



# 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 5, 2022

To: Qualified Lake Havasu Unified School District #1 Retirees  
From: Lake Havasu Unified School District #1 Payroll/Benefits Department  
Subject: 2022-23 Current Retiree Benefit Insurance Plan/Payments

Effective July 1, 2022, 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 1<sup>st</sup> of each month. If payment is not received by the 15<sup>th</sup> of the month your coverage may be terminated retroactive to the first of the month in which the premium was due.** The district cannot accept credit cards for payment. You can set up with your bank to send us payment.

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

The District 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. The District has approved to cover these premium benefits at 50% for 2022-23. Please see the Board Action Item letter attached to this email.



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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, 2022.

PLEASE PRINT YOUR NAME \_\_\_\_\_

## 2022-23 EPO RETIREE

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

## 2022-23 HSP (HDHP) RETIREE

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

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Personal email address \_\_\_\_\_

Please contact me if you have any questions.

Thank you!

Cheri Tropple  
Benefits & Payroll Specialist  
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928.505.6930