



Lake Havasu Unified School District No. 1

DISTRICT OFFICE

2200 Havasupai Boulevard, Lake Havasu City, AZ 86403-3798

928.505.6900

Fax 928.505.6999

www.lhusd.org

May 8, 2023

To: Qualified Lake Havasu Unified School District #1 Retirees
From: Lake Havasu Unified School District #1 Payroll/Benefits Department
Subject: 2023-24 Current Retiree Benefit Insurance Plan/Payments

Effective July 1, 2023 all Retirees covered by Lake Havasu Unified School District #1 will have the option of either an **EPO or HEALTH SAVINGS PLAN (HSP-formerly HDHP)** through Northwest Arizona Employee Benefit Trust (NAEBT).

See the attached Retiree Open Enrollment Guide and Rate chart.

Retirees will make monthly payments or may pay additional in advance. **Payments are due the 1st of each month. If payment is not received by the 15th of the month your coverage may be terminated retroactive to the first of the month in which the premium was due.** LHUSD#1 cannot accept credit cards for payment.

Please make checks payable to LHUSD #1 and send to the Payroll Department.

LHUSD#1 is now offering a new way for you to pay your premiums via ACH to electronically transfer funds from your bank to the district. If you would like to utilize the ACH process to pay your premiums, please complete the attached form and return to the payroll department.

LHUSD#1 will contribute 70% of the lowest Retiree Only Premium rate to this coverage until you reach age 65 subject to the District policies regarding employees hired before July 1, 2005. For those that retired **after August 2, 2012**, ASRS no longer provides the \$150.00 retiree premium benefit or the \$110.00 dependent premium benefit.



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PLEASE SELECT YOUR PLAN OPTION AND COVERAGES BELOW WITH A CHECK MARK.
RETURN THE SIGNED & DATED ORIGINAL TO THE PAYROLL DEPARTMENT. MAKE PAYMENT
PRIOR TO JULY 1, 2023.

PLEASE PRINT YOUR NAME _____

****2023-24 EPO RETIREE***

MEDICAL _____ DENTAL/VISION _____ LIFE _____ MONTHLY TOTAL \$ _____

****2023-24 HSP (HDHP) RETIREE***

MEDICAL _____ DENTAL/VISION _____ LIFE _____ MONTHLY TOTAL \$ _____

SIGNED: _____

DATE: ____ / ____ / ____

Personal email address _____

Phone number _____

Please contact me or the Payroll Department if you have any questions.

Thank you!

Cheri Tropple

Benefits & Payroll Specialist

cheri.tropple@lhusd.org



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