



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 New/PREO 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 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.** 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.

New Retirees/PREO (those retiring from the district at the end of FY 2021-22) also have the option of enrolling in COBRA coverage (18 months maximum) following termination from Active status. This may be of interest to you if you will be turning 65 and enrolling in Medicare within 18 months of your retirement date. See the PREO COBRA chart and rates attached to this email.

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.

Sincerely,

Cheri Tropple
Benefits & Payroll Specialist
cheri.tropple@lhusd.org
928.505.6930