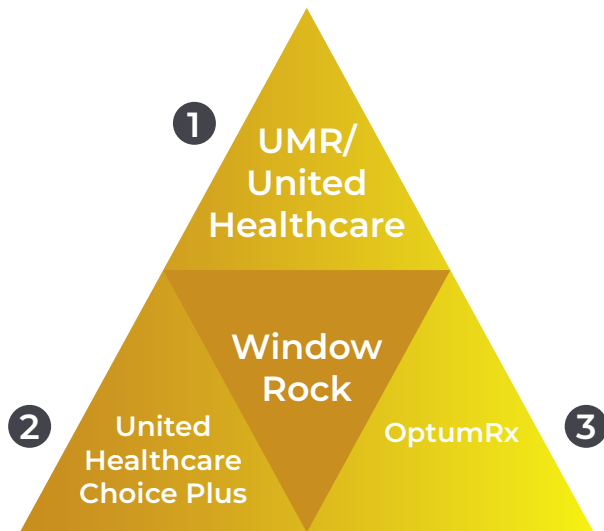
Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2% (if applicable).

Each individual who is covered by a Window Rock Unified School District benefit plan immediately preceding the employee's COBRA event has 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 the date:

- 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



- 1 The company that will process medical claims for Window Rock Unified School District.
- 2 The network Window Rock Unified School District will use for hospitals and physicians.
- 3 The company that will provide prescriptions for Window Rock Unified School District.

SUMMARY

Medical benefits provide you and your family access to quality health care. Window Rock Unified School District offers a medical plan that uses the United Healthcare Choice Plus network. Claims processing and customer service are provided by UMR, a United Healthcare company.

To contact UMR, go to umr.com, or call them at 800.826.9781.

To find an in-network provider, go to umr.com, click on Find a Provider, then enter (or find in the drop-down menu) UnitedHealthcare Choice Plus Network and click "View Providers".





Medical Plan

	PPO \$150 UHC Choice Plus Network		PPO \$500 UHC Choice Plus Network	
	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum Calendar Year	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited
Deductibles				
Individual	\$150	\$150	\$500	\$1,000
Family	\$300	\$300	\$1,000	\$2,000
Coinsurance	10%	30%	20%	50%
Out-of-Pocket Maximum				
Individual	\$3,000 (Rx \$4,100)	\$3,000 (Rx \$4,100)	\$4,500 (Rx \$3,650)	\$9,000
Family	\$6,000 (Rx \$8,200)	\$6,000 (Rx \$8,200)	\$9,000 (Rx \$7,300)	\$18,000
Hospital Services				
Inpatient Hospital	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 50%
Outpatient Hospital	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 50%
Emergency Room	\$50 Copay	\$50 Copay	\$150 Copay	\$150 Copay
Urgent Care	\$20 Copay	Deductible, then 30%	\$20 Copay	Deductible, then 50%
Routine Services				
Office Visit	\$20 Copay	Deductible, then 30%	\$30 Copay	Deductible, then 50%
Specialist Visit	\$20 Copay	Deductible, then 30%	\$50 Copay	Deductible, then 50%
Preventive Care	Covered in Full	Not Covered	Covered in Full	Not Covered
Lab & X-Ray	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 50%
Imaging	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 50%
Prescription Drugs				
Generic	\$4 Copay	Not Covered	\$10 Copay	Not Covered
Preferred Brand	\$10 Copay	Not Covered	\$20 Copay	Not Covered
Non-Preferred Brand	\$10 Copay	Not Covered	\$35 Copay	Not Covered
Specialty	\$10 Copay	Not Covered	\$35 Copay	Not Covered
Mail-Order (90 day supply)	1x Retail	Not Covered	\$10/\$20/\$35	Not Covered

Telehealth

Teladoc-24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

Regardless of the plan you choose you should never be without Teladoc, the only 24/7 telehealth and wellness service designed for the modern family. Whenever you have an issue, simply connect with Teladoc board-certified doctors, available by phone, video or chat. They are specially trained to diagnose, treat and prescribe medications for a wide variety of common medical conditions, helping you avoid the costly and time-consuming trips to the doctor or urgent care centers.

- Talk to a real doctor, 24/7. No need to schedule an appointment or limit your visits.
- Save money and time, while avoiding costly trips to a doctor's office, urgent care or ER.

What can be treated?

- | | |
|-----------------|-------------------|
| • Acne | • Headache |
| • Allergies | • Insect Bite |
| • Asthma | • Joint Aches |
| • Bronchitis | • Nausea |
| • Cold & Flu | • Rashes |
| • Constipation | • Sinus Infection |
| • Diarrhea | • Sore Throat |
| • Ear Infection | • UTI |
| • Fever | • And more! |

teladoc.com

1.800.835.2362



When should I use Teladoc?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and holidays
- If your primary care physician is not available
- To request prescriptions (when appropriate)
- If traveling and in need of medical care

Are my children eligible?

- Yes! Teladoc has pediatricians on call 24/7

How much does it cost?

- Nothing! Every consultation is free for you and all of your dependents*

*employee/dependent must be enrolled in one of the medical plans





Dental & Vision Plans

DENTAL PLAN – DELTA DENTAL

	In & Out of Network
Annual Deductibles	
Individual	\$25
Family	\$75
Annual Plan Maximum	\$2,000
Benefits	
Type I - Diagnostic & Preventive <i>x-rays, exams, cleanings</i>	100%
Type II - Basic Service <i>fillings, root canals, extractions</i>	80%
Type III - Major Services <i>crowns, dentures, bridges</i>	50%
Orthodontic Benefits - for dependent children only	
Lifetime Maximum	\$1,250
Appliances & Related <i>Covered to age 19; must be banded by age 17</i>	80%

VISION PLAN – SUN LIFE (VSP Choice Network)

	In Network	Out of Network
Vision Exam		
Frequency	Every 12 months	Every 12 months
Copay	\$10	Reimbursed to \$45
Frames		
Frequency	Every 12 months	Every 12 months
Allowance	\$130	Reimbursed to \$70
Lenses		
Frequency	Every 12 months	Every 12 months
Single/Bifocal/ Tricocal/Lenticular	Covered in full after \$25 copay	Reimbursed to \$30/ \$50/\$60/\$100
Contacts		
Frequency	Every 12 months	Every 12 months
Allowance	\$130	Reimbursed to \$105



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.

HEALTH CARE SPENDING ACCOUNT (HCSA)

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

How it Works:

- You make before-tax deposits (via payroll deductions) to your HCSA.
- You can deposit from \$100 to \$3,300 per year.
- Eligible expenses for both you and eligible family members are covered. You or your family members do NOT have to be enrolled in WRUSD'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 FSA debit card.
- All expenses must be incurred between July 1, 2025 and June 30, 2026 while you are employed.
- 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.
- You can only carryover \$660 into the next plan year if you do not spend all the funds in the account during the 2025/2026 plan year.

DEPENDENT CARE SPENDING ACCOUNT (DCSA)

You can use a Dependent Care Spending Account (DCSA) to accumulate before-tax funds that you will use to reimburse yourself for dependent care expenses that you incur so that you, and/or your spouse (if married), can work or attend school.

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.

In some cases, your maximum allowed 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.
- 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. Reimbursement is processed based on payroll contributions collected.

All expenses must be incurred between July 1, 2025 and June 30, 2026. If you do not use all the money in this account, it will be forfeited after September 15, 2026.

IRS RULES FOR FLEXIBLE SPENDING ACCOUNTS

- Your deposit amount cannot be changed, stopped or started during the year, unless you have a change in family or job status.
- Only those expenses that are considered tax deductible by 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.



WINDOW ROCK UNIFIED SCHOOL DISTRICT

Disability & Life Insurance

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

Window Rock Unified School District offers voluntary short term disability coverage through United of Omaha.

Elimination Period:	20 Days - Accident and Sickness
Benefit Amount:	66 2/3% of pre-disability weekly earnings up to \$1,500.
Benefit Duration:	10 Weeks

LONG TERM DISABILITY

All employees 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 monthly base salary as determined by ASRS

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

Window Rock Unified School District pays 100% of the cost of the United of Omaha Group Term Life Insurance Plan.

Coverage for each benefit eligible employee is \$40,000.

VOLUNTARY LIFE / AD&D INSURANCE

You can elect to purchase life insurance for yourself, spouse or children.

Employee: \$10,000 increments to a maximum of \$500,000 (or 5x annual earnings).

Spouse: \$5,000 increments to a maximum of \$50,000, not to exceed 100% of the employee's benefit.

Child: \$1,000 increments from \$2,000 to \$10,000, not to exceed 100% of the employee's benefit.

Guarantee Issue for 2025/2026 New Hires:

Employee - 5x annual earnings up to \$150,000

Spouse - 100% of employee's benefit up to \$35,000

Children - 100% of employee's benefit up to \$10,000

Note that if you were previously eligible for the voluntary life insurance but declined, you will be required to fill out a statement of health in order to enroll in the voluntary life benefit.

**Window Rock Unified
School District pays 100%
of the cost of the Basic
Term Life and AD&D.**

AFLAC

American Family Life Assurance Company (AFLAC) is pleased to offer Window Rock Unified School District employees and qualified dependents the opportunity to elect coverage under several 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 coverage.
- AFLAC pays you directly, no matter what other insurance you may have.
- You can enroll in one or all of the policies and are eligible to participate in these policies the first of the month following date of hire.

To enroll in these policies, you must contact an AFLAC representative. **Janet Vaughn can be reached by phone at 505.320.4590 or my email at janet_vaughn@us.aflac.com** for more information or to set up an appointment.

ACCIDENT INSURANCE

This plan pays cash benefits in the event of an accidental injury that needs emergency treatment.

HOSPITAL INSURANCE

These plans pay cash benefits when an individual is confined in a hospital.

LIFE INSURANCE

These plans protect your family's future by paying them a cash benefit in the event of your death. Whole Life policies are available to those who qualify for coverage. Whole Life is guaranteed, permanent coverage that includes both cash value and a Long Term Care (LTC) policy.





WINDOW ROCK UNIFIED SCHOOL DISTRICT

Employee Assistance Program

UMR/Optum/United Behavioral Health - An EAP provides valuable services at no cost to employees and their families in the form of short-term counseling, legal and financial consultations, and worklife resources and referral. Seven days a week, 24 hours a day, using one toll-free phone number (855.205.9185), you can speak with doctors, social workers 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 representative can refer you to a local professional in the United Healthcare Choice Plus Network for up to 6 face-to-face visits - all with no copay. If appropriate, the program also provides access to a wide range of national and community resources.

EMPLOYEE ASSISTANCE PROGRAM CONTACT:

1.855.205.9185

liveandworkwell.com

TO CREATE A PERSONAL ACCOUNT:

Go to liveandworkwell.com

Select "Register"

Registration Code: UMREAP

To use the website anonymously:

Select "Access Code"

Access Code: UMREAP



Core Benefit Rate Worksheet – Monthly Rates

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

MEDICAL PLANS				
PPO \$150 – UHC Choice Plus				
	DISTRICT CONTRIBUTION	EMPLOYEE MONTHLY COST	PER 20 PAYS	PER 26 PAYS
EMPLOYEE ONLY	\$713.53	\$77.57	\$46.54	\$35.80
EMPLOYEE & FAMILY	\$907.45	\$1,133.94	\$680.36	\$523.36
PPO \$500 – UHC Choice Plus				
	DISTRICT CONTRIBUTION	EMPLOYEE MONTHLY COST	PER 20 PAYS	PER 26 PAYS
EMPLOYEE ONLY	\$713.53	\$0.00	\$0.00	\$0.00
EMPLOYEE & FAMILY	\$907.45	\$907.45	\$544.47	\$418.82
DENTAL PLAN				VISION PLAN
	MONTHLY COST	PER 20 PAYS	PER 26 PAYS	
EMPLOYEE ONLY	\$0.00	\$0.00	\$0.00	MONTHLY COST PER 20 PAYS PER 26 PAYS
EMPLOYEE & FAMILY	\$50.86	\$30.52	\$23.47	\$0.00 \$0.00 \$0.00
				\$12.07 \$7.24 \$5.57

VOLUNTARY SHORT-TERM DISABILITY PREMIUM

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION

EXAMPLE
(42-year-old employee
earning \$40,000 a year)

List your weekly earnings (Maximum is \$2,249.89)

Multiply by the premium factor

YOUR ESTIMATED MONTHLY PREMIUM**

\$	\$769.23
0.0266680	0.0266680
\$	\$ 20.51

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.



WINDOW ROCK UNIFIED SCHOOL DISTRICT

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

2. Find your age bracket in the far left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30 - 34	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
35 - 39	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40 - 44	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
45 - 49	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
50 - 54	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
55 - 59	\$5.20	\$10.40	\$15.60	\$20.80	\$26.00	\$31.20	\$36.40	\$41.60	\$46.80	\$52.00
60 - 64	\$7.90	\$15.80	\$23.70	\$31.60	\$39.50	\$47.40	\$55.30	\$63.20	\$71.10	\$79.00
65 - 69	\$13.90	\$27.80	\$41.70	\$55.60	\$69.50	\$83.40	\$97.30	\$111.20	\$125.10	\$139.00
70 - 74	\$24.60	\$49.20	\$73.80	\$98.40	\$123.00	\$147.60	\$172.20	\$196.80	\$221.40	\$246.00
75 - 79	\$40.40	\$80.80	\$121.20	\$161.60	\$202.00	\$242.40	\$282.80	\$323.20	\$363.60	\$404.00
80+	\$81.60	\$163.20	\$244.80	\$326.40	\$408.00	\$489.60	\$571.20	\$652.80	\$734.40	\$816.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30 - 34	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
35 - 39	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40 - 44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
45 - 49	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
50 - 54	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
55 - 59	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$18.20	\$20.80	\$23.40	\$26.00
60 - 64	\$3.95	\$7.90	\$11.85	\$15.80	\$19.75	\$23.70	\$27.65	\$31.60	\$35.55	\$39.50
65 - 69	\$6.95	\$13.90	\$20.85	\$27.80	\$34.75	\$41.70	\$48.65	\$55.60	\$62.55	\$69.50

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*

\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Important Phone Numbers & Websites

UMR

United Healthcare Choice Plus Network

Medical

800.826.9781

Group #76-414019

umr.com

OptumRx

Prescriptions

877.559.2955

optumrx.com

Teladoc

Telehealth

800.835.2362

teladoc.com

Optum/United Behavioral Health

EAP

855.205.9185 (24/7)

liveandworkwell.com

Arizona State Retirement System

Long Term Disability

520-239-3100

800-621-3778

azasrs.gov

B.A.S.I.C. / FSA

800.372.3539

basiconline.com/hq/account-access/emfsahra/

DeltaDental PPO Plus Premier

Dental

800.352.6132, option 1

deltadentalaz.com

Sun Life VSP Choice Network

Vision

800.877.7195

vsp.com

sunlife.com/onlineadvantage

United of Omaha/Mutual of Omaha

Life & Short Term Disability

800.775.8805

mutualofomaha.com

AFLAC

Voluntary Benefits

Janet Vaughn, Representative

505.320.4590

janet_vaughn@us.aflac.com

aflac.com

Elissa James, HR Director

928.729.6718

elissaj@wrschool.net

HRConnection Employee Resource Site

capficonsulting.com/window-rock-usd-2025-2026



ABOUT THIS BOOKLET

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Capital Financial

14614 N. Kierland Blvd., Suite N220, Scottsdale, AZ 85254

Office / 480.347.0926

Fax / 480.360.6417

