

**NOTICE OF REGULAR BOARD MEETING
KINGMAN UNIFIED SCHOOL DISTRICT #20 GOVERNING BOARD**

Pursuant to A.R.S. § 38-431.02, notice is hereby given to the members of the Governing Board of Kingman Unified School District #20 and to the general public that the Governing Board of Kingman Unified School District #20 will hold a meeting open to the public at **4:30 PM, Tuesday, March 11, 2025**. The meeting will be held in the **Kingman Unified School District Office, 3033 MacDonald Avenue, Kingman, AZ 86401**. Agenda is subject to revision 24 hours prior to meeting. A copy of the agenda background material provided to KUSD Board members (with exception of material relating to possible executive sessions) is available for public inspection 24 hours before the meeting at our district office, 3033 MacDonald Avenue, Kingman, AZ. When necessary, the Board may vote to go into Executive Session, which will not be open to the public, for discussion and consultation for legal advice regarding any of the agenda items (A.R.S. § 38-431.03 (A)(3)), to discuss personnel matters (A.R.S. § 38-431.03 (A)(1)), records exempt by law from public inspection (A.R.S. § 38-431.03 (A)(2)), or for legal advice and consultation regarding pending or contemplated litigation (A.R.S. § 38-431.03 (A)(4)).

The agenda for the meeting, posted on March 6, 2025, is as follows.

Agenda of the Governing Board; Dr. Gretchen Dorner, Superintendent

Members of the Kingman School District Governing Board will attend in person, by telephone, video or internet conferencing. Agenda is subject to revision 24 hours prior to meeting.

To watch the School Board meeting via computer or a smartphone with a data plan:

<https://www.youtube.com/c/KUSD20>

Regular Board Meeting

Tuesday, March 11, 2025

4:30 PM

Kingman Unified School District Office, 3033 MacDonald Avenue, Kingman, AZ 86401

1. Call to Order
Agenda Item Type: Procedural
2. Pledge of Allegiance
Agenda Item Type: Procedural
3. Roll Call
Agenda Item Type: Procedural
4. Call to the Audience (The Board will listen to any comment from the public but will not respond except as permitted by A.R.S. § 38-431.01 (G). The Board may refer the item to the administration or request to have it placed on a future agenda.)
Agenda Item Type: Procedural
5. Reports:

Superintendent:

Board Reports:
Agenda Item Type: Informational
6. Consent Agenda
Approval of Routine Orders of Business. Documentation concerning the matters on the Consent Agenda may be reviewed at the Kingman Unified District Office, 3033 MacDonald Ave. Any Board member may request an item be pulled off the agenda for further discussion.
Agenda Item Type: Discussion/Action
 - A. Approve Minutes:

- B. Approve Vouchers:
 - 1. Payroll Vouchers: 24-27, 1025-1027, 1029
 - 2. KUSD Vouchers: 2044-2048
- C. Approve Personnel Hire Ratification List:
- D. Approve Personnel Term/Leave Ratification List
- E. Approve or ratify the requests for employee contract/work agreement adjustments for changes in position
- F. Approve February 2025 Financials
- G. Approve School Fundraisers
- H. Approve out of state travel for 21-22 students and 3 chaperones from Kingman High School's Future Mechanic's and Welder's Club to take an educational field trip to the Nevada State Historical Railway Museum in Boulder City, NV on May 9, 2025
- I. Approve out of state travel for 6 students and 2 adults for Kingman High School's Key Club to travel to Riverside Bowling Lanes in Laughlin, NV for the Key Club's 100th anniversary on March 23, 2025

7. First reading of changes in policy as recommended by ASBA

Agenda Item Type: Discussion

- Policy Advisory No. 809Policy A — District Mission and Belief Statement
- Policy Advisory No. 810Policy AA — School District Legal Status
DELETED Exhibit AA-E — School District Legal Status
- Policy Advisory No. 811Policy ABA — Community Involvement in Education
- Policy Advisory No. 812Policy ABAA — Parental Involvement
- Policy Advisory No. 813Policy AC — Nondiscrimination / Equal Opportunity
Regulation AC-R — Nondiscrimination / Equal Opportunity
Exhibit AC-E – Nondiscrimination / Equal Opportunity
- Policy Advisory No. 814 Policy ACA – Sexual Harassment
Regulation ACA-R – Sexual Harassment
Exhibit ACA-E — Sexual Harassment
- Policy Advisory No. 815.....Policy ACAA – Title IX Sex Discrimination
Regulation ACAA-R – Title IX Sex Discrimination
- Policy Advisory No. 816 DELETEDPolicy AD — Education Philosophy / School District Mission
- Policy Advisory No. 817Policy GBK — Staff Grievances
- Policy Advisory No. 818Policy JII — Student Concerns, Complaints, and Grievances

Gretchen Dorner

- 8. Possible action to approve switch to ASBAIT with rates for medical, dental, vision, and basic life
Agenda Item Type: Discussion/Action
Margot Jones
- 9. Approve listed Donations
Agenda Item Type: Discussion/Action
- 10. Possible action to approve the 2025-26 employee work calendars and paid holidays for classified and 12-month-term contract employees
Agenda Item Type: Discussion/Action
Angela Moreschi
- 11. Possible motion to move into Executive Session per A.R.S. §38-431.03(A)(1) to discuss request to be released from employment contract by Christina Golder
Agenda Item Type: Discussion/Action
Angela Moreschi
- 12. Possible motion to reconvene into Regular Session for any actions resulting from Executive Session
Agenda Item Type: Discussion/Action

13. Possible action on a request by Christina Golder, Teacher, to be released from his FY 2024-25 employment contract, effective March 25, 2025
Agenda Item Type: Discussion/Action
14. Possible motion to move into Executive Session per A.R.S. §38-431.03(A)(1) to discuss personnel matters - Shyann Brindle Parsons and Michael Norris
Agenda Item Type: Discussion/Action
Angela Moreschi
15. Possible motion to reconvene into Regular Session for any action resulting from Executive Session
Agenda Item Type: Discussion/Action
16. Possible action on a recommendation to terminate the employment of Shyann Brindle Parsons, Paraeducator IV/V, effective March 11, 2025 for reasons stated in the confidential memorandum to the Governing Board
Agenda Item Type: Discussion/Action
17. Possible action on a recommendation to terminate the employment of Michael Norris, Bus Monitor, effective March 11, 2025 for reasons stated in the confidential memorandum to the Governing Board
Agenda Item Type: Discussion/Action
18. Board Comments
Agenda Item Type: Discussion
19. Adjourn
Agenda Item Type: Action

Pursuant to the Americans with Disabilities Act (ADA), Kingman Unified School District #20 endeavors to ensure the accessibility of all its programs, facilities and services to all persons with disabilities. If you need an accommodation for this meeting, please contact the Kingman Unified School District Office at (928) 753-5678 or email vportillo@kUSD.org.

Requests should be made as early as possible to allow time to arrange accommodation.

C. Approve Personnel Hire Ratification list:

LAST NAME	FIRST NAME	SITE	POSITION	DATE
Akin	Della	Little Explorers	CDC Caregiver	02/03/2025
Ammon	Naomi	Cerbat	Paraeducator II	02/03/2025
Cevallos	Caitlyn	Black Mountain	Program Site Coordinator	03/10/2025
Clifton	Brittnee	Transportation	Bus Driver	02/25/2025
Hobson	Christina	Cerbat	Attendance Clerk	02/03/2025
Hynson	Rochelle	Little Explorers	Paraeducator IV/V	02/03/2025
Lippincott	Charlee	Little Explorers	CDC Caregiver	02/04/2025
Moyer	Michael	Lee Williams High School	SPED Teacher	02/25/2025
Percy	Daniella	District Office	Substitute Teacher	02/26/2025
Reisinger	Wendy	District Office	Executive Director of Human Resources	03/31/2025
Robertson	Jazmyn	Manzanita	Paraeducator I	02/19/2025
Roedl	Michael	Kingman Middle School	Paraeducator IV/V	02/18/2025
Scott	Jerry	District Office	Substitute Nurse	01/29/2025
Shadoan	Samuel	District Office	Classified Coordinator	02/18/2025
Snyder	Lauren	Lee Williams High School	Teacher	02/18/2025
Sodaro	Blake	Transportation	Mechanic	02/19/2025
Witt	Courtney	Little Explorers	CDC Caregiver	02/19/2025

Approve Personnel Term/Leave Ratification List:

LAST NAME	FIRST NAME	SITE	POSITION	DATE
Aymong	Jessica	Little Explorers	Paraeducator IV/V	03/06/2025
Dunn	Jeanette	Hualapai	Teacher	05/21/2025
Farris	Tracy	Kingman Middle School	Paraeducator IV/V	02/27/2025
Foster	Stephanie	Little Explorers	Paraeducator IV/V	02/20/2025
Kilpatrick	Elaine	Black Mountain	School Counselor	06/12/2025
Leva	William	Black Mountain	Teacher	02/13/2025
Lovato	Julian	Little Explorers	Paraeducator IV/V	02/20/2025
Cordero				
Najera	Elizabeth	Hualapai	Teacher	05/21/2025
Pickett	Paula	Lee Williams High School	Teacher	05/21/2025
Pinto	Roxanna	Kingman Middle School	Licensed Aide	04/10/2025
Reaves	Robert	Kingman Middle School	Teacher	05/21/2025
Starkey	Peggy	Cerbat	Teacher	05/21/2025
Tadeo	Manuel	Lee Williams High School	Teacher	05/21/2025
Talk	Deborah	Lee Williams High School	Teacher	05/21/2025
Young	Victoria	District Office	Coordinator Classified	02/27/2025
Zlomke	Chelsea	Kingman High School	Teacher	05/21/2025

Approve or ratify the requests for employee contract/work agreement adjustments for changes in position:

LAST NAME	FIRST NAME	SITE FROM	POSITION FROM	SITE TO	POSITION TO	DATE
Echols	Laura	White Cliffs	Paraeducator IV/V	White Cliffs	Health Attendant	02/04/2025
Luzania	Megan	Hualapai	Paraeducator I	KOLA/PASS	Registrar	02/10/2025
Robinson	Nicole	Mt. Tipton	Paraeducator IV/V	Mt. Tipton	Paraeducator II	01/13/2025

School Fundraisers Fundraisers

School Name: Lee Williams High School

For Board Agenda Month: March, 2025

Group Name <i>NO acronyms only- Spell Out name of group!</i>	Fundraiser Type:	Date(s) of Fundraiser	Location of Fundraiser	Purpose of fundraiser
LWHS Band and Choir	Otis Spunkmeyer & Believe Kids	3/24/25-4/7/25	Online & LWHS	Funds from this fundraiser will be split between marching show needs, equipment, and new band uniforms.
LWHS Junior STUCO	Slime a Teacher	1 March 2025 - 17 April 2025	LWHS	To raise money for the junior class
LWHS Junior STUCO	Powderpuff football game	May 8 2025 6pm	LWHS football field	To raise money for the junior class
LWHS Fire Club	Sale of Soda and chips	March 24th - April 30th, 2025	In front of the cafeteria and in front of the Fire Classroom.	Add to our funds for supporting our future events.

School Fundraisers

School Name: Kingman High School

For Board Agenda Month: March 2025

Group Name <i>NO acronyms only- Spell Out name of group!</i>	Fundraiser Type:	Date(s) of Fundraiser	Location of Fundraiser	Purpose of fundraiser
Future Business Leaders of America	Board Game Night	May 15, 2025	KHS	Raise funds for Nationals
Future Business Leaders of America	Root beer Float Sales	May 12-15, 2025	KHS	Raise funds for Nationals
Future Business Leaders of America	Student Store	March 12-May 22, 2025	KHS	Raise funds for FBLA competitions
Future Business Leaders of America	Friendship Bracelets	April 1-10, 2025	KHS	Raise funds for Nationals
Spiritline	Cheer Clinic	April 4 & 5, 2025	KHS	Teach cheer fundamentals
Softball	Hit-A-Thon	April 4, 2025	KHS	Raise funds for equipment, jerseys and balls
Future Farmers of America and Future Mechanics and Welders	Car show, hamburger/hot dog, chips and drink sales	May 3, 2025	KHS	Raise funds for FFA
Future Mechanics and Welders	Car Show	May 3, 2025	KHS	Raise funds for projects and parts/tools
Student Council	Prom	May 2, 2025	KHS	Raise funds for activities and trips
Student Council	Prom Concessions	May 2, 2025	KHS	Raise funds for activities and trips
Student Council	Bonfire Concessions	April 30, 2025	KHS	Raise funds for activities and trips
Football	7 on 7 Big Man Challenge	June 14, 2025	KHS	Raise funds for upcoming season

School Fundraisers

School Name: KMS

For Board Agenda Month: March 2025

Group Name

NO acronyms only-

Spell Out name of group!

Fundraiser Type:

Date(s)
of Fundraiser

Location
of Fundraiser

Purpose of fundraiser

NJHS	Penny War	3/31/25-5/1/25	KMS	To raise money for the Humane Society
Special Olympics	Fundraiser dinner	03/29/2025	KHS	Raise money for club
KMS	Field Trip	3/24/25-4/10/25	KMS	To raise money for a field trip

out of state educational tour

Cody Price <cprice@kUSD.org>
To: vportillo@kUSD.org

Wed, Feb 26, 2025 at 8:09 AM

Future mechanics and welders club of KHS would like to go on a Field trip to Boulder City Nevada To the Nevada State Historical Railway Museum to perform a submissive tour to an active railway restoration shop project which will have museum curators and active railroad employees which will allow the kids to hear and see the jobs available in the welding and mechanical fields, after the tour we are wanting to do the hoover dam tour in the power distribution room. and return to Kingman with the crew around 6 pm. This will be a great experience and possible job availability for the students. The date will be friday may 9 th 2025 and I am looking at taking 22 students with 21 students with 3 adults. To go on this trip, the gpa for the semester must be above a 2.5 gpa. There may be a few less students depending on grades at the check time week of. It is my goal that kids graduate and earn full credits before doing extra curricular programs. I Hope that you will approve this trip for us and we will be taking the CTE Micro busses for transportation

any questions please let me know. Please let me know if you need any more information

***Welding/Mechanics instructor KHS
(928) 692-6480 Ext 6550\6558
Stay creative!***

Filed trip authorization

Jessica Federico <jfederico@kUSD.org>
To: Valerie Portillo <vportillo@kUSD.org>

Sat, Mar 1, 2025 at 5:24 PM

Hello,

I was hoping it is not too late to put an approval on the agenda for the next board meeting. Either I or Penny Glenn (the Kiwanis advisor) will come to the meeting if we need to talk about it. Here are the details.

Where: Riverside Bowling Lanes, **1650 S Casino Dr, Laughlin, NV 89029** · Phone: (702) 298-2535

When: March 23rd 2025

Time: 5pm – 7pm

Why: Key Clubs 100th anniversary

Kiwanis will be paying \$40 for the club to bowl for 2 hours. There will be cake and ice cream, and students are asked to bring money for refreshments from the snack bar. I am planning on borrowing a vehicle from the District Fleet in order to drive them. I have already been through the training on driving with the transportation department earlier this year.

Sincerely,
Jessica Federico
Special Education Resource Teacher
Hualapai Elementary Schools

POLICY SERVICES

ADVISORY

Volume 37, Number 1

February 2025

Policy Advisory No. 809 Policy A — District Mission and Belief Statement

Policy Advisory No. 810 Policy AA — School District Legal Status
DELETED Exhibit AA-E — School District Legal Status

Policy Advisory No. 811 Policy ABA — Community Involvement in Education

Policy Advisory No. 812 Policy ABAA — Parental Involvement

Policy Advisory No. 813 Policy AC — Nondiscrimination / Equal Opportunity
Regulation AC-R — Nondiscrimination / Equal Opportunity
Exhibit AC-E — Nondiscrimination / Equal Opportunity

Policy Advisory No. 814 Policy ACA – Sexual Harassment
Regulation ACA-R – Sexual Harassment
Exhibit ACA-E — Sexual Harassment

Policy Advisory No. 815..... Policy ACAA – Title IX Sex Discrimination
Regulation ACAA-R – Title IX Sex Discrimination

Policy Advisory No. 816 *DELETED* Policy AD — Education Philosophy /
School District Mission

Policy Advisory No. 817 Policy GBK — Staff Grievances

Policy Advisory No. 818 Policy JII — Student Concerns, Complaints,
and Grievances

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

POLICY ADVISORY DISCUSSION

Summary

Updated Section A and Title IX Revised Documents

ASBA Policy Services' commitment of service to our subscribers includes listening to your feedback and improving our services to best support you. Thus, as we have shared at county meetings, via our *Pulse on Policy* newsletter, and at our annual conference, we are in the process of conducting a full review of our model manual and are rolling it out in sections for manageability. This manual update is a team effort of policy and legal experts, as well as district and educational leaders, who are vetting each document prior to sending each section to you.

Section A documents, along with the revisions to Policies GBK and JII, are provided below. Policy documents ACA, ACAA, ACAA-R, GBK, and JII include the Title IX updates from 20 U.S.C. 1681, Education Amendments of 1972, Title IX. The updated documents are available in PolicyBridge for adoption/approval as with any other Policy Advisory.

Policy Advisory Discussion

Policy Advisory No. 809

Policy A — District Mission and Belief Statement

Policy language was updated and merged with Policy AD-Educational Philosophy.

Policy Advisory No. 810

Policy AA — School District Legal Status *DELETED* Exhibit AA-E — School District Legal Status

Policy language was updated to include information regarding how to access the District's legal boundaries; therefore, the accompanying exhibit (AA-E) was removed.

Policy Advisory No. 811

Policy ABA — Community Involvement in Education

Policy language was updated.

Policy Advisory No. 812

Policy ABAA — Parental Involvement

Policy language was updated.

Policy Advisory No. 813

Policy AC — Nondiscrimination / Equal Opportunity Regulation AC-R — Nondiscrimination / Equal Opportunity Exhibit AC-E — Nondiscrimination / Equal Opportunity

Policy language was expanded to include "or any other basis prohibited by law"; the Regulation includes minimal edits and new subheadings for clarity; the Exhibit remains unchanged.

Policy Advisory No. 814

**Policy ACA — Sexual Harassment
Regulation ACA-R — Sexual Harassment
Exhibit ACA-E — Sexual Harassment**

Policy language removed the Title IX references; the Regulation includes minimal edits and new subheadings for clarity; the Exhibit remains unchanged.

Policy Advisory No. 815

**Policy ACAA — Title IX Sex Discrimination
Regulation ACAA-R — Title IX Sex Discrimination**

Language in the Policy and Regulation was updated to include Title IX revisions based on the rescinded 2024 Title IX Final Rule.

Policy Advisory No. 816

**Policy AD — Education Philosophy /
School District Mission**

Policy AD was removed and relevant portions were placed in Policy A-District Mission and Belief Statement.

Policy Advisory No. 817

Policy GBK — Staff Grievances

Title IX information was removed.

Policy Advisory No. 818

**Policy JII — Student Concerns, Complaints,
and Grievances**

Title IX information was revised to refer to 20 U.S.C. 1681, Education Amendments of 1972, Title IX.



If you have any questions, call Policy Services at (602) 254-1100. Ask for Dr. Charlotte Patterson, Policy Analyst; Lynne Bondi, Policy Analyst; or Renae Watson, Policy Technician. Our e-mail addresses are, respectively, [cpatterson@azsba.org], [lbondi@azsba.org] and [rwatson@azsba.org]. You may also fax information to (602) 254-1177.

Note: This material is written for informational purposes only, and not as legal advice. You may wish to review the policy references and consult an attorney for further explanation.

ADVISORY 809

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

A ©
DISTRICT MISSION AND
BELIEF STATEMENT

*(Provided as a placeholder.
Actual statements should reflect District's mission and beliefs.)*

~~_____ "SCHOOLS ARE FOR CHILDREN"~~

~~_____ "SCHOOLS BELONG TO THE COMMUNITY"~~

~~_____ "SCHOOLS ARE PEOPLE DEVELOPERS"~~

~~_____ "SELF EFFORT EDUCATES"~~

The mission of the District is to provide comprehensive, success-oriented learning activities for ~~young people~~ students in our schools.

~~These opportunities must be designed to develop the person's potential in the areas of academic ability and vocational awareness, cultural appreciation, physical well-being, social development, and community contribution.~~

~~The beliefs~~ The goals of the District to accomplish this mission are outlined below:

Students

We believe:

- A. Every student will be educated academically and socially so as to be a productive citizen and achieve college and/or career success.
- B. ~~All students will have equal educational opportunities to achieve their individual potential.~~
- C. ~~We have something to offer every student.~~
- D. ~~Each student is unique.~~
- E. ~~Successful education depends on parental commitment to education.~~

Teachers

We believe:

- A. ~~Teachers are~~ Because a highly qualified staff is the foundation of a strong educational system.

~~B. Teachers, the District will maintain staff who have high expectations for themselves and their students -~~

~~C. Teachers should serve as and who are positive role models for students.~~

~~D. Teachers will actively seek parent support and involvement.~~

Principals

We believe:

~~A. A principal is the instructional leader of the school.~~

~~B. A principal is the facilitator for a positive learning environment.~~

~~C. A principal actively seeks parent support and involvement.~~

~~D. A principal serves as a liaison between school and community.~~

~~E. A principal maintains high expectations for students and staff members.~~

Governing Board

We believe:

~~A. Students are the number one priority.~~

~~B. The Board conveys the educational needs and desires of the community to the District and establishes policies accordingly.~~

~~C. The Board maintains high expectations for the District and themselves in working toward excellence.~~

Superintendent

We believe:

~~A. The Superintendent is the leader, implementer, and facilitator of a successful School District.~~

~~B. The Superintendent promotes and upholds the positive educational climate of the School District.~~

Management Principles

We believe:

- ~~A. In human beings as the single most important element in all transactions.~~
- ~~B. In behaving with uncompromising honesty and integrity.~~
- ~~C. In challenging people to experience their full potential so each individual contributes to educational excellence.~~
- ~~D. In reaching quality decisions through the involvement of people.~~
- ~~E. In establishing priorities that respond to the needs of our students, staff members, and community, and serve as the driving force behind all of our actions.~~
- ~~F. In focusing on excellence in everything we do~~

C. The District recognizes the importance of all educational community stakeholders, including staff, parents, students, and community members, in achieving its primary function of providing a high-quality education to its students.

D. The District will promote and uphold a positive educational climate and will provide a safe and secure environment for all stakeholders.

E. The District will provide necessary resources for student success.

Adopted: _____

ADVISORY 810

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

AA ©
SCHOOL DISTRICT LEGAL STATUS

The legally designated name of the District is School District No. ____ of _____ County. The official name shall be _____ School District No. ____.

The District's legal boundaries can be found in the transcript that the County School Superintendent annually files with the Board of Supervisors and County Assessor.

Adopted: _____

LEGAL REF.:

A.R.S.

15-101

15-441

15-442

~~Arizona Constitution, Art. XI, Sections 1-4~~

~~Arizona Constitution, Art. XX, Paragraph 7~~

~~AA-E~~ ©

~~EXHIBIT~~

~~SCHOOL DISTRICT LEGAL STATUS~~

~~(Legal Description)~~

~~_____ SCHOOL DISTRICT NO. _____~~

~~_____, _____ COUNTY, ARIZONA~~

ADVISORY 811

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

ABA ©
COMMUNITY INVOLVEMENT
IN EDUCATION

The Board recognizes that the public has substantial resources of, training, and experiences that could be useful to schools. ~~The strength of the local District is in large measure determined by the manner and degree to which these resources are utilized in an advisory capacity and to the degree that these resources are involved in supporting the improvement of the local educational program, and it encourages active involvement in District activities.~~ The advice of the public will be given careful consideration. ~~In the evaluation of such contributions, the first concern will be for the educational program as it affects the students. The final decision may depart from this advice when in the judgment of the staff and the Board such advice is not consistent with goals adopted by the Board, consistent with current educational practice, or within the reach of the financial resources available~~ is appropriate.

Adopted: _____

~~LEGAL REF.:~~

~~A.R.S.~~

~~15-321~~

~~15-327~~

CROSS REF.:

~~IJ - Instructional Resources and Materials~~

KB - Parental Involvement in Education

ADVISORY 812

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

**ABAA ©
PARENTAL INVOLVEMENT**

The District supports the active involvement of parents and guardians as partners in their students' educational activities.

~~Based on the philosophy of the District, it is the intent of the Board that parental involvement in the District, at both the District and site levels, be defined in the broadest possible terms.~~

~~Further, it is the intent of the Board, under such a definition, that the Superintendent will, within the capabilities of the District staff and the financial limitations of the District, at both the District and school levels, incorporate to the maximum extent possible, a variety of activities, strategies, and mechanisms into the District and school structures that provide for the:~~

~~active involvement of,~~

~~active support to,~~

~~effective interaction with, and~~

~~development of~~

~~parents as active partners in a student support team effort that will enhance the capacity of all students to reach their optimum potential.~~

Adopted: _____

LEGAL REF.:

A.R.S.

15-102

~~15-341~~

~~15-342~~

CROSS REF.:

IHBD - Compensatory Education

KB - Parental Involvement in Education

ADVISORY 813

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

**AC ©
NONDISCRIMINATION / EQUAL OPPORTUNITY**

The Board is committed to a policy of nondiscrimination in relation to race, color, religion, sex, age, national origin, ~~and disability, or any other basis prohibited by law~~. This policy will prevail in all matters concerning staff members, students, the public, educational programs and services, and individuals with whom the Board does business.

Adopted: _____

LEGAL REF.:

A.R.S.

23-341

41-1463

Arizona Constitution, Ordinance Art. XX, Par. Seventh

20 U.S.C. 1400 *et seq.*, Individuals with Disabilities Education Act

20 U.S.C. 1681, Education Amendments of 1972, Title IX

20 U.S.C. 1703, Equal Employment Opportunity Act of 1972

29 U.S.C. 794, Rehabilitation Act of 1973, (Section 504)

42 U.S.C. 2000, Civil Rights Act of 1964, Titles VI and VII

42 U.S.C. 12101 *et seq.*, Americans with Disabilities Act

CROSS REF.:

ACA - Sexual Harassment

ACAA - Title IX Sexual Harassment

GBA - Equal Employment Opportunity

GCQF - Discipline, Suspension, and Dismissal of Professional Staff Members

GDQD - Discipline, Suspension, and Dismissal of Support Staff Members

IHBA - Special Instructional Programs and Accommodations for
Disabled Students

JB - Equal Educational Opportunities

JII - Student Concerns, Complaints and Grievances

JK - Student Discipline

JKD - Student Suspension

KED - Public Concerns/Complaints about Facilities or Services

AC-R ©

REGULATION

NONDISCRIMINATION / EQUAL OPPORTUNITY

Compliance Officer

The Superintendent shall be the compliance officer. Any person who feels unlawfully discriminated against or ~~to have~~ who has been the victim of unlawful discrimination by an agent or employee of the District or who knows of such discrimination against another person should file a complaint with the Superintendent. If the Superintendent is the one alleged to have unlawfully discriminated, the complaint shall be filed with the President of the Board.

Complaint ~~Procedure~~ Process

Investigation

The District is committed to investigating each complaint and to taking appropriate action on all confirmed violations of policy. The Superintendent shall investigate and document complaints filed pursuant to this regulation as soon as reasonable, within the established timelines. In investigating the complaint, the Superintendent will maintain confidentiality to the extent reasonably possible. The Superintendent shall also investigate incidents of policy violation that are raised by the Governing Board, even though no complaint has been made.

If after the initial investigation the Superintendent has reason to believe that a violation of policy has occurred, the Superintendent shall determine whether or not to hold an administrative hearing and/or to recommend bringing the matter before the Board.

If the person alleged to have violated policy is a teacher or an administrator, the due process provisions of the District's Policy GCQF shall apply, except that the supervising administrator may be assigned to conduct the hearing. In cases of serious misconduct, dismissal or suspension proceedings in accordance with A.R.S. 15-539 et seq., may be initiated.

If the person alleged to have violated policy is a support staff employee, the Superintendent may follow due process and impose discipline under Policy GDQD if the evidence so warrants. The Superintendent also may recommend a suspension without pay, recommend dismissal, or impose other appropriate discipline.

If the person alleged to have violated policy is a student, the Superintendent may impose discipline in accordance with Policies JK, JKD and JKE.

Dismissal of Complaint

If the Superintendent's investigation reveals no reasonable cause to believe policy has been violated, the Superintendent shall so inform the complaining party in writing.

Timelines

The complaint must be filed within thirty (30) calendar days after the complaining party knew or should have known that there were grounds for a complaint/grievance.

Once the written complaint has been filed using the forms provided by the District, the Superintendent shall require the immediate supervisor or site administrator to investigate and respond in writing to the complaining party within five (5) working days.

If the immediate supervisor or site administrator does not respond, the Superintendent will have ten (10) additional working days to respond in writing to the complaining party.

If the Superintendent does not respond within the established time, then the complaining party may request in writing that the issue be brought before the Board. The Board will then review the record of the investigation and have thirty (30) days to respond to the complaining party in writing.

AC-E ©

EXHIBIT

NONDISCRIMINATION / EQUAL OPPORTUNITY

COMPLAINT FORM

(To be filed with the compliance officer as provided in AC-R)

Please print:

Name _____ Date _____

Address _____

Telephone _____ Another phone where you can be reached _____

During the hours of _____

E-mail address _____

I wish to complain against:

Name of person, school (department), program, or activity _____

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in AC-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.

ADVISORY 814

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

**ACA ©
SEXUAL HARASSMENT**

All individuals associated with this District, including, but not necessarily limited to, the Governing Board, the administration, the staff, and students, are expected to conduct themselves at all times so as to provide an atmosphere free from sexual harassment.

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964 ~~and Title IX of the Education Amendments of 1972.~~

The Equal Employment Opportunity Commission defines “sexual harassment” as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- A. Submission to such conduct is either explicitly or implicitly made a term or condition of an individual's employment; or
- B. Submission to or rejection of such conduct is used as a basis for employment decisions affecting such individual; or
- C. Such conduct has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment.

Sexual harassment may include, but is not limited to:

- A. Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, assault, touching, impeding or blocking movement, leering, gestures, or display of sexually suggestive objects, pictures, or cartoons.
- B. Continuing to express sexual interest after being informed that the interest is unwelcome. (Reciprocal attraction between peers is not considered sexual harassment.)
- C. Implying or withholding support for an appointment, promotion, or change of assignment; suggesting that a poor performance report will be prepared; suggesting that probation will be failed.
- D. Coercive sexual behavior used to control, influence, or affect the career, salary, and/or work environment of another employee.
- E. Offering or granting favors or employment benefits, such as promotions, favorable performance evaluations, favorable assignments, favorable duties or shifts, recommendations, reclassifications, et cetera, in exchange for sexual favors.

Anyone who is subject to sexual harassment, or who knows of the occurrence of such conduct, should inform the compliance officer, as provided in ACA-R.

A substantiated charge against a staff member in the District shall subject such staff member to disciplinary action.

All matters involving sexual harassment complaints will remain confidential to the extent practicable and allowable by law.

Adopted: _____

LEGAL REF.:

A.R.S.

41-1461 *et seq.*

20 U.S.C. 1681, Education Amendments of 1972, Title IX,

~~as amended in 2024, Title IX~~

20 U.S.C. 1703, Equal Employment Opportunity Act of 1972

42 U.S.C. 2000, Civil Rights Act of 1964 as amended, Title VII

CROSS REF.:

AC - Nondiscrimination/Equal Opportunity

GBA - Equal Employment Opportunity

GCQF - Discipline, Suspension, and Dismissal of Professional Staff
Members

GDQD - Discipline, Suspension, and Dismissal of Support Staff Members

KED - Public Concerns/Complaints about Facilities or Services

KFA - Public Conduct on School Property

ACA-R ©

REGULATION

SEXUAL HARASSMENT

Compliance Officer

The Superintendent shall be the compliance officer. Any person who feels unlawfully discriminated against or who has been the victim of unlawful discrimination by an agent or employee of the District or who knows of such discrimination against another person should file a complaint with the Superintendent. If the Superintendent is the one alleged to have unlawfully discriminated, the complaint shall be filed with the President of the Board.

Complaint ~~Procedure~~ Process

Investigation

The District is committed to investigating each complaint and to taking appropriate action on all confirmed violations of policy. The Superintendent shall investigate and document complaints filed pursuant to this regulation as soon as reasonable, within the established timelines. In investigating the complaint, the Superintendent will maintain confidentiality to the extent reasonably possible. The Superintendent shall also investigate incidents of policy violation that are raised by the Governing Board, even though no complaint has been made.

If after the initial investigation the Superintendent has reason to believe that a violation of policy has occurred, the Superintendent shall determine whether or not to hold an administrative hearing and/or to recommend bringing the matter before the Board.

If the person alleged to have violated policy is a teacher or an administrator, the due process provisions of the District's Policy GCQF shall apply, except that the supervising administrator may be assigned to conduct the hearing. In cases of serious misconduct, dismissal or suspension proceedings in accordance with A.R.S. [15-539](#) *et seq.*, may be initiated.

If the person alleged to have violated policy is a support staff employee, the Superintendent may follow due process and impose discipline under Policy GDQD if the evidence so warrants. The Superintendent also may recommend a suspension without pay, recommend dismissal, or impose other appropriate discipline.

Dismissal of Complaint

If the Superintendent's investigation reveals no reasonable cause to believe policy has been violated, the Superintendent shall so inform the complaining party in writing.

Timelines

The complaint must be filed within thirty (30) calendar days after the complaining party knew or should have known that there were grounds for a complaint/grievance.

Once the written complaint has been filed using the forms provided by the District, the Superintendent shall require the immediate supervisor or site administrator to investigate and respond in writing to the complaining party within five (5) working days.

If the immediate supervisor or site administrator does not respond, the Superintendent will have ten (10) additional working days to respond in writing to the complaining party.

If the Superintendent does not respond within the established time, then the complaining party may request in writing that the issue be brought before the Board. The Board will then review the record of the investigation and have thirty (30) days to respond to the complaining party in writing.

ACA-E ©

EXHIBIT

SEXUAL HARASSMENT

COMPLAINT FORM

(To be filed with the compliance officer as provided in ACA-R)

Please print:

Name _____ Date _____

Address _____

Telephone _____ Another phone where you can be reached _____

During the hours of _____

E-mail address _____

I wish to complain against:

Name of person, school (department), program, or activity _____

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
------	---------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in ACA-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.

ADVISORY 815

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

ACAA ©
TITLE IX SEX DISCRIMINATION

Purpose

Title IX of the Federal Education Amendments Act protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. The District does not discriminate based on the basis of sex and is ~~required by Title IX not to discriminate in such a manner.~~ The District adheres to all conditions established by Title IX by recognizing the right of every student who attends school in the District and every employee who works in the District to do so without the fear of sex discrimination, ~~to include~~ including unlawful sexual harassment.

Definitions

Sexual Harassment

The District accepts and shall employ the definition of sexual harassment as established by the Title IX regulations. *Sexual harassment* means conduct on the basis of sex that satisfies one (1) or more of the following:

- A. An employee of the District conditioning the provision of an aid, benefit, or service of the District on an individual's participation in unwelcome sexual conduct;
- B. Unwelcome conduct determined by a reasonable person to be so severe ~~or~~ pervasive, and objectively offensive that it effectively denies a person equal access to the District's education program or activity; ~~or~~
- C. "Sexual assault" as defined in 20 U.S.C. 1092(f)(6)(A)(v), "dating violence" as defined in 34 U.S.C. 12291(a)(10), "domestic violence" as defined in 34 U.S.C. 12291(a)(8), or "stalking" as defined in 34 U.S.C. 12291(a)(30).
- ~~D. Hostile Environment Harassment.~~

Complainant

~~The District also accepts and shall employ the definition of a complainant as~~ A complainant means an individual who is alleged to be the victim of conduct that could constitute sexual harassment, ~~and a respondent as.~~

Respondent

A respondent means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment.

Title IX Coordinator

The District shall designate and authorize an employee as the "Title IX Coordinator" to comply with its responsibilities pertaining to sexual harassment under Title IX. Inquiries about the application of Title IX may be referred to the District's Title IX Coordinator.

Reporting

Any person may report sex discrimination, including sexual harassment, regardless of whether the person reporting is the person alleged to be the victim of the reported conduct or not. A report may be made in person, by mail, by telephone, or by electronic mail, using the contact information listed for the Title IX Coordinator, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address listed for the Title IX Coordinator.

The District shall notify students, parents or legal guardians of students, employees, applicants for employment, and all unions or professional organizations holding collective bargaining or professional agreements with the District, of the name or title, office address, electronic mail address, and telephone number of the Title IX Coordinator.

District Response Process

The District will respond promptly when any school employee has notice of sex discrimination, including of sexual harassment. Upon receipt of notice of sexual harassment, the District shall notify students, parents or legal guardians of students, employees, applicants for employment, and all unions or professional organizations holding collective bargaining or professional agreements with the District, of the District's grievance procedures and grievance process, including how to report or file a complaint of sex discrimination, how to report or file a formal complaint of sexual harassment, and how the District shall respond. The District is committed to investigating each formal complaint submitted and to taking appropriate action on all confirmed violations of policy. The District shall follow grievance procedures that provide for the prompt and equitable resolution of complaints from students and employees alleging sexual harassment.

Confidentiality

The District will make reasonable efforts to keep confidential the identity of any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as is necessary to carry out the grievance process and as may otherwise be permitted by law.

Mandatory Reporting

Title IX sex discrimination complaints, including sexual harassment complaints, may include violations covered by Arizona's mandatory reporting statute, A.R.S. §13-3620. Any abuses classified by statute as "reportable offenses" must be reported as such to the authorities because not reporting a reportable offense is classified as a Class 6 Felony.

Retaliation Prohibited

Neither the District nor any person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has in good faith made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing. Intimidation, threats, coercion, or discrimination, including charges against an individual for violations that do not involve sex discrimination or sexual harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination or a report or formal complaint of sexual harassment, for the purpose of interfering with any right or privilege secured by Title IX, constitutes retaliation.

Adopted: _____

LEGAL REF.:

A.R.S.

13-3620

20 U.S.C. 1092

20 U.S.C. 1681, Education Amendments of 1972, Title IX,
~~as amended in 2024, Title IX~~

34 U.S.C. 12291

CROSS REF.:

AC - Nondiscrimination/Equal Opportunity

JB - Equal Educational Opportunities

ACAA-R ©

REGULATION

TITLE IX SEX DISCRIMINATION

Title IX Coordinator

The Superintendent shall appoint an employee as the "Title IX Coordinator." If the Title IX Coordinator is the respondent, the complaint shall be filed with the Superintendent.

Title IX Coordinator:

Name/Title: _____

Address: _____

E-mail: _____

Telephone: _____

Response to Sex Discrimination Complaint Process

~~A recipient with knowledge of conduct that reasonably may constitute sex discrimination in its~~ When the District has actual knowledge of sexual harassment in an education program or activity must respond promptly and effectively of the District against a person in the United States, it shall respond promptly in a manner that is not deliberately indifferent.

A. "Actual knowledge" means notice of sexual harassment or allegations of sexual harassment to a District's Title IX Coordinator or to any employee.

B. An "education program or activity" includes locations, events, or circumstances over which the District exercised substantial control over both the respondent and the context in which the ~~sex discrimination~~ sexual harassment occurs, and also includes any building owned or controlled by a student organization that is officially recognized by the District.

C. A District is "deliberately indifferent" only if its response to sexual harassment is clearly unreasonable in light of the known circumstances.

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

Supportive Measures

The District's initial response to any report of sex discrimination must treat complainants and respondents equally by offering supportive measures to both and must follow the established grievance process before disciplining a respondent.

~~The Title IX Coordinator shall promptly:~~

- ~~A. Contact the complainant to discuss the availability of supportive measures;~~
- ~~B. Consider the complainant's wishes with respect to supportive measures;~~
- ~~C. Inform the complainant of the availability of supportive measures; and~~
- ~~D. Explain to the complainant the process for filing a complaint.~~

Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the District's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the District's educational environment, or deter ~~sex discrimination~~ sexual harassment. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, and other similar measures. ~~The District shall maintain as confidential any supportive measures provided to the complainant or respondent, to the extent that maintaining such confidentiality would~~ Supportive measures provided shall remain confidential, if possible. This confidentiality must not impair the District's ability of the District to provide the supportive measures support, limit its ability to carry out the complaint process, including as otherwise may be permitted by law.

The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures.

Even if no formal complaint has been filed, the Title IX Coordinator shall promptly:

- A. Contact the complainant to discuss the availability of supportive measures;
- B. Consider the complainant's wishes with respect to supportive measures;
- C. Inform the complainant of the availability of supportive measures; with or without the filing of a formal complaint; and
- D. Explain to the complainant the process for filing a complaint.

Removal of Respondent

The District may remove a respondent from the District's education program or activity on an emergency basis, provided that the District undertakes an individualized safety and risk analysis, determines that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of ~~sex discrimination~~ sexual harassment justifies removal, and provides the respondent with notice and an opportunity to challenge the decision immediately following the removal. This provision may not be construed to modify any rights under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

~~Response to a Notification of Conduct~~

~~The Title IX Coordinator must take the following actions upon being notified of conduct that reasonably may constitute sex discrimination:~~

- ~~A. Treat the complainant and respondent equitably. (§ 106.44(f)(1)(i)).~~
- ~~B. Offer and coordinate supportive measures, as appropriate, for the complainant. If the recipient has initiated grievance procedures or offered an informal resolution process to the respondent, offer and coordinate supportive measures as appropriate, for the respondent. (§ 106.44(f)(1)(ii)).~~
- ~~C. Notify the complainant, or if the complainant is unknown, the individual who reported the conduct, of the grievance procedures and the informal resolution process, if available and appropriate. (§ 106.44(f)(1)(iii)(A)).~~
- ~~D. If a complaint is made, notify the respondent of the grievance procedures and the informal resolution process, if available and appropriate. (§ 106.44(f)(1)(iii)(B)).~~
- ~~E. In response to a complaint, initiate the recipient's grievance procedures or informal resolution process, if available and appropriate. (§ 106.44(f)(1)(iv)).~~
- ~~F. In the absence of a complaint or the withdrawal of any or all of the allegations in a complaint, and in the absence or termination of an informal resolution process, make a fact specific determination by considering, at a minimum, eight (8) listed factors, and determining whether the conduct as alleged presents an imminent and serious threat to the health or safety of a complainant or other person or prevents the recipient from ensuring equal access based on sex to its education program or activity such that the Title IX Coordinator may initiate a complaint. (§ 106.44(f)(1)(v)).~~

~~G. If the Title IX Coordinator initiates a complaint, notify the complainant prior to doing so and appropriately address reasonable concerns about the complainant's safety or the safety of others. (§ 106.44(f)(1)(vi)).~~

~~H. Regardless of whether a complaint is initiated, take other appropriate prompt and effective steps to ensure that sex discrimination does not continue or recur within the recipient's education program or activity, in addition to providing remedies to an individual complainant. (§ 106.44(f)(1)(vii)).~~

~~If the conduct alleged does not meet the Title IX definition of sex discrimination as established in Governing Board policy, did not occur in the District's education program or activity, or did not occur against a person in the United States, then the District shall dismiss the allegations for purposes of Title IX but may still address the allegations in any manner the District deems appropriate under other District policies.~~

~~The District may dismiss a complaint or any allegations therein, if at any time:~~

~~A. The complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the complaint or any allegations therein;~~

~~B. The respondent is no longer enrolled or employed by the District; or~~

~~C. Specific circumstances prevent the District from gathering evidence sufficient to reach a determination as to the complaint or allegations therein.~~

~~Upon dismissal of a complaint or any allegations therein, the District shall promptly send written notice of the dismissal, including the reasons for the dismissal, simultaneously to the parties.~~

~~When investigating a complaint and throughout the grievance process, the District shall:~~

Response to a Formal Complaint

"Formal complaint" means a document filed by a complainant or signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the District investigate the allegation of sexual harassment. At the time of filing a formal complaint, a complainant must be participating in or attempting to participate in the education program or activity of the District with which the formal complaint is filed. A formal complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail, by using the contact information listed above, and by any additional method designated by the District that results in the Title IX Coordinator receiving the complaint.

The District may place a non-student employee respondent on administrative leave during the pendency of a grievance process in response to a formal complaint. This provision may not be construed to modify any rights under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act.

For the purpose of addressing formal complaints of sexual harassment, this grievance process shall comply with the following basic elements:

A. Provide written notice to all parties upon receipt of complaint, which must include:

1. Notice of the District's formal grievance process, including any informal resolution process;

2. Notice of the allegations, including sufficient details to allow respondent to prepare a response (such as the identities of the parties involved in the incident, if known, the conduct allegedly constituting sexual harassment, and the date and location of the alleged incident);

3. A statement that the respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process;

4. Notice that the parties may have an advisor of their choice, who may be, but is not required to be, an attorney, and may inspect and review evidence; and

5. Notice of any provision in the District's code of conduct that prohibits knowingly making false statements or providing false information in the grievance process.

B. Treat complainants and respondents equitably;

C. Require an objective evaluation of all relevant evidence;

D. Require that the Title IX Coordinator, investigator, decision-maker, or any person designated by the District to facilitate an informal resolution process, be properly trained and not have a conflict of interest against complainants and respondents generally or against the particular complainant and respondent;

E. Include a presumption that the respondent is not responsible for the alleged conduct until a determination has been made at the conclusion of the grievance process;

F. Include reasonably prompt timeframes for the conclusion of the grievance process;

G. Describe or list the possible disciplinary sanctions and remedies that may be implemented following a determination of responsibility;

H. State that the District uses a preponderance of the evidence standard or the clear and convincing evidence standard to determine responsibility;

I. Include the procedures and permissible reasons for appeal by a respondent or a complainant;

J. Describe the range of supportive measures available to complainants and respondents; and

K. Not require, allow, or use evidence or questions that constitute or seek legally privileged information, unless the privilege is waived.

Investigation

When investigating a formal complaint and throughout the complaint process, the District shall:

A. Ensure that the burden of proof and the burden of gathering evidence rests on the District and not on the parties, except that certain treatment records cannot be obtained without voluntary, written consent of a party;

B. Provide an equal opportunity for the parties to present witnesses and evidence;

C. Not restrict the ability of either party to discuss the allegations or to gather and present evidence;

D. Provide the parties with the same opportunities to have others present during any meeting or grievance proceeding;

E. Provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants, and purpose of any meeting or grievance proceeding, with sufficient time for the party to prepare to participate;

F. Provide both parties an equal opportunity to inspect and review any evidence so that each party can meaningfully respond to the evidence prior to the conclusion of the investigation (prior to completion of the investigative report, the investigator will send to each party and the party's advisor, if any, a copy of all evidence gathered during the investigation and will allow the parties at least ten (10) days to submit a written response to any of the evidence); and

G. Create an investigative report that fairly summarizes relevant evidence and, at least ten (10) days prior to a determination of responsibility, send to each party and the party's advisor, if any, the investigative report in an electronic format or hard copy, for their review and written response.

Informal Resolution Process

At any time prior to reaching a determination regarding responsibility during a formal complaint process, the District may facilitate an informal resolution process, such as mediation, that does not involve a full investigation and adjudication, provided that the District:

A. Provides to the parties a written notice disclosing:

1. The allegations;

2. The requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a formal complaint arising from the same allegations, provided, however, that at any time prior to agreeing to a resolution, any party has the right to withdraw from the informal resolution process and resume the grievance process with respect to the formal complaint; and

3. Any consequences resulting from participating in the informal resolution process, including the records that shall be maintained or could be shared;

B. Obtains the parties' voluntary, written consent to the informal resolution process; and

C. Does not offer or facilitate an informal resolution process to resolve allegations that an employee sexually harassed a student.

Dismissal of Complaint

If the conduct alleged in a formal complaint does not meet the Title IX definition of sex discrimination as established in Governing Board policy, did not occur in the District's education program or activity, or did not occur against a person in the United States, then the District shall dismiss the allegations for purposes of Title IX but may still address the allegations in any manner the District deems appropriate under other District policies.

The District may dismiss a formal complaint or any allegations therein, if at any time:

A. The complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the formal complaint or any allegations therein.

B. The respondent is no longer enrolled or employed by the District; or

C. Specific circumstances prevent the District from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

Upon dismissal of a formal complaint or any allegations therein, the District shall promptly send written notice of the dismissal, including the reasons for the dismissal, simultaneously to the parties.

Decision-Maker

After the District has sent the investigative report to the parties and before reaching a determination regarding responsibility, the decision-maker(s) shall afford each party the opportunity to submit written, relevant questions that a party wants asked of any party or witness, provide each party with the answers, and allow for additional, limited follow-up questions from each party. Questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence are offered to prove that someone other than the respondent committed the conduct alleged by the complainant, or if the questions and evidence are offered to prove consent.

~~Decision~~ The decision-maker(s) must not have bias or conflict of interest. A decision-maker may be the, who cannot be the same person(s) as the Title IX Coordinator or investigator as long as there is no bias or conflict or interest. ~~The decision-maker~~ the investigator(s), shall apply the District's established standard of evidence and shall issue a written determination regarding responsibility that includes:

- A. Identification of the allegations potentially constituting ~~sex discrimination~~ sexual harassment;
- B. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held;
- C. Findings of fact supporting the determination;
- D. Conclusions regarding the application of the District's code of conduct to the facts;
- E. A statement of and rationale for the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the District imposes on the respondent, and whether remedies designed to restore or preserve equal access to the District's education program or activity shall be provided by the District to the complainant; and
- F. The District's procedures and permissible bases for the complainant and respondent to appeal.

Determination and Appeal Process

The District shall provide the written determination to the parties simultaneously. The Title IX Coordinator is responsible for effective implementation of any remedies.

The District shall offer both parties the right to appeal from a determination regarding responsibility and from a dismissal of a formal complaint or any allegations therein, on the following bases:

- A. Procedural irregularity that affected the outcome of the matter;
- B. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; and
- C. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affect the outcome of the matter.

As to all appeals, the District shall:

- A. Notify the other party in writing when an appeal is filed and implement appeal procedures equally for both parties;
- B. Ensure that the decision-maker(s) for the appeal is not the same person as the decision-maker(s) that reached the determination regarding responsibility or dismissal, the investigator(s), or the Title IX Coordinator;
- C. Ensure that the decision-maker(s) for the appeal does not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent;
- D. Give both parties a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome;
- E. Issue a written decision describing the result of the appeal and the rationale for the result; and
- F. Provide the written decision simultaneously to both parties.

The District may not require as a condition of enrollment or continuing enrollment, or employment or continuing employment, or enjoyment of any other right, waiver of the right to an investigation and adjudication of formal complaints of ~~sex discrimination—sexual harassment~~. ~~However, at any time prior to reaching a determination regarding responsibility during a complaint process, Similarly, the District may not require the parties to participate in an informal resolution process and may not offer an informal resolution process unless a formal complaint is filed. facilitate an informal resolution process, such as mediation, that does not involve a full investigation and adjudication, provided that the District:~~

~~A. Provides to the parties a written notice disclosing:~~

~~1. The allegations;~~

~~2. The requirements of the informal resolution process, provided that at any time prior to agreeing to a resolution, any party has the right to withdraw from the informal resolution process; and~~

~~3. Any consequences resulting from participating in the informal resolution process, including the records that shall be maintained or could be shared;~~

~~B. Obtains the parties' voluntary, written consent to the informal resolution process; and~~

~~C. Does not offer or facilitate an informal resolution process to resolve allegations that an employee sexually harassed a student.~~

Records

The District shall maintain for a period of seven (7) years records of:

A. Each sex discrimination investigation including:

1. Any determination regarding responsibility;

2. Any disciplinary sanctions imposed on the respondent; and

3. Any remedies provided to the complainant designed to restore or preserve equal access to the District's education program or activity.

B. Any appeal and the result therefrom;

C. Any informal resolution and the result therefrom; and

D. All materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process. The District shall make these training materials publicly available on its website, or if the District does not maintain a website the District shall make these materials available upon request for inspection by members of the public.

The District shall create and maintain for a period of seven (7) years, records of any actions, including supportive measures taken or not taken in response to a report or formal complaint of sex discrimination. In each instance, the District shall document the basis for its conclusion that its response was not deliberately indifferent, and document that it has taken measures designed to restore or preserve equal access to the District's education program or activity. If a District recipient does not provide a complainant with supportive measures, then the District shall recipient must document the reasons why such a response was not clearly unreasonable in light of the known circumstances. The documentation of certain bases or measures does not limit the District in the future from providing additional explanations or detailing additional measures taken.

ADVISORY 816

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

~~AD ©
EDUCATIONAL PHILOSOPHY/
SCHOOL DISTRICT MISSION~~

~~The District was established by the state legislature, under the authority contained in the Arizona State Constitution, for the sole purpose of providing an education to the students of the District. While the establishment of the District also provides other services, such as caring for students during the school day, providing employment to the school staff, and providing facilities for the use of the community, all of these services are necessarily subordinate to the District's prime function of providing an education to students. The Governing Board of the District is selected by the citizens of the community to ensure that this responsibility is accomplished. However, the Board recognizes that it cannot accomplish this objective unless all of the sectors of the school community also accept and perform their responsibilities. The Board considers the responsibilities of these elements of the school community to be as follows:~~

Staff

~~The Board fulfills its responsibility for the education of students by employing first a competent Superintendent, on whose recommendation it also employs a competent staff. As a condition of this employment, the Board expects each staff member's best efforts to be exerted toward the accomplishment of the educational objectives of the District. Because education is imparted primarily by teachers, the Board specifically places responsibility for maintaining and expanding educational ability on each teacher, to the end that each student may reach maximum potential and develop a sense of dignity and self-worth.~~

Parents

~~The Board recognizes that the ultimate responsibility for the well-being of all children rests with their parents. All parents are expected to cooperate in the District's educational effort by ensuring maximum attendance of their children, by requiring that their children cooperate in the educational endeavor of the District, and by fostering an attitude in their children that recognizes the importance of education.~~

Community

~~The resources necessary to provide education for students are provided by members of the community through their taxes and other supporting services. The Board's goal is that all members of the community, both individually and through their governmental, civic, and social organizations, will continue to support the educational activities of the District.~~

Students

~~Education is an opportunity provided to the children of the District by their community. The Board expects that all students will learn to recognize the value of this opportunity, and will therefore work diligently to help ensure that their maximum potentials are realized. The Board further expects that all students will recognize that their fellow students have the right to be educated, and will avoid any action that may interfere with their ability to exercise that right.~~

~~The Board believes that education should develop habits, attitudes, understanding, and skills necessary for a productive, satisfying life in our society. Students should be taught to understand the duties and privileges of responsible citizenship as such duties and privileges relate to themselves as individuals and to the whole community. The vast changes brought about by increasing technology, population, and urbanization must also be taught. The input and support of the citizens of the community, and especially the professional staff, are solicited as the school community endeavors to develop the attitudes and abilities demanded in this age of rapid change.~~

~~In consideration of the accomplishment of these responsibilities by each sector of the school community listed above, the Governing Board, with the concurrence of each individual Board member, pledges its best efforts to ensure that the District is governed effectively and efficiently so that the goal of an appropriate and outstanding educational experience is available for all students of the District.~~

Adopted: _____

LEGAL REF.:

~~Arizona State Constitution, Article XI, Section 1~~

ADVISORY 817

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

**GBK ©
STAFF GRIEVANCES**

Effective communication between District employees, the administrative staff, and the Board is essential for proper operation of the schools. The Governing Board, therefore, authorizes the Superintendent to establish a grievance procedure for employees as the prescribed means of resolving grievances at the earliest date and the lowest possible administrative level. ~~In cases of alleged sex discrimination, this grievance procedure should provide supportive measures to complainants and respondents affected by the alleged sex discrimination conduct, must require adequate notice, must provide an equal opportunity to present and access evidence, and provide a reasonable opportunity for response by each party.~~

Such procedure shall provide for ~~an appeal to the~~ Board ~~for~~ review of any grievance that cannot be resolved at the administrative level. In such instances, the affected individual may request that the Governing Board review the situation. Such request shall be in writing and shall contain the basis for the appeal, including the act or acts out of which the grievance arose, identification of the Board policies and/or administrative regulations involved, and the remedy sought. Within five (5) working days following notification of the Superintendent's decision, any written request for appeal shall be submitted to the Superintendent for transmittal to the Board. The Governing Board, at a time of its choosing, shall review the grievance and issue a response within fifteen (15) working days following such review.

The decision of the Governing Board is final.

Adopted: _____

LEGAL REF.:

A.R.S.

38-532

~~20 U.S.C. 1681, Education Amendments of 1972, Title IX,
— as amended in 2024, Title IX~~

ADVISORY 818

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

**JII ©
STUDENT CONCERNS, COMPLAINTS,
AND GRIEVANCES**

The Superintendent is directed to establish procedures whereby students with sufficient concern may present a complaint or grievance regarding a violation of their constitutional rights, equal access to programs, discrimination, or personal safety provided that:

- A. The topic is not the subject of disciplinary or other proceedings under other policies and regulations of the District, and
- B. The procedure shall not apply to any matter for which the method of review is prescribed by law, or the Governing Board is without authority to act.

A complaint or grievance may be raised regarding any one (1) or more of the following:

- A. Violation of the student's constitutional rights.
- B. Denial of an equal opportunity to participate in any program or activity for which the student qualifies, not related to the student's individual capabilities.
- C. Discriminatory treatment on the basis of race, color, religion, sex, age, national origin, or disability, or any other basis considered by law.

~~In cases of alleged sex discrimination, this grievance procedure should provide supportive measures to complainants and respondents affected by the alleged sex discrimination conduct, must require adequate notice, must provide an equal opportunity to present and access evidence, and provide a reasonable opportunity for response by each party.~~

- D. Concern for the student's personal safety.

Refer to Board Policy JICK for procedures applying to a complaint or grievance that alleges incidences of student violence, harassment, intimidation, or bullying.

The complaint or grievance accusation must be made within thirty (30) calendar days of the time the student knew or should have known that there were grounds for the complaint or grievance. The initial complaint or grievance should be made using form JII-EA; however, a verbal complaint or grievance may be made to any school staff member. The receiving staff member shall immediately inform an administrator of the complaint or grievance.

When the initial complaint or grievance is submitted in a manner other than on the prescribed form, the administrator shall obtain from the student the particulars of the accusation and complete form JII-EA immediately thereafter. The administrator shall especially note all student-provided particulars determined by the Superintendent to be necessary for the complaint or grievance to be investigated. Any question concerning whether a complaint or grievance falls within this policy shall be determined by the Superintendent.

If the receiving school administrator is included in the allegation, the complaint or grievance shall be transmitted to the next higher administrative supervisor. Failure by the staff member to timely inform a school administrator or next higher administrative supervisor of a student's allegation may subject the staff member to disciplinary action. The staff member shall preserve the confidentiality of the subject, disclosing it only to the appropriate school administrator or next higher administrative supervisor or as otherwise required by law.

A student or student's parent or guardian may initiate the complaint process by completing Exhibit JII-EA.

A complaint or grievance may be withdrawn at any time. Once withdrawn, the process cannot be reopened if the resubmission is longer than thirty (30) calendar days from the date of the occurrence of the alleged incident.

Retaliatory or intimidating acts against any student who has made a complaint under this policy and its corresponding regulations, or against a student who has testified, assisted or participated in any manner in an investigation relating to a complaint or grievance, are specifically prohibited and constitute grounds for a separate complaint.

To assure that students and staff are aware of its content and intent, a notice of this policy and procedure shall be posted conspicuously in each school building and shall be made a part of the rights and responsibilities section of the student handbook. Forms for submitting complaints are to be available to students, staff and parents or guardians in the school offices.

Disposition of all complaints or grievances shall be reported to the Superintendent and the compliance officer for discrimination if other than the Superintendent. The Superintendent will determine if the policies of the District have been appropriately implemented and will make such reports and/or referrals to the Board as may be necessary.

The Superintendent shall develop procedures for the maintenance and confidentiality of documentation related to the receipt of a student's complaint or grievance, findings of the investigation, and disposition of the matter. The documentation shall not be used to impose disciplinary action unless the appropriate school official has investigated and determined there was an actual occurrence of the alleged incident.

Knowingly submitting a false report under this policy shall subject the student to discipline up to and including suspension or expulsion. Where disciplinary action is necessary pursuant to any part of this policy, relevant District policies shall be followed.

When District officials have a reasonable belief or an investigation reveals that a reported incident may constitute an unlawful act, law enforcement authorities will be informed.

Adopted: <-- z2AdoptionDate -->

LEGAL REF.:

A.R.S.

15-341

20 U.S.C. 1681, Education Amendments of 1972, Title IX,

~~—as amended in 2024, Title IX~~

CROSS REF.:

AC - Nondiscrimination/Equal Opportunity

ACA - Sexual Harassment

GBEB - Staff Conduct

JB - Equal Educational Opportunities

JIC - Student Conduct

JICFA - Hazing

JICK - Student Bullying/Harassment/Intimidation

JK - Student Discipline

JKD - Student Suspension

JKE - Expulsion of Students

KE - Public Concerns and Complaints

**A ©
DISTRICT MISSION AND
BELIEF STATEMENT**

***(Provided as a placeholder.
Actual statements should reflect District's mission and beliefs.)***

The mission of the District is to provide comprehensive, success-oriented learning activities for students in our schools.

The goals of the District to accomplish this mission are outlined below.

- A. Every student will be educated academically and socially so as to be a productive citizen and achieve college and/or career success.
- B. Because a highly qualified staff is the foundation of a strong educational system, the District will maintain staff who have high expectations for themselves and their students and who are positive role models.
- C. The District recognizes the importance of all educational community stakeholders, including staff, parents, students, and community members, in achieving its primary function of providing a high-quality education to its students.
- D. The District will promote and uphold a positive educational climate and will provide a safe and secure environment for all stakeholders.
- E. The District will provide necessary resources for student success.

Adopted: _____

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AA ©

SCHOOL DISTRICT LEGAL STATUS

The legally designated name of the District is School District No. ____ of _____ County. The official name shall be _____ School District No. ____.

The District’s legal boundaries can be found in the transcript that the County School Superintendent annually files with the Board of Supervisors and County Assessor.

Adopted: _____

LEGAL REF.:

A.R.S.

[15-101](#)

[15-441](#)

[15-442](#)

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**ABA ©
COMMUNITY INVOLVEMENT
IN EDUCATION**

The Board recognizes that the public has substantial resources, training, and experiences that could be useful to schools, and it encourages active involvement in District activities. The advice of the public will be given careful consideration as is appropriate.

Adopted: _____

CROSS REF.:

[KB](#) - Parental Involvement in Education

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**ABAA ©
PARENTAL INVOLVEMENT**

The District supports the active involvement of parents and guardians as partners in their students' educational activities.

Adopted: _____

LEGAL REF.:

A.R.S.

[15-102](#)

CROSS REF.:

[IHBD](#) - Compensatory Education

[KB](#) - Parental Involvement in Education

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**AC ©
NONDISCRIMINATION / EQUAL OPPORTUNITY**

The Board is committed to a policy of nondiscrimination in relation to race, color, religion, sex, age, national origin, disability or any other basis prohibited by law. This policy will prevail in all matters concerning staff members, students, the public, educational programs and services, and individuals with whom the Board does business.

Adopted: _____

LEGAL REF.:

A.R.S.

[23-341](#)

[41-1463](#)

Arizona Constitution, Ordinance Art. XX, Par. Seventh

20 U.S.C. 1400 *et seq.*, Individuals with Disabilities Education Act

20 U.S.C. 1681, Education Amendments of 1972, Title IX

20 U.S.C. 1703, Equal Employment Opportunity Act of 1972

29 U.S.C. 794, Rehabilitation Act of 1973, (Section 504)

42 U.S.C. 2000, Civil Rights Act of 1964, Titles VI and VII

42 U.S.C. 12101 *et seq.*, Americans with Disabilities Act

CROSS REF.:

[ACA](#) - Sexual Harassment

[ACAA](#) - Title IX Sexual Harassment

[GBA](#) - Equal Employment Opportunity

[GCQF](#) - Discipline, Suspension, and Dismissal of Professional Staff Members

[GDQD](#) - Discipline, Suspension, and Dismissal of Support Staff Members

[IHBA](#) - Special Instructional Programs and Accommodations for
Disabled Students

[JB](#) - Equal Educational Opportunities

[JII](#) - Student Concerns, Complaints and Grievances

[JK](#) - Student Discipline

[JKD](#) - Student Suspension

[KED](#) - Public Concerns/Complaints about Facilities or Services

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AC-R ©

REGULATION

NONDISCRIMINATION / EQUAL OPPORTUNITY

Compliance Officer

The Superintendent shall be the compliance officer. Any person who feels unlawfully discriminated against or who has been the victim of unlawful discrimination by an agent or employee of the District or who knows of such discrimination against another person should file a complaint with the Superintendent. If the Superintendent is the one alleged to have unlawfully discriminated, the complaint shall be filed with the President of the Board.

Complaint Process

Investigation

The District is committed to investigating each complaint and to taking appropriate action on all confirmed violations of policy. The Superintendent shall investigate and document complaints filed pursuant to this regulation as soon as reasonable, within the established timelines. In investigating the complaint, the Superintendent will maintain confidentiality to the extent reasonably possible. The Superintendent shall also investigate incidents of policy violation that are raised by the Governing Board, even though no complaint has been made.

If after the initial investigation the Superintendent has reason to believe that a violation of policy has occurred, the Superintendent shall determine whether or not to hold an administrative hearing and/or to recommend bringing the matter before the Board.

If the person alleged to have violated policy is a teacher or an administrator, the due process provisions of the District's Policy GCQF shall apply, except that the supervising administrator may be assigned to conduct the hearing. In cases of serious misconduct, dismissal or suspension proceedings in accordance with A.R.S. 15-539 et seq., may be initiated.

If the person alleged to have violated policy is a support staff employee, the Superintendent may follow due process and impose discipline under Policy GDQD if the evidence so warrants. The Superintendent also may recommend a suspension without pay, recommend dismissal, or impose other appropriate discipline.

If the person alleged to have violated policy is a student, the Superintendent may impose discipline in accordance with Policies JK, JKD and JKE.

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Dismissal of Complaint

If the Superintendent’s investigation reveals no reasonable cause to believe policy has been violated, the Superintendent shall so inform the complaining party in writing.

Timelines

The complaint must be filed within thirty (30) calendar days after the complaining party knew or should have known that there were grounds for a complaint/grievance.

Once the written complaint has been filed using the forms provided by the District, the Superintendent shall require the immediate supervisor or site administrator to investigate and respond in writing to the complaining party within five (5) working days.

If the immediate supervisor or site administrator does not respond, the Superintendent will have ten (10) additional working days to respond in writing to the complaining party.

If the Superintendent does not respond within the established time, then the complaining party may request in writing that the issue be brought before the Board. The Board will then review the record of the investigation and have thirty (30) days to respond to the complaining party in writing.

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AC-E ©

EXHIBIT

NONDISCRIMINATION / EQUAL OPPORTUNITY

COMPLAINT FORM

(To be filed with the compliance officer as provided in AC-R)

Please print:

Name _____ Date _____

Address _____

Telephone _____

Another phone where you can be reached _____

During the hours of _____

E-mail address _____

I wish to complain against:

Name of person, school (department), program, or activity

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

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If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
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The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in AC-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.

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**ACA ©
SEXUAL HARASSMENT**

All individuals associated with this District, including, but not necessarily limited to, the Governing Board, the administration, the staff, and students, are expected to conduct themselves at all times so as to provide an atmosphere free from sexual harassment.

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964.

The Equal Employment Opportunity Commission defines “sexual harassment” as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- A. Submission to such conduct is either explicitly or implicitly made a term or condition of an individual's employment; or
- B. Submission to or rejection of such conduct is used as a basis for employment decisions affecting such individual; or
- C. Such conduct has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment.

Sexual harassment may include, but is not limited to:

- A. Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, assault, touching, impeding or blocking movement, leering, gestures, or display of sexually suggestive objects, pictures, or cartoons.
- B. Continuing to express sexual interest after being informed that the interest is unwelcome. (Reciprocal attraction between peers is not considered sexual harassment.)
- C. Implying or withholding support for an appointment, promotion, or change of assignment; suggesting that a poor performance report will be prepared; suggesting that probation will be failed.
- D. Coercive sexual behavior used to control, influence, or affect the career, salary, and/or work environment of another employee.

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- E. Offering or granting favors or employment benefits, such as promotions, favorable performance evaluations, favorable assignments, favorable duties or shifts, recommendations, reclassifications, et cetera, in exchange for sexual favors.

Anyone who is subject to sexual harassment, or who knows of the occurrence of such conduct, should inform the compliance officer, as provided in ACA-R.

A substantiated charge against a staff member in the District shall subject such staff member to disciplinary action.

All matters involving sexual harassment complaints will remain confidential to the extent practicable and allowable by law.

Adopted: _____

LEGAL REF.:

A.R.S.

[41-1461](#) *et seq.*

20 U.S.C. 1681, Education Amendments of 1972, Title IX

20 U.S.C. 1703, Equal Employment Opportunity Act of 1972

42 U.S.C. 2000, Civil Rights Act of 1964 as amended, Title VII

CROSS REF.:

[AC](#) - Nondiscrimination/Equal Opportunity

[GBA](#) - Equal Employment Opportunity

[GCQF](#) - Discipline, Suspension, and Dismissal of Professional Staff Members

[GDQD](#) - Discipline, Suspension, and Dismissal of Support Staff Members

[KED](#) - Public Concerns/Complaints about Facilities or Services

[KFA](#) - Public Conduct on School Property

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ACA-R ©

REGULATION

SEXUAL HARASSMENT

Compliance Officer

The Superintendent shall be the compliance officer. Any person who feels unlawfully discriminated against or who has been the victim of unlawful discrimination by an agent or employee of the District or who knows of such discrimination against another person should file a complaint with the Superintendent. If the Superintendent is the one alleged to have unlawfully discriminated, the complaint shall be filed with the President of the Board.

Complaint Process

Investigation

The District is committed to investigating each complaint and to taking appropriate action on all confirmed violations of policy. The Superintendent shall investigate and document complaints filed pursuant to this regulation as soon as reasonable, within the established timelines. In investigating the complaint, the Superintendent will maintain confidentiality to the extent reasonably possible. The Superintendent shall also investigate incidents of policy violation that are raised by the Governing Board, even though no complaint has been made.

If after the initial investigation the Superintendent has reason to believe that a violation of policy has occurred, the Superintendent shall determine whether or not to hold an administrative hearing and/or to recommend bringing the matter before the Board.

If the person alleged to have violated policy is a teacher or an administrator, the due process provisions of the District's Policy GCQF shall apply, except that the supervising administrator may be assigned to conduct the hearing. In cases of serious misconduct, dismissal or suspension proceedings in accordance with A.R.S. 15-539 et seq., may be initiated.

If the person alleged to have violated policy is a support staff employee, the Superintendent may follow due process and impose discipline under Policy GDQD if the evidence so warrants. The Superintendent also may recommend a suspension without pay, recommend dismissal, or impose other appropriate discipline.

Dismissal of Complaint

If the Superintendent's investigation reveals no reasonable cause to believe policy has been violated, the Superintendent shall so inform the complaining party in writing.

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Timelines

The complaint must be filed within thirty (30) calendar days after the complaining party knew or should have known that there were grounds for a complaint/grievance.

Once the written complaint has been filed using the forms provided by the District, the Superintendent shall require the immediate supervisor or site administrator to investigate and respond in writing to the complaining party within five (5) working days.

If the immediate supervisor or site administrator does not respond, the Superintendent will have ten (10) additional working days to respond in writing to the complaining party.

If the Superintendent does not respond within the established time, then the complaining party may request in writing that the issue be brought before the Board. The Board will then review the record of the investigation and have thirty (30) days to respond to the complaining party in writing.

Note: These are “clean” copies of PA 809-818. They are formatted as the final copies that will be in your PolicyBridge queue.

ACA-E ©

EXHIBIT

SEXUAL HARASSMENT

COMPLAINT FORM

(To be filed with the compliance officer as provided in ACA-R)

Please print:

Name _____ Date _____

Address _____

Telephone _____

Another phone where you can be reached _____

During the hours of _____

E-mail address _____

I wish to complain against:

Name of person, school (department), program, or activity

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

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If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
------	---------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in ACA-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.

**ACAA ©
TITLE IX SEX DISCRIMINATION**

Purpose

Title IX of the Federal Education Amendments Act protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. The District does not discriminate based on sex and adheres to all conditions established by Title IX by recognizing the right of every student who attends school in the District and every employee who works in the District to do so without the fear of sex discrimination, including unlawful sexual harassment.

Definitions

Sexual Harassment

The District accepts and shall employ the definition of sexual harassment as established by the Title IX regulations. *Sexual harassment* means conduct on the basis of sex that satisfies one (1) or more of the following:

- A. An employee of the District conditioning the provision of an aid, benefit, or service of the District on an individual's participation in unwelcome sexual conduct;
- B. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District's education program or activity;
- C. "Sexual assault" as defined in [20 U.S.C. 1092\(f\)\(6\)\(A\)\(v\)](#), "dating violence" as defined in [34 U.S.C. 12291\(a\)\(10\)](#), "domestic violence" as defined in [34 U.S.C. 12291\(a\)\(8\)](#), or "stalking" as defined in [34 U.S.C. 12291\(a\)\(30\)](#).

Complainant

A *complainant* means an individual who is alleged to be the victim of conduct that could constitute sexual harassment.

Respondent

A *respondent* means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment.

Note: These are "clean" copies of PA 809-818. They are formatted as the final copies that will be in your PolicyBridge queue.

Title IX Coordinator

The District shall designate and authorize an employee as the "Title IX Coordinator" to comply with its responsibilities pertaining to sexual harassment under Title IX. Inquiries about the application of Title IX may be referred to the District's Title IX Coordinator.

Reporting

Any person may report sex discrimination, including sexual harassment, regardless of whether the person reporting is the person alleged to be the victim of the reported conduct or not. A report may be made in person, by mail, by telephone, or by electronic mail, using the contact information listed for the Title IX Coordinator, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address listed for the Title IX Coordinator.

The District shall notify students, parents or legal guardians of students, employees, applicants for employment, and all unions or professional organizations holding collective bargaining or professional agreements with the District, of the name or title, office address, electronic mail address, and telephone number of the Title IX Coordinator.

District Response Process

The District will respond promptly when any school employee has notice of sex discrimination, including of sexual harassment. Upon receipt of notice of sexual harassment, the District shall notify students, parents or legal guardians of students, employees, applicants for employment, and all unions or professional organizations holding collective bargaining or professional agreements with the District, of the District's grievance procedures and grievance process, including how to report or file a complaint of sex discrimination, how to report or file a formal complaint of sexual harassment, and how the District shall respond. The District is committed to investigating each formal complaint submitted and to taking appropriate action on all confirmed violations of policy. The District shall follow grievance procedures that provide for the prompt and equitable resolution of complaints from students and employees alleging sexual harassment.

Confidentiality

The District will make reasonable efforts to keep confidential the identity of any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as is necessary to carry out the grievance process and as may otherwise be permitted by law.

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Mandatory Reporting

Title IX sex discrimination complaints, including sexual harassment complaints, may include violations covered by Arizona's mandatory reporting statute, A.R.S. §[13-3620](#). Any abuses classified by statute as "reportable offenses" must be reported as such to the authorities because not reporting a reportable offense is classified as a Class 6 Felony.

Retaliation Prohibited

Neither the District nor any person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has in good faith made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing. Intimidation, threats, coercion, or discrimination, including charges against an individual for violations that do not involve sex discrimination or sexual harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination or a report or formal complaint of sexual harassment, for the purpose of interfering with any right or privilege secured by Title IX, constitutes retaliation.

Adopted: _____

LEGAL REF.:

A.R.S.

[13-3620](#)

20 U.S.C. 1092

20 U.S.C. 1681, Education Amendments of 1972, Title IX

34 U.S.C. 12291

CROSS REF.:

[AC](#) - Nondiscrimination/Equal Opportunity

[JB](#) - Equal Educational Opportunities

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ACAA-R ©

REGULATION

TITLE IX SEX DISCRIMINATION

Title IX Coordinator

The Superintendent shall appoint an employee as the "Title IX Coordinator." If the Title IX Coordinator is the respondent, the complaint shall be filed with the Superintendent.

Title IX Coordinator:

Name/Title: _____

Address: _____

E-mail: _____

Telephone: _____

Complaint Process

When the District has actual knowledge of sexual harassment in an education program or activity of the District against a person in the United States, it shall respond promptly in a manner that is not deliberately indifferent.

- A. "Actual knowledge" means notice of sexual harassment or allegations of sexual harassment to a District's Title IX Coordinator or to any employee.
- B. An "education program or activity" includes locations, events, or circumstances over which the District exercised substantial control over both the respondent and the context in which the sexual harassment occurs, and also includes any building owned or controlled by a student organization that is officially recognized by the District.
- C. A District is "deliberately indifferent" only if its response to sexual harassment is clearly unreasonable in light of the known circumstances.

Note: These are "clean" copies of PA 809-818. They are formatted as the final copies that will be in your PolicyBridge queue.

Supportive Measures

The District's initial response to any report of sex discrimination must treat complainants and respondents equally by offering supportive measures to both and must follow the established grievance process before disciplining a respondent.

Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the District's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the District's educational environment, or deter sexual harassment. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, and other similar measures. Supportive measures provided shall remain confidential, if possible. This confidentiality must not impair the District's ability to provide support, limit its ability to carry out the complaint process, including as otherwise may be permitted by law.

The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures.

Even if no formal complaint has been filed, the Title IX Coordinator shall promptly:

- A. Contact the complainant to discuss the availability of supportive measures;
- B. Consider the complainant's wishes with respect to supportive measures;
- C. Inform the complainant of the availability of supportive measures; with or without the filing of a formal complaint; and
- D. Explain to the complainant the process for filing a complaint.

Removal of Respondent

The District may remove a respondent from the District's education program or activity on an emergency basis, provided that the District undertakes an individualized safety and risk analysis, determines that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment justifies removal, and provides the respondent with notice and an opportunity to challenge the decision immediately following the removal. This provision may not be construed to modify any rights under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

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Response to a Formal Complaint

"Formal complaint" means a document filed by a complainant or signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the District investigate the allegation of sexual harassment. At the time of filing a formal complaint, a complainant must be participating in or attempting to participate in the education program or activity of the District with which the formal complaint is filed. A formal complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail, by using the contact information listed above, and by any additional method designated by the District that results in the Title IX Coordinator receiving the complaint.

The District may place a non-student employee respondent on administrative leave during the pendency of a grievance process in response to a formal complaint. This provision may not be construed to modify any rights under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act.

For the purpose of addressing formal complaints of sexual harassment, this grievance process shall comply with the following basic elements:

- A. Provide written notice to all parties upon receipt of complaint, which must include:
 1. Notice of the District's formal grievance process, including any informal resolution process;
 2. Notice of the allegations, including sufficient details to allow respondent to prepare a response (such as the identities of the parties involved in the incident, if known, the conduct allegedly constituting sexual harassment, and the date and location of the alleged incident);
 3. A statement that the respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process;
 4. Notice that the parties may have an advisor of their choice, who may be, but is not required to be, an attorney, and may inspect and review evidence; and
 5. Notice of any provision in the District's code of conduct that prohibits knowingly making false statements or providing false information in the grievance process.
- B. Treat complainants and respondents equitably;
- C. Require an objective evaluation of all relevant evidence;

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- D. Require that the Title IX Coordinator, investigator, decision-maker, or any person designated by the District to facilitate an informal resolution process, be properly trained and not have a conflict of interest against complainants and respondents generally or against the particular complainant and respondent;
- E. Include a presumption that the respondent is not responsible for the alleged conduct until a determination has been made at the conclusion of the grievance process;
- F. Include reasonably prompt timeframes for the conclusion of the grievance process;
- G. Describe or list the possible disciplinary sanctions and remedies that may be implemented following a determination of responsibility;
- H. State that the District uses a preponderance of the evidence standard or the clear and convincing evidence standard to determine responsibility;
- I. Include the procedures and permissible reasons for appeal by a respondent or a complainant;
- J. Describe the range of supportive measures available to complainants and respondents; and
- K. Not require, allow, or use evidence or questions that constitute or seek legally privileged information, unless the privilege is waived.

Investigation

When investigating a formal complaint and throughout the complaint process, the District shall:

- A. Ensure that the burden of proof and the burden of gathering evidence rests on the District and not on the parties, except that certain treatment records cannot be obtained without voluntary, written consent of a party;
- B. Provide an equal opportunity for the parties to present witnesses and evidence;
- C. Not restrict the ability of either party to discuss the allegations or to gather and present evidence;
- D. Provide the parties with the same opportunities to have others present during any meeting or grievance proceeding;

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- E. Provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants, and purpose of any meeting or grievance proceeding, with sufficient time for the party to prepare to participate;
- F. Provide both parties an equal opportunity to inspect and review any evidence so that each party can meaningfully respond to the evidence prior to the conclusion of the investigation (prior to completion of the investigative report, the investigator will send to each party and the party's advisor, if any, a copy of all evidence gathered during the investigation and will allow the parties at least ten (10) days to submit a written response to any of the evidence); and
- G. Create an investigative report that fairly summarizes relevant evidence and, at least ten (10) days prior to a determination of responsibility, send to each party and the party's advisor, if any, the investigative report in an electronic format or hard copy, for their review and written response.

Informal Resolution Process

At any time prior to reaching a determination regarding responsibility during a formal complaint process, the District may facilitate an informal resolution process, such as mediation, that does not involve a full investigation and adjudication, provided that the District:

- A. Provides to the parties a written notice disclosing:
 - 1. The allegations;
 - 2. The requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a formal complaint arising from the same allegations, provided, however, that at any time prior to agreeing to a resolution, any party has the right to withdraw from the informal resolution process and resume the grievance process with respect to the formal complaint; and
 - 3. Any consequences resulting from participating in the informal resolution process, including the records that shall be maintained or could be shared;
- B. Obtains the parties' voluntary, written consent to the informal resolution process; and
- C. Does not offer or facilitate an informal resolution process to resolve allegations that an employee sexually harassed a student.

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Dismissal of Complaint

If the conduct alleged in a formal complaint does not meet the Title IX definition of sex discrimination as established in Governing Board policy, did not occur in the District's education program or activity, or did not occur against a person in the United States, then the District shall dismiss the allegations for purposes of Title IX but may still address the allegations in any manner the District deems appropriate under other District policies.

The District may dismiss a formal complaint or any allegations therein, if at any time:

- A. The complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the formal complaint or any allegations therein.
- B. The respondent is no longer enrolled or employed by the District; or
- C. Specific circumstances prevent the District from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

Upon dismissal of a formal complaint or any allegations therein, the District shall promptly send written notice of the dismissal, including the reasons for the dismissal, simultaneously to the parties.

Decision-Maker

After the District has sent the investigative report to the parties and before reaching a determination regarding responsibility, the decision-makers(s) shall afford each party the opportunity to submit written, relevant questions that a party wants asked of any party or witness, provide each party with the answers, and allow for additional, limited follow-up questions from each party. Questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence are offered to prove that someone other than the respondent committed the conduct alleged by the complainant, or if the questions and evidence are offered to prove consent.

The decision-maker(s), who cannot be the same person(s) as the Title IX Coordinator or the investigator(s), shall apply the District's established standard of evidence and shall issue a written determination regarding responsibility that includes:

- A. Identification of the allegations potentially constituting sexual harassment;
- B. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held;

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- C. Findings of fact supporting the determination;
- D. Conclusions regarding the application of the District's code of conduct to the facts;
- E. A statement of and rationale for the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the District imposes on the respondent, and whether remedies designed to restore or preserve equal access to the District's education program or activity shall be provided by the District to the complainant; and
- F. The District's procedures and permissible bases for the complainant and respondent to appeal.

Determination and Appeal Process

The District shall provide the written determination to the parties simultaneously. The Title IX Coordinator is responsible for effective implementation of any remedies.

The District shall offer both parties the right to appeal from a determination regarding responsibility and from a dismissal of a formal complaint or any allegations therein, on the following bases:

- A. Procedural irregularity that affected the outcome of the matter;
- B. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; and
- C. The Title IX Coordinator, investigator(s), or decision-makers(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affect the outcome of the matter.

As to all appeals, the District shall:

- A. Notify the other party in writing when an appeal is filed and implement appeal procedures equally for both parties;
- B. Ensure that the decision-maker(s) for the appeal is not the same person as the decision-maker(s) that reached the determination regarding responsibility or dismissal, the investigator(s), or the Title IX Coordinator;

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- C. Ensure that the decision-maker(s) for the appeal does not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent;
- D. Give both parties a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome;
- E. Issue a written decision describing the result of the appeal and the rationale for the result; and
- F. Provide the written decision simultaneously to both parties.

The District may not require as a condition of enrollment or continuing enrollment, or employment or continuing employment, or enjoyment of any other right, waiver of the right to an investigation and adjudication of formal complaints of sexual harassment. Similarly, the District may not require the parties to participate in an informal resolution process and may not offer an informal resolution process unless a formal complaint is filed.

Records

The District shall maintain for a period of seven (7) years records of:

- A. Each sex discrimination investigation including:
 - 1. Any determination regarding responsibility;
 - 2. Any disciplinary sanctions imposed on the respondent; and
 - 3. Any remedies provided to the complainant designed to restore or preserve equal access to the District's education program or activity.
- B. Any appeal and the result therefrom;
- C. Any informal resolution and the result therefrom; and
- D. All materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process. The District shall make these training materials publicly available on its website, or if the District does not maintain a website the District shall make these materials available upon request for inspection by members of the public.

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The District shall create and maintain for a period of seven (7) years, records of any actions, including supportive measures taken or not taken in response to a report or formal complaint of sex discrimination. In each instance, the District shall document the basis for its conclusion that its response was not deliberately indifferent, and document that it has taken measures designed to restore or preserve equal access to the District's education program or activity. If a recipient does not provide a complainant with supportive measures, then the recipient must document the reasons why such a response was not clearly unreasonable in light of the known circumstances. The documentation of certain bases or measures does not limit the District in the future from providing additional explanations or detailing additional measures taken.

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STAFF GRIEVANCES**

Effective communication between District employees, the administrative staff, and the Board is essential for proper operation of the schools. The Governing Board, therefore, authorizes the Superintendent to establish a grievance procedure for employees as the prescribed means of resolving grievances at the earliest date and the lowest possible administrative level.

Such procedure shall provide for Board review of any grievance that cannot be resolved at the administrative level. In such instances, the affected individual may request that the Governing Board review the situation. Such request shall be in writing and shall contain the basis for the appeal, including the act or acts out of which the grievance arose, identification of the Board policies and/or administrative regulations involved, and the remedy sought. Within five (5) working days following notification of the Superintendent's decision, any written request for appeal shall be submitted to the Superintendent for transmittal to the Board. The Governing Board, at a time of its choosing, shall review the grievance and issue a response within fifteen (15) working days following such review.

The decision of the Governing Board is final.

Adopted: _____

LEGAL REF.:

A.R.S.

[38-532](#)

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**JII ©
STUDENT CONCERNS, COMPLAINTS,
AND GRIEVANCES**

The Superintendent is directed to establish procedures whereby students with sufficient concern may present a complaint or grievance regarding a violation of their constitutional rights, equal access to programs, discrimination, or personal safety provided that:

- A. The topic is not the subject of disciplinary or other proceedings under other policies and regulations of the District, and
- B. The procedure shall not apply to any matter for which the method of review is prescribed by law, or the Governing Board is without authority to act.

A complaint or grievance may be raised regarding any of the following:

- A. Violation of the student's constitutional rights.
- B. Denial of an equal opportunity to participate in any program or activity for which the student qualifies, not related to the student's individual capabilities.
- C. Discriminatory treatment on the basis of race, color, religion, sex, age, national origin, disability, or any other basis prohibited by law.
- D. Concern for the student's personal safety.

Refer to Board Policy JICK for procedures applying to a complaint or grievance that alleges incidences of student violence, harassment, intimidation, or bullying.

The complaint or grievance must be made within thirty (30) calendar days of the time the student knew or should have known that there were grounds for the complaint or grievance. The initial complaint or grievance should be made using form JII-EA; however, a verbal complaint or grievance may be made to any school staff member. The receiving staff member shall immediately inform an administrator of the complaint or grievance.

When the initial complaint or grievance is submitted in a manner other than on the prescribed form, the administrator shall obtain from the student the particulars of the accusation and complete form JII-EA immediately thereafter. The administrator shall especially note all student-provided particulars determined by the Superintendent to be necessary for the complaint or grievance to be investigated. Any question concerning whether a complaint or grievance falls within this policy shall be determined by the Superintendent.

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If the receiving school administrator is included in the allegation, the complaint or grievance shall be transmitted to the next higher administrative supervisor. Failure by the staff member to timely inform a school administrator or next higher administrative supervisor of a student's allegation may subject the staff member to disciplinary action. The staff member shall preserve the confidentiality of the subject, disclosing it only to the appropriate school administrator or next higher administrative supervisor or as otherwise required by law.

A student or student's parent or guardian may initiate the complaint process by completing Exhibit JII-EA.

A complaint or grievance may be withdrawn at any time. Once withdrawn, the process cannot be reopened if the resubmission is longer than thirty (30) calendar days from the date of the occurrence of the alleged incident.

Retaliatory or intimidating acts against any student who has made a complaint under this policy and its corresponding regulations, or against a student who has testified, assisted or participated in any manner in an investigation relating to a complaint or grievance, are specifically prohibited and constitute grounds for a separate complaint.

To assure that students and staff are aware of its content and intent, a notice of this policy and procedure shall be posted conspicuously in each school building and shall be made a part of the rights and responsibilities section of the student handbook. Forms for submitting complaints are to be available to students, staff and parents or guardians in the school offices.

Disposition of all complaints or grievances shall be reported to the Superintendent and the compliance officer for discrimination if other than the Superintendent. The Superintendent will determine if the policies of the District have been appropriately implemented and will make such reports and/or referrals to the Board as may be necessary.

The Superintendent shall develop procedures for the maintenance and confidentiality of documentation related to the receipt of a student's complaint or grievance, findings of the investigation, and disposition of the matter. The documentation shall not be used to impose disciplinary action unless the appropriate school official has investigated and determined there was an actual occurrence of the alleged incident.

Knowingly submitting a false report under this policy shall subject the student to discipline up to and including suspension or expulsion. Where disciplinary action is necessary pursuant to any part of this policy, relevant District policies shall be followed.

When District officials have a reasonable belief or an investigation reveals that a reported incident may constitute an unlawful act, law enforcement authorities will be informed.

Adopted: _____

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LEGAL REF.:

A.R.S.

[15-341](#)

20 U.S.C. 1681, Education Amendments of 1972, Title IX

CROSS REF.:

[AC](#) - Nondiscrimination/Equal Opportunity

[ACA](#) - Sexual Harassment

[GBEB](#) - Staff Conduct

[JB](#) - Equal Educational Opportunities

[JIC](#) - Student Conduct

[JICFA](#) - Hazing

[JICK](#) - Student Bullying/Harassment/Intimidation

[JK](#) - Student Discipline

[JKD](#) - Student Suspension

[JKE](#) - Expulsion of Students

[KE](#) - Public Concerns and Complaints

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Memorandum

To: KUSD Governing Board

From: Margot Jones, Executive Director of Business and Finance

RE: Benefits

FOR AGENDA

- Approve switch to ASBAIT with rates for medical, dental, vision, and basic life.

FOR PACKET

As Kairos's rates are increasing 25% for medical, the district recommends the board approve a switch from Kairos to ASBAIT for FY26 healthcare benefits, including medical, dental, vision, and basic life. The switch will save the district and employees an average of 6% on medical, with a slight increase on dental and vision. The district will maintain one free medical, dental, and vision plan for employee only.

There will be a \$5-\$15 increase per month for dental and \$1-\$4 increase per month for vision for the employee, depending on the plan. The district will see an increase for basic life, but this will remain a free benefit to all employees. The district will also increase the HSA contributions for the high deductible plans.

With this switch to ASBAIT, the district's FY26 cost will remain about the same as FY25.

Staying with Kairos will increase medical rates from \$65/month to \$700/month for the employee, with most employees in the \$77-\$300 range, monthly increase. The district will also see an increase per employee of \$85-\$700/month, costing the district about an additional \$1,500,000 from last year.

Because of the cost increase to the employee and district, staff recommends the board approve the switch from Kairos to ASBAIT.



Benefit Plan Name	Copay Gold	Classic Gold	Classic Silver	Value Gold	Value Silver	Value Bronze	HDHP A	HDHP B	HDHP C
Network Name	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII
In-Network									
Deductible	None	600/1,800	800/1,600	1,050/2,100	1,300/2,600	2,300/4,600	2,600/5,200*	4,200/8,400	6,000/12,000
Maximum Out-of-Pocket	7,350/14,700	4,600/9,200	5,100/10,200	5,600/11,200	6,600/13,200	6,950/13,900	7,500/15,000	8,000/16,000	8,500/17,000
Ambulance Ground	\$80	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Ambulance Air	\$230	\$230/ Ded/85%	\$230/ Ded/80%	\$230/ Ded/75%	\$230/ Ded/75%	\$230/ Ded/70%	Ded/ \$230/80%	Ded/ \$230/80%	Ded/ \$230/80%
Anesthesiologist	\$90	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Chemotherapy (Outpatient)	\$80	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Chiropractic Care/ Spinal Manipulation	\$60	\$55	\$60	\$65	\$70	\$75	Ded/80%	Ded/80%	Ded/80%
Diagnostic Testing, X-Ray and Lab Services (Outpatient)—Free Standing Lab	\$60	\$55	\$60	75%/No Ded	75%/No Ded	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Durable Medical Equipment (DME)—Rental	\$60	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Durable Medical Equipment (DME)—Purchase	\$230	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Emergency Services—Facility Charges	\$180	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%

Benefit Plan Name	Copay Gold	Classic Gold	Classic Silver	Value Gold	Value Silver	Value Bronze	HDHP A	HDHP B	HDHP C
Network Name	Aetna CII	Aetna CII	Aetna CII	Aetna CII	Aetna CII	Aetna CII	Aetna CII	Aetna CII	Aetna CII
In-Network									
Emergency Services –Professional Fees & Ancillary Charges	\$70	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Hospice Care (Inpatient)	\$280	\$280/85%/No Ded	\$280/80%/No Ded	\$280/75%/No Ded	\$280/75%/No Ded	\$280/70%/No Ded	Ded/\$280/80%	Ded/\$280/80%	Ded/\$280/80%
Hospice Care (Outpatient)	\$60	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Hospital Expenses or Long-Term Acute Care Facility/ Hospital (facility charges)–Inpatient	\$280	\$280/85%/No Ded	\$280/80%/No Ded	\$280/75%/No Ded	\$280/75%/No Ded	\$280/70%/No Ded	Ded/\$280/80%	Ded/\$280/80%	Ded/\$280/80%
Hospital Expenses or Long-Term Acute Care Facility/ Hospital (facility charges)–Outpatient	\$105	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Maternity (Delivery & Postnatal)	\$330	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Inpatient) –Facility Charge	\$280	\$280/85%/No Ded	\$280/80%/No Ded	\$280/75%/No Ded	\$280/75%/No Ded	\$280/70%/No Ded	Ded/\$280/80%	Ded/\$280/80%	Ded/\$280/80%
Mental Disorders and Substance Use Disorders (Inpatient) –Professional Fees	\$60	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Outpatient) - Facility Charge	\$105	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Outpatient) - Office Visits/Telemedicine	\$60	\$55	\$60	\$65	\$70	\$75	Ded/80%	Ded/80%	Ded/80%
Physical Therapy (Outpatient)	\$60	\$55	\$60	\$65	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Physician Services –PCP	\$30	\$25	\$30	\$35	\$40	\$45	Ded/\$25 copay	Ded/\$25 copay	Ded/\$25 copay
Physician Services–Specialist	\$70	\$65	\$70	\$75	\$80	\$85	Ded/\$65 copay	Ded/\$65 copay	Ded/\$65 copay
Telemedicine (non-Teladoc Health)	\$30	\$25	\$30	\$35	\$40	\$45	Ded/80%	Ded/80%	Ded/80%
Teladoc Health–General Med	\$0	\$0	\$0	\$0	\$0	\$0	\$56 until ded met	\$56 until ded met	\$56 until ded met
Teladoc Health–Primary 360 (PCP) Initial	\$10	\$10	\$10	\$10	\$10	\$10	\$165 until ded met	\$165 until ded met	\$165 until ded met
Teladoc Health–Primary 360 (PCP) Established	\$10	\$10	\$10	\$10	\$10	\$10	\$99 until ded met	\$99 until ded met	\$99 until ded met
Teladoc Health–Psychologist	\$10	\$10	\$10	\$10	\$10	\$10	\$90 until ded met	\$90 until ded met	\$90 until ded met
Teladoc Health–Psychiatric	\$10	\$10	\$10	\$10	\$10	\$10	\$215 until ded met	\$215 until ded met	\$215 until ded met
Teladoc Health–Psychiatric	\$10	\$10	\$10	\$10	\$10	\$10	\$100 until ded met	\$100 until ded met	\$100 until ded met

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Network Name	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII	Aetna CPII
In-Network									
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Radiation Therapy (Outpatient)	\$80	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Surgery (Inpatient)–Facility	\$280	\$280/85%/No Ded	\$280/80%/No Ded	\$280/75%/No Ded	\$280/75%/No Ded	\$280/70%/No Ded	Ded/\$280/80%	Ded/\$280/80%	Ded/\$280/80%
Surgery (Inpatient)–Professional Fees	\$105	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Surgery (Outpatient)–Facility	\$105	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Surgery (Outpatient)–Professional Fees	\$105	Ded/85%	Ded/80%	Ded/75%	Ded/75%	Ded/70%	Ded/80%	Ded/80%	Ded/80%
Urgent Care Facility	\$80	\$75	\$80	\$85	\$90	\$95	Ded/\$75 copay	Ded/\$75 copay	Ded/\$75 copay
Out-of-Network									
Deductible	900/2,700	1,500/4,500	1,700/5,100	3,300/9,900	5,300/15,900	6,300/18,900	3,500/7,000	9,000/18,000	11,000/19,800
Maximum Out-of-Pocket	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-Insurance	50%	50%	50%	50%	50%	50%	50%	50%	50%

Prescription Benefits–PPO Plans	Retail 30 Day Supply		Mail Order 90 Day Supply	
Generic Drug	\$15 Copay		\$30 Copay	
Preferred Drug	20% copay	(\$55 minimum, \$100 maximum)	20% copay	(\$80 minimum, \$205 maximum)
Non-Preferred Drug	40% Copay	(\$70 minimum, \$140 maximum)	40% Copay	(\$100 minimum, \$255 maximum)
Specialty Drug	\$230 Copay			

Prescription Benefits - HDHP Plans	Retail 30 Day Supply		Mail Order 90 Day Supply	
Generic Drug	Ded/\$15 Copay		Ded/\$30 Copay	
Preferred Drug	Ded/20% copay	(\$55 minimum, \$100 maximum)	Ded/20% copay	(\$80 minimum, \$205 maximum)
Non-Preferred Drug	Ded/40% Copay	(\$70 minimum, \$140 maximum)	Ded/40% Copay	(\$100 minimum, \$255 maximum)
Specialty Drug	Ded/\$230 Copay			

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Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary®

The **CVS Caremark® Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary®** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list and does not guarantee coverage. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing for specific products on the list.

- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and cost sharing information for a specific medicine.

ANALGESICS

COX-2 INHIBITORS

celecoxib

GOUT

allopurinol
colchicine tablet
probenecid

MITIGARE

NSAIDS

diclofenac sodium
diclofenac sodium solution
1.5%
ibuprofen
meloxicam tablet
naproxen (except naproxen CR or
naproxen suspension)

NSAIDS, COMBINATIONS

diclofenac sodium-misoprostol
ibuprofen-famotidine

OPIOID ANALGESICS

codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone ext-rel
oxycodone-acetaminophen
tramadol (except tramadol tablet 100 mg)
tramadol ext-rel tablet

OPIOID PARTIAL AGONISTS

buprenorphine transdermal
BELBUCA

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin tablet
EMVERM

ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

acyclovir capsule, tablet
oseltamivir
valacyclovir
valganciclovir
PAXLOVID
RELENZA

CEPHALOSPORINS

cefдинir
cefprozil
cefuroxime axetil
cephalexin

ERYTHROMYCINS/MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

MISCELLANEOUS

clindamycin
linezolid
metronidazole
nitrofurantoin (except NDC
16571074024)

pyrimethamine
sulfamethoxazole-trimethoprim
vancomycin capsule
XIFAXAN 550 MG

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin vk

TETRACYCLINES

doxycycline hyclate 20 mg

doxycycline hyclate capsule
minocycline
tetracycline

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

pemetrexed

HORMONAL

ANTINEOPLASTIC AGENTS

bicalutamide

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone
KERENDIA

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
candesartan-hydrochlorothiazide
irbesartan-hydrochlorothiazide
losartan-hydrochlorothiazide
olmesartan-amlodipine-hydrochlorothiazide
olmesartan-hydrochlorothiazide

telmisartan-hydrochlorothiazide
valsartan-hydrochlorothiazide

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol
MULTAQ

ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS

NEXLETOL
NEXLIZET

ANTILIPEMICS, BILE ACID RESINS

cholestyramine
colesevelam

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

ezetimibe

ANTILIPEMICS, FIBRATES

fenofibrate (except fenofibrate capsule
30 mg, 50 mg, 90 mg, 130 mg; fenofibrate
tablet 40 mg, 120 mg)
fenofibric acid delayed-rel

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin
fluvastatin
lovastatin
pitavastatin
pravastatin
rosuvastatin
simvastatin

ANTILIPEMICS, HMG-COA REDUCTASE

INHIBITORS/COMBINATION S

ezetimibe-simvastatin

ANTILIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

*icosapent ethyl
omega-3 acid ethyl esters*

BETA-BLOCKERS

*acebutolol
atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel*

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

CALCIUM CHANNEL BLOCKERS

*amlodipine
diltiazem ext-rel* (except generics for
CARDIZEM LA)
*nifedipine ext-rel
verapamil ext-rel*

DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS/COMBINATION S

aliskiren

DIURETICS

*amiloride
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene
triamterene-
hydrochlorothiazide*

HEART FAILURE

*isosorbide dinitrate-
hydralazine
ivabradine
ENTRESTO
VERQUVO*

MISCELLANEOUS

*midodrine
ranolazine ext-rel*

NITRATES

isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
*isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual*

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

*alprazolam
lorazepam
oxazepam*

ANTIDEMENTIA

*donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC*

ANTIDEPRESSANTS

*bupropion
bupropion ext-rel* (except bupropion
ext-rel tablet 450 mg)
*citalopram
desvenlafaxine ext-rel
duloxetine
escitalopram
fluoxetine* (except fluoxetine tablet 60
mg, fluoxetine tablet [generics for
SARAFEM])
*mirtazapine
paroxetine hcl
paroxetine hcl ext-rel* (except NDC
60505367503)
*sertraline
trazodone
venlafaxine
venlafaxine ext-rel capsule
vilazodone
TRINTELLIX*

ANTIPARKINSONIAN AGENTS

*amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
NEUPRO
RYTARY*

ANTIPSYCHOTICS

*aripiprazole
clozapine
lurasidone
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY ASIMTUFI
ABILIFY MAINTENA
PERSERIS
VRAYLAR*

ANTISEIZURE AGENTS

*carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
diazepam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
pregabalin
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
zonisamide*

APTIOM
BRIVIACT
FYCOMPA
NAYZILAM
OXTELLAR XR
VALTOCO
XCOPRI

ATTENTION DEFICIT HYPERACTIVITY DISORDER

*amphetamine-
dextroamphetamine mixed
salts
amphetamine-
dextroamphetamine mixed
salts ext-rel
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
lisdexamfetamine
methylphenidate
methylphenidate ext-rel
AZSTARYS
QELBREE*

HYPNOTICS

*doxepin
eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA
DAYVIGO
QUVIVIQ*

MIGRAINE - MISCELLANEOUS

NURTEC ODT
QULIPTA
UBRELVY

MIGRAINE - MONOCLONAL ANTIBODIES

AJOVY
EMGALITY

MIGRAINE - TRIPTANS AND COMBINATIONS

*eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH*

MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

LYVISPAH

NARCOLEPSY/CATAPLEXY

armodafinil
modafinil
SUNOSI

OPIOID AGONIST/ANTAGONIST

buprenorphine-naloxone sublingual
ZUBSOLV

OPIOID ANTAGONIST

naloxone

POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel
GRALISE

ENDOCRINE AND METABOLIC

ANDROGENS

testosterone gel (except authorized generics for TESTIM and VOGELXO)
testosterone solution
NATESTO
XYOSTED

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN

ANTIDIABETICS, BIGUANIDE

metformin
metformin ext-rel (except generics for FORTAMET and GLUMETZA)

ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS

glipizide-metformin

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

saxagliptin-metformin ext-rel
TRIJARDY XR
ZITUVIMET
ZITUVIMET XR

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

saxagliptin
ZITUVIO

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

liraglutide
MOUNJARO
OZEMPIC
RYBELSUS
TRULICITY

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA
XULTOPHY

ANTIDIABETICS, INSULIN

FIASP
HUMULIN R U-500
INSULIN GLARGINE-YFGN
LANTUS
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

ANTIDIABETICS, INSULIN SENSITIZER

pioglitazone

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone-metformin

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone-glimepiride

ANTIDIABETICS, MEGLITINIDE

nateglinide
repaglinide

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY
SYNJARDY XR
XIGDUO XR

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

GLYXAMBI

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

FARXIGA
JARDIANCE

ANTIDIABETICS, SULFONYLUREA

glimepiride
glipizide
glipizide ext-rel

ANTIOBESITY

orlistat
QSYMIA
SAXENDA
WEGOVY
ZEPBOUND

CALCIUM REGULATORS, BISPHTHONATES

alendronate
ibandronate
risedronate

CALCIUM REGULATORS, MISCELLANEOUS

calcitonin-salmon

CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES

ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-etonogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-levonorgestrel-iron
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate-iron
ethinyl estradiol-norgestimate
ANNOVERA
LO LOESTRIN FE
NATAZIA

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS AND KITS
ACCU-CHEK SMARTVIEW STRIPS AND KITS

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
OMNIPOD 5 INSULIN INFUSION PUMP
OMNIPOD DASH INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
ONETOUCH LANCETS / LANCING DEVICES
ONETOUCH ULTRA STRIPS AND KITS
ONETOUCH VERIO STRIPS AND KITS
TWIIST INSULIN INFUSION PUMP AND SUPPLIES

ENDOMETRIOSIS

ORILISSA

GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone

GLUCOSE ELEVATING AGENTS

glucagon, human recombinant
BAQSIMI
GVOKE
ZEGALOGUE

MENOPAUSAL SYMPTOM AGENTS

estradiol
estradiol vaginal cream
estradiol-norethindrone
CLIMARA PRO
COMBIPATCH
DUAVEE
IMVEXXY
PREMPHASE
PREMPRO
VAGIFEM

MISCELLANEOUS

raloxifene

PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate

AURYXIA

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

medroxyprogesterone
megestrol acetate
progesterone, micronized
CRINONE
ENDOMETRIN

THYROID AGENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

ANTICHOLINERGICS

dicyclomine

ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

ANTIEMETICS

aprepitant
doxylamine-pyridoxine
delayed-rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO

H2-RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

balsalazide
budesonide delayed-rel
capsule
hydrocortisone enema
mesalamine delayed-rel
mesalamine enema
mesalamine ext-rel
mesalamine suppository

sulfasalazine
sulfasalazine delayed-rel
CORTIFOAM

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

lubiprostone
LINZESS

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron
VIBERZI

LAXATIVES

lactulose solution
peg 3350-electrolytes (except
generics for MOVIPREP)
sodium sulfate-potassium
sulfate-magnesium sulfate
CLENPIQ

MISCELLANEOUS

sucralfate tablet
MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

PROTON PUMP INHIBITORS

esomeprazole delayed-rel
lansoprazole delayed-rel
capsule
omeprazole delayed-rel
pantoprazole delayed-rel
tablet

RECTAL, CORTICOSTEROIDS

hydrocortisone
PROCTOFOAM-HC

ULCER THERAPY COMBINATIONS

bismuth-metronidazole-
tetracycline
TALICIA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride

silodosin
tamsulosin
terazosin

ERECTILE DYSFUNCTION

sildenafil
tadalafil

URINARY ANTISPASMODICS

darifenacin ext-rel
fesoterodine ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
GEMTESA

HEMATOLOGIC

ANTICOAGULANTS

dabigatran
enoxaparin
fondaparinux
warfarin
ELIQUIS
XARELTO

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

SICKLE CELL DISEASE

SIKLOS

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK
RAGWITEK

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

potassium chloride liquid

PRENATAL VITAMINS

prenatal vitamins

VITAMINS

folic acid
multivitamins

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

neomycin-polymyxin b-
bacitracin-hydrocortisone
neomycin-polymyxin b-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT

ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
trifluridine
BESIVANCE
XDEMZY

ANTI-INFLAMMATORIES

bromfenac
dexamethasone
diclofenac
difluprednate
ketorolac
loteprednol
prednisolone acetate 1%
ILEVRO

ANTIALLERGICS

azelastine
bepotastine
cromolyn sodium
loteprednol
olopatadine

ANTIGLAUCOMA BETA-BLOCKERS

timolol maleate solution
BETOPTIC S

ANTIGLAUCOMA COMBINATION AGENTS

brimonidine-timolol
dorzolamide-timolol
SIMBRINZA

CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

DRY EYE DISEASE

RESTASIS

XIIDRA

PROSTAGLANDINS

bimatoprost
latanoprost
travoprost

SYMPATHOMIMETICS

brimonidine solution
ALPHAGAN P

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (except NDCs 00093-
XXXX-XX, 49502-XXXX-XX)
AUVI-Q

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium-albuterol
inhalation solution
ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

BREZTRI AEROSPHERE
TRELLEGY ELLIPTA

ANTICHOLINERGICS

ipratropium inhalation solution
SPIRIVA
YUPELRI

ANTI-HISTAMINE COMBINATIONS

azelastine-fluticasone

ANTI-HISTAMINES

azelastine
levocetirizine
olopatadine

BETA AGONISTS

albuterol inhalation solution
albuterol sulfate cfc-free
aerosol (except NDCs 00093317431,
66993001968)
formoterol inhalation solution

levalbuterol tartrate cfc-free
aerosol
SEREVENT
STRIVERDI RESPIMAT

COLD/COUGH

benzonatate (except NDCs
69336012615, 69499032915)

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

MISCELLANEOUS

roflumilast

NASAL STEROIDS

flunisolide
fluticasone
mometasone

STEROID INHALANTS

budesonide inhalation
suspension
ASMANEX HFA
PULMICORT FLEXHALER

STEROID/BETA-AGONIST COMBINATIONS

Breyna
budesonide-formoterol
fluticasone-salmeterol (except
certain NDCs)
Wixela Inhub
AIRSUPRA
BREO ELLIPTA (except certain NDCs)

TOPICAL

DERMATOLOGY, ACNE

adapalene (except adapalene pad)
benzoyl peroxide
clindamycin gel (except NDC
68682046275)
clindamycin solution
clindamycin-benzoyl peroxide
dapsone
erythromycin solution
erythromycin-benzoyl
peroxide

isotretinoin capsule 20 mg, 30
mg, 40 mg
tazarotene
tretinoin
AKLIEF
EPIDUO
TWYNEO
WINLEVI

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod

DERMATOLOGY, ANTIBIOTICS

gentamicin
mupirocin ointment

DERMATOLOGY, ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketconazole cream 2%
nystatin
NAFTIN

DERMATOLOGY, ANTIPSORIATICS

acitretin
calcipotriene ointment,
solution
methoxsalen
tazarotene
ENSTILAR
VTAMA
ZORYVE CREAM

DERMATOLOGY, ANTISEBORRHEICS

ketconazole shampoo 2%
selenium sulfide lotion 2.5%
ZORYVE FOAM

DERMATOLOGY, ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA

OPZELURA
ZORYVE CREAM

DERMATOLOGY, CORTICOSTEROIDS

clobetasol cream, foam, gel,
lotion, ointment, shampoo
(except clobetasol emollient foam)
desonide (except desonide gel)
desoximetasone
fluocinonide (except fluocinonide cream

0.1%)
halobetasol cream, ointment
hydrocortisone
hydrocortisone butyrate
cream, ointment, solution
mometasone
triamcinolone cream, lotion,
ointment (except triamcinolone
ointment 0.05%)
BRYHALI

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine patch
lidocaine-prilocaine

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

diclofenac sodium gel 1%

DERMATOLOGY, ROSACEA

azelaic acid gel
brimonidine gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

MOUTH/THROAT/DENTAL AGENTS

lidocaine viscous
EPISIL

OTIC

acetic acid
ciprofloxacin-dexamethasone
neomycin-polymyxin b-
hydrocortisone
ofloxacin otic

QUICK REFERENCE DRUG LIST

A

ABILIFY ASIMTUFII
ABILIFY MAINTENA

ACCU-CHEK AVIVA PLUS
STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS
AND KITS

ACCU-CHEK SMARTVIEW
STRIPS AND KITS
acebutolol
acetic acid

acitretin
acyclovir capsule, tablet
adapalene (except adapalene pad)
AIRSUPRA

AJOVY
AKLIEF
albuterol inhalation solution
albuterol sulfate cfc-free
aerosol (except NDCs 00093317431,
66993001968)
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
ALPHAGAN P
alprazolam
amantadine
amiloride
amiodarone
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-
hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-
dextroamphetamine mixed
salts
amphetamine-
dextroamphetamine mixed
salts ext-rel
ANNOVERA
ANORO ELLIPTA
aprepitant
APTIOM
aripiprazole
armodafinil
ASMANEX HFA
atenolol
atomoxetine
atorvastatin
AURYXIA
AUVI-Q
azelaic acid gel
azelastine
azelastine
azelastine-fluticasone
azithromycin
AZSTARYS

B

balsalazide
BAQSIMI
BD ULTRAFINE INSULIN
SYRINGES AND NEEDLES
BELBUCA
BELSOMRA

benzonatate (except NDCs
69336012615, 69499032915)
benzoyl peroxide
bepotastine
BESIVANCE
BETOPTIC S
bicalutamide
bimatoprost
bismuth-metronidazole-
tetracycline
BREO ELLIPTA (except certain
NDCs)
Breyna
BREZTRI AEROSPHERE
BRILINTA
brimonidine gel
brimonidine solution
brimonidine-timolol
brinzolamide
BRIVIACT
bromfenac
BRYHALI
budesonide delayed-rel
capsule
budesonide inhalation
suspension
budesonide-formoterol
buprenorphine transdermal
buprenorphine-naloxone
sublingual
bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)

C

calcipotriene ointment,
solution
calcitonin-salmon
calcium acetate
candesartan
candesartan-
hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
chlorthalidone
cholestyramine
ciclopirox

ciprofloxacin
ciprofloxacin
ciprofloxacin-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel (except NDC
68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
clobazam
clobetasol cream, foam, gel,
lotion, ointment, shampoo
(except clobetasol emollient foam)
clonazepam
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
colesevelam
COMBIPATCH
CORTIFOAM
CREON
CRINONE
cromolyn sodium
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

D

dabigatran
dapson
darifenacin ext-rel
DAYVIGO
desonide (except desonide gel)
desoximetasone
desvenlafaxine ext-rel
dexamethasone
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
dexmethylphenidate ext-rel
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
1.5%
diclofenac sodium-
misoprostol
dicloxacillin
dicyclomine

DIFICID
difluprednate
digoxin
diltiazem ext-rel (except generics for
CARDIZEM LA)
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
divalproex sodium
divalproex sodium ext-rel
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine
delayed-rel
dronabinol
DUAVEE
duloxetine
dutasteride
dutasteride-tamsulosin

E

econazole
eletriptan
ELIQUIS
EMGALITY
EMVERM
enalapril
ENDOMETRIN
enoxaparin
ENSTILAR
entacapone
ENTRESTO
EPIDUO
epinephrine (except NDCs 00093-
XXXX-XX, 49502-XXXX-XX)
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole delayed-rel
estradiol
estradiol vaginal cream
estradiol-norethindrone
eszopiclone
ethacrynic acid
ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-etonogestrel

ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
levonorgestrel-iron
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate
ethinyl estradiol-
norethindrone acetate-iron
ethinyl estradiol-
norgestimate
ethosuximide
EUCRISA
ezetimibe
ezetimibe-simvastatin

F
famotidine
FARXIGA
fenofibrate (except fenofibrate capsule
30 mg, 50 mg, 90 mg, 130 mg;
fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
fesoterodine ext-rel
FIASP
FINACEA FOAM
finasteride
fluconazole
fludrocortisone
flunisolide
fluocinonide (except fluocinonide
cream 0.1%)
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except fluoxetine tablet 60
mg, fluoxetine tablet [generics for
SARAFEM])
fluticasone
fluticasone-salmeterol (except
certain NDCs)
fluvastatin
folic acid
fondaparinux
formoterol inhalation solution
fosinopril
fosinopril-
hydrochlorothiazide
furosemide
FYCOMPA

G
gabapentin
galantamine
galantamine ext-rel

GEMTESA
gentamicin
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glucagon, human
recombinant
GLYXAMBI
GRALISE
granisetron
GRASTEK
guanfacine ext-rel
GVOKE

H
halobetasol cream, ointment
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone
hydrocortisone
hydrocortisone butyrate
cream, ointment, solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I
ibandronate
ibuprofen
ibuprofen-famotidine
icosapent ethyl
ILEVRO
imiquimod
IMVEXXY
INSULIN GLARGINE-YFGN
ipratropium inhalation
solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide dinitrate-
hydralazine
isosorbide mononitrate
isotretinoin capsule 20 mg,
30 mg, 40 mg
itraconazole
ivabradine
ivermectin tablet

J
JARDIANCE

K
KERENDIA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L
lacosamide
lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole delayed-rel
capsule
LANTUS
latanoprost
levalbuterol tartrate cfc-free
aerosol
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levofloxacin
levothyroxine
lidocaine patch
lidocaine viscous
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
liraglutide
lisdexamphetamine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
loteprednol
lovastatin
lubiprostone
lurasidone
LYVISPAN

M
meclizine
medroxyprogesterone
megestrol acetate
meloxicam tablet
memantine
mesalamine delayed-rel
mesalamine enema
mesalamine ext-rel

mesalamine suppository
metformin
metformin ext-rel (except generics
for FORTAMET and GLUMETZA)
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
metronidazole
midodrine
minocycline
mirtazapine
MITIGARE
modafinil
mometasone
mometasone
montelukast
morphine
morphine ext-rel
MOUNJARO
MOVANTIK
moxifloxacin
moxifloxacin
MULTAQ
multivitamins
mupirocin ointment
MYFEMBREE

N
nadolol
NAFTIN
naloxone
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
naratriptan
NATAZIA
nateglinide
NATESTO
NAYZILAM
neбиволол
neomycin-polymyxin b-
bacitracin-hydrocortisone
neomycin-polymyxin b-
dexamethasone
neomycin-polymyxin b-
hydrocortisone
NEUPRO
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel

nitrofurantoin (except NDC
16571074024)
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NURTEC ODT
nystatin

O
ofloxacin
ofloxacin otic
olanzapine
olmesartan
*olmesartan-amlodipine-
hydrochlorothiazide*
*olmesartan-
hydrochlorothiazide*
olopatadine
olopatadine
omega-3 acid ethyl esters
omeprazole delayed-rel
OMNIPOD 5 INSULIN
INFUSION PUMP
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH LANCETS /
LANCING DEVICES
ONETOUCH ULTRA STRIPS
AND KITS
ONETOUCH VERIO STRIPS
AND KITS
ONZETRA XSAIL
OPZELURA
ORACEA
ORIAHNN
ORLISSA
orlistat
oseltamivir
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone ext-rel
oxycodone-acetaminophen
OZEMPIC

P
*pantoprazole delayed-rel
tablet*

paroxetine hcl
paroxetine hcl ext-rel (except
NDC 60505367503)
PAXLOVID
peg 3350-electrolytes (except
generics for MOVIPREP)
pemetrexed
penicillin vk
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
pitavastatin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20
mg/5 mL)
prednisone
pregabalin
pregabalin ext-rel
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
pyrimethamine

Q
QELBREE
QSYMIA
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QULIPTA
QUVIVIQ

R
RAGWITEK
raloxifene
ramelteon

ramipril
ranolazine ext-rel
rasagiline
RELENZA
repaglinide
RESTASIS
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
roflumilast
ropinirole
ropinirole ext-rel
rosuvastatin
rufinamide
RYBELSUS
RYTARY

S
SANCUSO
saxagliptin
saxagliptin-metformin ext-rel
SAXENDA
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
SIKLOS
sildenafil
silodosin
SIMBRINZA
simvastatin
*sodium sulfate-potassium
sulfate-magnesium sulfate*
solifenacin
SOLIQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone
*spironolactone-
hydrochlorothiazide*
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
sucralfate tablet
sulfacetamide
*sulfamethoxazole-
trimethoprim*
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SYMLINPEN
SYMPROIC
SYNJARDY

SYNJARDY XR
SYNTHROID

T
tacrolimus
tadalafil
TALICIA
tamsulosin
tazarotene
telmisartan
*telmisartan-
hydrochlorothiazide*
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine
timolol maleate solution
TOBRADEX OINTMENT
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
topiramate ext-rel
torseamide
TOUJEO
tramadol (except tramadol tablet 100
mg)
tramadol ext-rel tablet
travoprost
trazodone
TRELGY ELLIPTA
TRESIBA
tretinoin
*triamcinolone cream, lotion,
ointment* (except triamcinolone
ointment 0.05%)
triamterene
*triamterene-
hydrochlorothiazide*
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
tropium
tropium ext-rel
TRULICITY
TWIIST INSULIN INFUSION
PUMP AND SUPPLIES
TWYNEO

U
UBRELVY

V
VAGIFEM

valacyclovir
 valganciclovir
 valproic acid
 valsartan
 valsartan-hydrochlorothiazide
 VALTOCO
 vancomycin capsule
 VELTASSA
 venlafaxine
 venlafaxine ext-rel capsule
 verapamil ext-rel
 VERQUOVO
 VIBERZI
 vilazodone

VIOKACE
 VRAYLAR
 VTAMA

W
 warfarin
 WEGOVY
 WINLEVI
 Wixela Inhub

X
 XARELTO
 XCOPRI
 XDEMVY

XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA
 XULTOPHY
 XYOSTED

Y
 YUPELRI

Z
 zafirlukast
 ZEGALOGUE
 ZEMBRACE SYMTOUCH
 ZENPEP

ZEPBOUND
 ziprasidone
 ZITUVIMET
 ZITUVIMET XR
 ZITUVIO
 zolmitriptan
 zolpidem
 zolpidem ext-rel
 zonisamide
 ZORYVE CREAM
 ZORYVE CREAM
 ZORYVE FOAM
 ZUBSOLV

PREFERRED OPTIONS LIST FOR FORMULARY DRUG REMOVALS AND DRUGS COVERED ONLY WHEN PREFERRED OPTIONS ARE NOT CLINICALLY APPROPRIATE

The preferred options listed below are a broad representation of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ABILIFY	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>	ACZONE	<i>tablet, valacyclovir</i>
ACANYA	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	adapalene pad	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
ACIPHEX, ACIPHEX SPRINKLE	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>		
Activite	<i>generic multivitamins</i>	ADDERALL	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
ACTOS	<i>pioglitazone</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>		
acyclovir cream	<i>acyclovir capsule, acyclovir</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	ANDROGEL	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>
ADRENALIN	<i>epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	APEXICON E	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
ADVAIR DISKUS, ADVAIR HFA	<i>budesonide-formoterol, fluticasone-salmeterol (except certain NDCs), Breyna, Wixela Inhub, BREO ELLIPTA (except certain NDCs)</i>	APIDRA	FIASP, NOVOLOG
		APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
AIMOVIG	AJOVY, EMGALITY, QULIPTA	ARAZLO	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsons, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
<i>albuterol sulfate CFC-free aerosol (NDCs 00093317431, 66993001968 only)</i>	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>		
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>		
ALIMTA	<i>pemetrexed</i>		
ALLISON MEDICAL INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES	ARNUITY ELLIPTA	ASMANEX HFA, PULMICORT FLEXHALER
ALREX	<i>azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine</i>	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>		
ALVESCO	ASMANEX HFA, PULMICORT FLEXHALER	ASCENSIA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>		
AMRIX	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ASMANEX	ASMANEX HFA, PULMICORT FLEXHALER	BASAGLAR	INSULIN GLARGINE-YFGN, LANTUS
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>	BENSAL HP	<i>desonide (except desonide gel), hydrocortisone</i>
AVENOVA	Talk to your doctor	<i>benzonatate (NDCs 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs 69336012615, 69499032915)</i>
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>	BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine</i>
AZELEX	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
AZESCO	<i>generic prenatal vitamins</i>	<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	BETAPACE, BETAPACE AF	<i>sotalol</i>
BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>
BANZEL	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
		BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
		BREEZE 2 STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS		0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; tazarotene, ENSTILAR, VTAMA, ZORYVE CREAM
BROMSITE	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>	<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM</i>
<i>budesonide ext-rel tablet</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	Capsinac	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CARAFATE	<i>sucralfate tablet</i>
BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>	CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
BYDUREON BCISE	<i>liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY</i>	CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>
BYETTA	<i>liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY</i>	<i>carisoprodol 250 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
BYSTOLIC	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	CARNITOR, CARNITOR SF	<i>levocarnitine</i>
<i>calcipotriene cream, CALCIPOTRIENE FOAM</i>	<i>calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM</i>	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment</i>	<i>chlordiazepoxide-clidinium (NDCs 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	<i>dicyclomine</i>
		<i>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC 73007001303 only), chlorzoxazone 750 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
		CIALIS	<i>sildenafil, tadalafil</i>
		CICATRACE	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>	COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>	<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>
<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>	COLCRYS	<i>colchicine tablet, MITIGARE</i>
CITRANATAL	<i>generic prenatal vitamins</i>	COMBIGAN	<i>brimonidine-timolol</i>
CLIMARA (except CLIMARA PRO)	<i>estradiol</i>	CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
<i>clindamycin gel (NDC 68682046275 only)</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsona, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	CONTOUR NEXT STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>clobetasol emollient foam</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CONTOUR STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>clobetasol spray</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CONTRAVE	<i>orlistat, QSYMIA, SAXENDA, WEGOVY, ZEPBOUND</i>
CLOBEX SPRAY	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CORDRAN TAPE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	COREG CR	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
		COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
		CRESEMBA	<i>itraconazole</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>		<i>butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>dexchlorpheniramine</i>	<i>levocetirizine</i>
CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>	<i>Dexifol</i>	<i>generic multivitamins</i>
DALIRESP	<i>roflumilast</i>	DEXILANT	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
DARAPRIM	<i>pyrimethamine</i>		
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	<i>dexlansoprazole delayed-rel</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	<i>diclofenac potassium powder</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>diclofenac sodium solution 2%</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>Diclofex DC</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>	<i>Diclosaicin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
DIFFERIN LOTION	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tazarotene</i> , <i>tretinoin</i> , AKLIEF, EPIDUO, TWYNEO, WINLEVI		<i>doxycycline hyclate capsule</i> , <i>minocycline</i> , <i>tetracycline</i>
<i>diflorasone cream</i> , <i>diflorasone ointment</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i> , <i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA, OPZELURA, ZORYVE CREAM
<i>dihydroergotamine spray</i>	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH	<i>doxycycline hyclate delayed-rel tablet</i>	<i>doxycycline hyclate 20 mg</i> , <i>doxycycline hyclate capsule</i> , <i>minocycline</i> , <i>tetracycline</i>
DILANTIN	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lacosamide</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>pregabalin</i> , <i>primidone</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>topiramate ext-rel</i> , <i>valproic acid</i> , <i>zonisamide</i> , APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI	<i>doxycycline hyclate tablet 50 mg</i> , <i>doxycycline hyclate tablet 75 mg</i> , <i>doxycycline hyclate tablet 150 mg</i>	<i>doxycycline hyclate 20 mg</i> , <i>doxycycline hyclate capsule</i> , <i>minocycline</i> , <i>tetracycline</i>
<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only)	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA), <i>verapamil ext-rel</i>	<i>doxycycline monohydrate capsule 75 mg</i> , <i>doxycycline monohydrate capsule 150 mg</i>	<i>doxycycline hyclate 20 mg</i> , <i>doxycycline hyclate capsule</i> , <i>minocycline</i> , <i>tetracycline</i>
DIOVAN, DIOVAN HCT	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</i> , <i>irbesartan</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan</i> , <i>valsartan-hydrochlorothiazide</i>	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
<i>Diphen Elixir</i>	<i>levocetirizine</i>	DULERA	<i>budesonide-formoterol</i> , <i>fluticasone-salmeterol</i> (except certain NDCs), <i>Breyna</i> , <i>Wixela Inhub</i> , BREO ELLIPTA (except certain NDCs)
DORYX MPC	<i>doxycycline hyclate 20 mg</i> ,	DUOBRII	<i>tazarotene</i> WITH <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; <i>calcipotriene ointment</i> , <i>calcipotriene solution</i> , ENSTILAR, VTAMA, ZORYVE CREAM
		DYANAVEL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>lisdexamfetamine</i> , <i>methylphenidate ext-rel</i> , AZSTARYS
		DYMISTA	<i>azelastine-fluticasone</i> , <i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i>
		DYRENIUM	<i>amiloride</i> , <i>triamterene</i>
		EDARBI, EDARBYCLOR	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</i> , <i>irbesartan</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan</i> , <i>losartan-</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
E.E.S. GRANULES	<i>erythromycins</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA, OPZELURA, ZORYVE CREAM</i>	FABIOR	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
ELMIRON	Talk to your doctor		
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM		
ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>	FANAPT	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>		
EPICERAM	<i>desonide (except desonide gel), hydrocortisone</i>	FEMRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX only)</i>	<i>epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	<i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
EPIPEN, EPIPEN JR	<i>epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<i>fenoprofen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ERYPED	<i>erythromycins</i>	FERIVA 21/7	<i>generic multivitamins</i>
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>Fexmid</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>		<i>salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
FLAREX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
FLORIVA, FLORIVA PLUS	<i>generic multivitamins</i>	FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
FLOVENT DISKUS, FLOVENT HFA	ASMANEX HFA, PULMICORT FLEXHALER	FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	FREESTYLE STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>	GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>fluoxetine tablet 60 mg, FLUOXETINE 60 MG</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	GOLYTELY	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>
<i>flurandrenolide cream, flurandrenolide lotion</i>	<i>desonide (except desonide gel), hydrocortisone</i>	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FML FORTE, FML LIQUIFILM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>halcinonide cream</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
FOCALIN XR	<i>amphetamine-dextroamphetamine mixed</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>		<i>or naproxen suspension)</i>
HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>	INCRUSE ELLIPTA	SPIRIVA
HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>	INDERAL LA, INDERAL XL	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
HUMALOG	FIASP, NOVOLOG	<i>Indocin, INDOCIN</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30		
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
HUMULIN 70/30	NOVOLIN 70/30		
HUMULIN N	NOVOLIN N		
HUMULIN R	NOVOLIN R		
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	INNOPRAN XL	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>HylaVite</i>	<i>generic multivitamins</i>	INTRAROSA	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS, QELBREE</i>
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>	INVELTYS	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
		INVOKANA	FARXIGA, JARDIANCE
		<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Iclofenac CP</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR</i>	<i>isotretinoin capsule 25 mg, 35 mg</i>	<i>isotretinoin capsule 20 mg, 30 mg, 40 mg</i>
		<i>ivermectin cream</i>	<i>azelaic acid gel, brimonidine</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>		<i>naproxen suspension)</i>
JANUMET, JANUMET XR	<i>saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR</i>	<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
JANUVIA	<i>saxagliptin, ZITUVIO</i>		
JENTADUETO, JENTADUETO XR	<i>saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR</i>	KETOSTIX	Talk to your doctor
JORNAY PM	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	LACTULOSE PAK	<i>lactulose solution</i>
KAMDOY	<i>desonide (except desonide gel), hydrocortisone</i>	LAMICTAL, LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>
Kapzin DC	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>		
KEPPRA, KEPPRA XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	LAMICTAL XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>
KETO-DIASTIX	Talk to your doctor	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM</i>	<i>lansoprazole delayed-rel orally disintegrating tablet</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM</i>		
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or</i>	<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
LATUDA	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>	LOTEMAX, LOTE MAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	LOVAZA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>
LEVEMIR	INSULIN GLARGINE-YFGN, LANTUS	<i>luliconazole</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>levorphanol</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>	LUMIGAN	<i>bimatoprost, latanoprost, travoprost</i>
LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
LIBRAX	<i>dicyclomine</i>	MACRODANTIN	<i>nitrofurantoin (except NDC 16571074024)</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>
LITHOSTAT	Talk to your doctor	MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Lofena</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>mefenamic acid (NDC 69336012830 only)</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
LOKELMA	VELTASSA	<i>meloxicam capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Lorzone</i>	<i>cyclobenzaprine (except</i>	MENEST	<i>estradiol</i>
		<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
		<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
<i>methocarbamol 500 mg (NDC 69036091010 only), methocarbamol 750 mg (NDCs 69036093090, 70868090190 only)</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	MYRBETRIQ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, teriparatide, PROLIA, TYMLOS</i>	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Migergot</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
MINIVELLE	<i>estradiol</i>	<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
MIRVASO	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>
<i>Mondoxyne NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>
MOVIPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>	NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>MultiPro</i>	<i>generic multivitamins</i>	NEXTERONE	<i>amiodarone</i>
<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>	<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>
MYDAYIS	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	<i>Niacor</i>	<i>niacin ext-rel</i>
		NICADAN	<i>generic multivitamins</i>
		NICAPRIN	<i>generic multivitamins</i>
		NICAZEL, NICAZEL FORTE	<i>generic multivitamins</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
NICOMIDE	<i>generic multivitamins</i>		<i>mometasone</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>	ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
<i>nitrofurantoin (NDC 16571074024 only)</i>	<i>nitrofurantoin (except NDC 16571074024)</i>	ONGLYZA	<i>saxagliptin, ZITUVIO</i>
NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NORITATE	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	<i>Orphengesic Forte</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NORPACE	<i>disopyramide</i>	ORTHO D	<i>folic acid, generic multivitamins</i>
NORVASC	<i>amlodipine, nifedipine ext-rel</i>	ORTHO DF	<i>folic acid, generic multivitamins</i>
NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>	OSENI	<i>saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR; saxagliptin or ZITUVIO WITH pioglitazone</i>
NOVO NORDISK NEEDLES	BD ULTRAFINE NEEDLES	OSMOPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>
NOXAFIL	<i>fluconazole, itraconazole</i>		
NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>	OSPHENA	<i>estradiol</i>
NUCYNTA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>	OWEN MUMFORD NEEDLES	BD ULTRAFINE NEEDLES
<i>NuDiclo TabPak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>oxiconazole (NDCs 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
		OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
NUEDEXTA	Talk to your doctor	<i>oxymorphone ext-rel</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>		
NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>	OXYTROL	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel</i>
OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone,</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	tablet		XARELTO
paroxetine HCl ext-rel (NDC 60505367503 only)	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
paroxetine mesylate capsule 7.5 mg	paroxetine HCl	PRED FORTE, PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX	prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
peg 3350-electrolytes (generics for MOVIPREP only)	peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ	PREMARIN	estradiol
		PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	PRENATAL PLUS	generic prenatal vitamins
		PREVACID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel	PREVIDENT	Talk to your doctor
		PRIOLOSEC	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
PERCOCET	hydrocodone-acetaminophen, oxycodone-acetaminophen	PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
PERRIGO NEEDLES	BD ULTRAFINE NEEDLES	PROAIR RESPICLICK	albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol
PLAVIX	clopidogrel, prasugrel, BRILINTA	PROMETRIUM	medroxyprogesterone; progesterone, micronized
POLYTOZA	Talk to your doctor	PROTONIX	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-
POLY-VI-FLOR	generic multivitamins		
POLY-VI-FLOR WITH IRON	generic multivitamins		
posaconazole delayed-rel tablet	fluconazole, itraconazole		
PRADAXA	dabigatran, warfarin, ELIQUIS,		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>rel, pantoprazole delayed-rel tablet</i>	RECEDO	Talk to your doctor
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>	RELION INSULIN	NOVOLIN INSULIN
		RELISTOR	<i>lubiprostone, MOVANTIK, SYMPROIC</i>
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>	REVELA	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	RETIN-A MICRO	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>	RHEUMATE	<i>generic multivitamins</i>
QTERN	GLYXAMBI	RHOFADE	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>quazepam</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>	RHOPRESSA	<i>bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost, ALPHAGAN P, BETOPTIC S, SIMBRINZA</i>
QUILLICHEW ER	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	RIMSO-50	Talk to your doctor
QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
QVAR REDIHALER	ASMANEX HFA, PULMICORT FLEXHALER	ROCKLATAN	<i>bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost, ALPHAGAN P, BETOPTIC S, SIMBRINZA</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>	RyClora	<i>levocetirizine</i>
		SCARSILK PAD	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
SEROQUEL XR	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>		STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
SILENOR	<i>doxepin, eszopiclone, ramelteon, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>	SYMBICORT	<i>budesonide-formoterol, fluticasone-salmeterol (except certain NDCs), Breyna, Wixela Inhub, BREO ELLIPTA (except certain NDCs)</i>
SILIVEX	Talk to your doctor		
SILTREX	Talk to your doctor		
SINGULAIR	<i>montelukast, zafirlukast</i>	SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
SORILUX	<i>calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM</i>	TALIVA	<i>generic multivitamins</i>
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	Targadox	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
STENDRA	<i>sildenafil, tadalafil</i>	tavaborole	<i>terbinafine tablet</i>
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>	TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
SUBSYS	<i>fentanyl transmucosal lozenge</i>		
<i>sucrafate suspension</i>	<i>sucrafate tablet</i>		
<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, or ZEMBRACE SYMTOUCH</i>	TAZORAC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI; calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM</i>
SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>		
<i>Sure Result DSS Premium Pack</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	TEGRETOL, TEGRETOL XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam</i>
SURE-TEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	TOPROL-XL	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	Tovet	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>	TRADJENTA	<i>saxagliptin, ZITUVIO</i>
		<i>tramadol tablet 100 mg, tramadol ext-rel capsule</i>	<i>tramadol (except tramadol tablet 100 mg), tramadol ext-rel tablet</i>
TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<i>tiotropium bromide</i>	SPIRIVA	TRAVATAN Z	<i>bimatoprost, latanoprost, travoprost</i>
TIROSINT	<i>levothyroxine, SYNTHROID</i>	TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>		
<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	<i>triamcinolone aerosol 0.2%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
		<i>triamcinolone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	(except triamcinolone ointment 0.05%)	ULORIC	<i>allopurinol</i>
TRICOR	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES
		ULTIMED NEEDLES	BD ULTRAFINE NEEDLES
TRILEPTAL	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
		UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
		V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
TRI-VI-FLOR	<i>generic multivitamins</i>	VALCYTE	<i>valganciclovir</i>
TRIVIDIA INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES	VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
TronVite	<i>generic multivitamins</i>	<i>Vanoxide-HC</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
TRUDHESA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	VASCEPA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>
TRUETEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS	VASCULERA	Talk to your doctor
		VECTICAL	<i>calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM</i>
TRUETRACK STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS	VELPHORO	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
		<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
TUDORZA	SPIRIVA	VENTOLIN HFA	<i>albuterol sulfate CFC-free</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	aerosol (except NDCs 00093317431, 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>		<i>diazepam, lorazepam, oxazepam</i>
VEREGEN	<i>imiquimod</i>	XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY, ZEPBOUND</i>
VIAGRA	<i>sildenafil, tadalafil</i>	XERESE	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
VICTOZA	<i>liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY</i>	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	XTAMPZA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
VIMPAT	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>	XYZBAC	<i>generic multivitamins</i>
		YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
		YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
VITAFOL-ONE	<i>generic prenatal vitamins</i>		
Vitasure	<i>generic multivitamins</i>		
VIVELLE-DOT	<i>estradiol</i>		
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	Yuvafem	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
		ZALVIT	<i>generic prenatal vitamins</i>
VYZULTA	<i>bimatoprost, latanoprost, travoprost</i>	ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
WELLBUTRIN XL	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	ZELAC	Talk to your doctor
XANAX, XANAX XR	<i>alprazolam, clonazepam,</i>	ZERVIATE	<i>azelastine, bepotastine,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>cromolyn sodium, loteprednol, olopatadine</i>		<i>tablet 60 mg, fluoxetine tablet [generics for SARAFEM], paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>		
ZETIA	<i>ezetimibe</i>	<i>zolpidem sublingual</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>		
ZIANA	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI</i>
<i>Ziclopro</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>		
<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>	ZONTIVITY	Talk to your doctor
ZIRGAN	<i>trifluridine</i>	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine</i>		

FOR YOUR INFORMATION: New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

Formulary removals/drugs not included on the preferred options list may be covered by the plan when preferred options are not clinically appropriate. For more information, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.

Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

Some listings do not include certain NDCs as noted above.

An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

BD ULTRAFINE syringes and needles are the only preferred options.

ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

Generic multivitamins (except Activite, Dexifol, HylaVite, Multipro, TronVite, Vitasure) are the only preferred options.

Generic prenatal vitamins are the only preferred options.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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ASBAIT Network: Aetna Choice® Point of Service (POS) II

When you need medical services you have access to providers in the Aetna Choice POS II network both inside and outside of Arizona. This is a broad national network that's provided with all ASBAIT health plans including over 277,079 primary care doctors, 497,710 Physician Specialists, 847,470 Non-Physician Specialists and 6,248 hospitals. It's easy to find doctors and hospitals in your network. You can find network providers online or by phone.

Why visit a provider in the Aetna Choice Point of Service (POS) II Network?

You pay lower out of pocket costs plus gain the advantage of connected providers offering more efficient care for the best possible health outcomes.

Your Aetna medical plan has two network benefit tiers for you to choose from:

Tier 1	Aetna Choice Point of Service II (POS II) A broad national network that's provided with all ASBAIT health plans.
Tier 2	Out-of-network coverage (highest cost share option)

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate subject to usual and customary charges. All plan limitations, requirements and provisions apply.

Important: if you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

Find Aetna providers online

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit: <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in your location (ZIP code, city, county or state). Then, choose range (e.g., within 25 miles).
3. Under *Broad Medical Network*, choose *Aetna Choice POS II (Open Access)* under *Select Plan*. Then click *Continue*.
4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for you to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
5. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider's name.
6. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations, Languages, Gender and Specialty*.

Finding dental providers

If your school offers dental benefits, you can also use DocFind to search for dental providers:

1. Visit: www.aetna.com/docfind/custom/mymeritain/.
2. Choose: *Aetna Dental® Administrators*
3. Choose *Aetna Dental Access®/Vital Savings by Aetna®* under *Select a Plan*.

For more search tips, you can click on *Search Tips and FAQs* on the home screen.

If you have questions while searching for a doctor or hospital, simply click on the *Contact DocFind* link. It's at the top of any DocFind page. You'll be able to send a quick comment or question.

Helpful tip

If you go outside your provider network, you may still have benefits, but your share of costs will be much higher, and the amount you pay will not be based on a lower negotiated rate.



2025-2026 RENEWAL

Kingman USD No. 20



KAIROS
HEALTH ARIZONA, INC.

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HEY, WHAT'S NEW?

Rate Changes



DELTA DENTAL
3% Increase

TDA DENTAL
No Change

VSP VISION
No Change



Refer to page 14 for your medical rates and page 16 for ancillary rates.

Medical Plan Changes

- Out-of-network deductibles and out-of-pocket maximums have increased on most plans. Please refer to page 15 for further details.
- The ACA is requiring that plans begin charging for Teladoc services on high-deductible health plans. After deductible, costs will be waived.
- The IRS has updated the minimum deductible for high-deductibles in 2025 to be \$1,650. This means we're slightly increasing both the individual and family deductible on the \$1,600 HDHP.
- We are in process of building our **new** network of preferred providers. This means enhanced access and potentially lower costs. We will be sure to share more information when it's ready!

Pharmacy Changes

Prescription copays have gone up slightly. For more detail about these changes, please see page 15.

OTHER UPDATES

- Total Dental Administrators has been acquired by EMI Health who offers our DHMO Prepaid Dental Plan offering. You may see TDA and EMI interchangeably going forward.
- Our Centers of Excellence now covers services related to substance abuse as of February 2025.
- **Enhancement:** Short-term disability benefits are no longer reduced by PTO or sick time.
- Basic Life rates have reduced slightly. All rates can be found on page 16.
- Starting May 15, Nationwide Pet Insurance will introduce new, enhanced plans. Employees who enroll in Nationwide before this date will continue to be covered under the current plans for one year. After May 15, any new enrollments will automatically be under the new plans. Watch for more communication about these changes.



SERVICE & BENEFIT OVERVIEW

PLAN OFFERINGS



MEDICAL

We offer a flexible benefit program with six medical plan choices, including HSA-qualified high-deductible health plans (HDHPs). All plans are PPO plans and use the UnitedHealthcare Choice Plus network, with UMR administering claims.



Rx

Our medical plans include prescription drug coverage through MaxorPlus, which offers a large network of pharmacies across the state. We utilize MaxorPlus' focus formulary (list of covered medications) and have a separate preventive list available to those on an HDHP.



DENTAL

- Delta Dental Select PPO Plan: Employees may visit any Delta dentist without a referral.
- EMI DHMO Prepaid Plan: This plan has no deductibles, no claims, and a more limited network. Provider selection is required at enrollment.



VISION

Vision benefits are offered to employees through the VSP vision network. Employees may choose from thousands of ophthalmologists, optometrists, and opticians at private practices or at popular retail locations like Costco® Optical, Visionworks, and more.

PLAN OFFERINGS

ANCILLARY BENEFITS

BASIC LIFE AND AD&D: Basic life and AD&D coverage for employees is available through MetLife in the amount of \$50,000/employee. This coverage is 100% employer-paid. Additional limits are available for administrator- and executive-level staff in the amounts of \$200,000, \$300,000, or \$400,000.

SUPPLEMENTAL LIFE AND AD&D: This coverage allows employees to purchase additional life coverage for themselves and their dependents.

SHORT-TERM DISABILITY: This coverage pays a percentage of employees' salary if they are temporarily unable to work as a result of illness or injury (excluding on-the-job injuries).

WORKSITE BENEFITS:

Hospital indemnity. The hospital indemnity plan offers a cash benefit when an employee requires hospitalization and is admitted to the hospital.

Critical illness. Critical illness insurance can help lessen the burden of large out-of-pocket costs for employees who suffer a critical illness.

Accident. Accident insurance provides a financial cushion to help absorb expenses like copays, deductibles, and more when an accident happens. Benefits are paid regardless of medical insurance coverage, and benefit dollars can be spent as participants choose.

PREPAID LEGAL COVERAGE: Employees have access to a national network of over 17,000 attorneys to help with important life events, such as buying a home or creating a will.

IDENTITY THEFT PROTECTION: Three different plan options are available to help protect employees' identity.

PET INSURANCE: Pet insurance pays partly the cost of veterinary treatment for employees' ill or injured pets.

HEALTH EXPENSE FUNDS: Health savings accounts (HSAs) and flexible spending accounts (FSAs) with dependent care options.

KAIROSPRO BENEFITS

DEDICATED NURSES HERE TO HELP YOU

Navigating health care and insurance can be overwhelming, but our **KairosPro Navigators** program is here to help. Our dedicated nurses assist employees and their families in navigating the health care system, selecting optimal treatments, and minimizing costs. They offer clinical expertise, knowledge of Kairos insurance, and a commitment to patient support.

Our nurses can assist by:

- Acting as a liaison between patients, doctors, and insurance.
- Facilitating access to manufacturer medication programs.
- Connecting with community assistance programs.
- Guiding through the prior authorization process.
- Coordinating alternative care sites with providers.

And much more!



TOOLS FOR TOTAL WELLNESS

With **KairosPro Wellness**, we offer:

- 100% covered preventive services with no age restrictions
- Online health center and tools for healthy living
- Comprehensive maternity program with completion incentives
- Chronic and complex condition management programs
- Free counseling and work-life resources via employee assistance programs
- Telehealth services for general medicine, behavioral health, and dermatology
- Cost-of-care estimation tools
- Financial wellness workshops
- Online weight loss program
- Discounted gym memberships and online fitness programs
- Onsite biometric screenings, flu shots, and mammograms



INCLUDED SERVICES

Our team is here to help you and your employees every step of the way. Think of us as an extension of you!

All of the services below are what you get when you're with Kairos, at no cost. So let us take some of the work off your plate—it's what we're built to do.

MEMBER & EMPLOYEE SERVICES

- Dedicated teams for account management, participant support, and nurse navigators
- Education on regulatory and compliance issues
- Employee communication and training support
- Assistance with or direct facilitation of benefit committee and governing board meetings
- Support for open enrollment with a wide range of offerings and customized resources
- Educational resources and member website
- Easy-to-use and customizable online enrollment tool



FINANCIAL & REPORTING

- Consolidated monthly invoice
- Financial performance and claims review
- Annual medical and pharmacy audits
- Legal guidance
- Personalized help with funding strategies
- Industry-leading reporting capabilities
- Investment options



PROFESSIONAL SERVICES

- Negotiation of vendors' terms, conditions, and pricing
- Vendor coordination for any presentations, benefit fairs, and board meetings
- Procurement and implementation of benefit changes and new program offerings
- Coordination and oversight of FSA, HSA, and COBRA administration



When you're with Kairos, you're like family.

*Reporting capabilities exclude 1095 reporting
COBRA administration for Kairos-administered benefits only*

CENTERS OF EXCELLENCE

Find care with fewer headaches at our Centers of Excellence facilities, in partnership with Carrum Health. This benefit is available to those enrolled in a Kairos medical plan, ages 18 to 65.

COVERED PROCEDURES

- Joint replacement: Hip, knee, ankle, shoulder – total or partial replacement revisions
- Spine (neck and back): Fusion, decompression, laminectomy
- Heart (valve repair)
- Cancer care: Breast, thyroid
- **NEW** Substance abuse therapy

BENEFITS

- Consolidated Care: Most procedures covered from pre-op consult to post-op discharge
- No surprise bills: Pay no or low cost for covered procedures
- Access to specialists: Receive care from proven quality specialists throughout the country
- Travel included: You and your plus one get the main mode of transportation, lodging, and a food stipend covered

HOW IT WORKS

1. Build your profile at carrumhealth.com/kairos by answering a few questions to your specific needs
2. Select your procedure and choose your doctor from our network of top providers in the country
3. A Carrum Care Specialist will provide next steps, answer questions, and your costs (if any)
4. Schedule your consultation and meet with a healthcare professional
5. Carrum will work with your provider to ensure you receive tailored support from start to finish

Ask us for a current list of in-network facilities.

TIMELINE & NEXT STEPS



CALENDAR

We never want to leave you guessing. Below we've outlined what you and your employees can expect from us throughout the year. (We'll also be in touch regularly with training webinars and communications to update you on anything new.)

2024/2025

FEBRUARY	2/12 Board meeting: approval of rates
MARCH	3/3 Renewals are released 3/21 Plan elections and contributions are due
APRIL	4/1 Open enrollment kicks off 4/17 Board meeting: approval of contracts
MAY	5/30 Open enrollment closes for all groups
JUNE	6/1-6/15 Open enrollment changes are sent to vendors 6/15 ID cards go out to new enrollees or those making changes 6/26 Board meeting: approval of policies

2025/2026

JULY	7/1 New plan year begins. Deductibles reset. Prescription formulary changes
AUGUST	8/21 Board meeting: approval of budget
SEPTEMBER	9/1 Annual member satisfaction survey TBD Benefit Insights & More (HR and benefit training event)
OCTOBER	10/1 Annual stewardship meetings kick off. Board ballots go out.
NOVEMBER	11/6 Annual board meeting: approval of renewal changes
DECEMBER	Happy holidays!



AND THERE'S MORE!

You can also expect educational webinars, monthly newsletters, and ongoing email communication blasts with educational info and important plan updates throughout the year.

YOUR NEXT STEPS

Your account manager will guide you through the options and gather the necessary information for renewal.

STEP 1: PLAN RENEWAL & CONTRIBUTIONS

- Your account manager will contact you to discuss renewal options and gather necessary information.
- Submit all renewal changes by March 21, 2025, or earlier if possible.
- Provide employer contribution to premiums as soon as approved to ensure timely open enrollment setup (2-week timeline).

STEP 2: KICK OFF OPEN ENROLLMENT

- After receiving your information, your account manager will plan open enrollment, schedule dates, and set up your benefits portal.
- Utilize our resources! This includes webinars, presentations, computer labs, one-on-one sessions, virtual Q&A, customized portals, custom eGuides, plan comparison tools, and Spanish materials.
- Open enrollment must close for all groups by May 30, 2025.

GO GREEN!

Join us in making a positive impact on the environment by participating in our "Go Green" campaign during this year's open enrollment. By choosing digital options, you can help reduce paper waste and contribute to a more sustainable future. Ask us how you can take advantage of our digital resources!

RENEWAL PLANS & RATES



2024/25 Fiscal Year	Core		Copay		PPO 1200		HDHP 1600		HDHP 2500		HDHP 5000		
	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	
Employee	-	N/A	39	\$ 1,227	-	N/A	105	\$ 969	114	\$ 904	266	\$ 685	
Employee + Spouse/Domestic Partner	-	N/A	-	\$ 2,456	-	N/A	2	\$ 1,939	1	\$ 1,809	16	\$ 1,369	
Employee + Child(ren)	-	N/A	-	\$ 2,333	-	N/A	2	\$ 1,843	-	\$ 1,719	13	\$ 1,301	
Employee + Family	-	N/A	-	\$ 3,132	-	N/A	-	\$ 2,472	3	\$ 2,305	23	\$ 1,747	
											2024/25 Fiscal Year Contributions		\$ 6,361,800

2025/26 Fiscal Year	Core		Copay		PPO 1200		HDHP 1650		HDHP 2500		HDHP 5000		
	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	
Percentage Increase	25%		25%		25%		25%		25%		25%		
Employee	-	N/A	39	\$ 1,534	-	N/A	105	\$ 1,211	114	\$ 1,130	266	\$ 856	
Employee + Spouse/Domestic Partner	-	N/A	-	\$ 3,070	-	N/A	2	\$ 2,424	1	\$ 2,261	16	\$ 1,711	
Employee + Child(ren)	-	N/A	-	\$ 2,916	-	N/A	2	\$ 2,304	-	\$ 2,149	13	\$ 1,626	
Employee + Family	-	N/A	-	\$ 3,915	-	N/A	-	\$ 3,090	3	\$ 2,881	23	\$ 2,184	
											2025/26 Fiscal Year Contributions		\$ 7,951,236
											Change from Prior Year		25%

2024/25 Fiscal Year

Estimated Monthly Employer Funding:	\$ 462,280
Estimated Annual Employer Funding:	\$ 5,547,360 *

2025/26 Fiscal Year

Estimated Monthly Employer Funding:	\$ 577,850
Estimated Annual Employer Funding:	\$ 6,934,200 **
Estimated Additional Employer Funding:	\$ 1,386,840

Members 3 year (21/22-23/24)	Loss Ratio %	Loss Ratio \$
	112%	\$ (2,059,905)

Annual Rate Increases								
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	Average
N/A	5%	10%	9%	7%	10%	9%	25%	11%

* Medical and Pharmacy Only

** Assumes no change in enrollment from the 2024/25 fiscal year and same district funding percentage.

Ancillary Current Selections

<input checked="" type="checkbox"/> PPO Dental	<input type="checkbox"/> Supplemental Life with AD&D	<input type="checkbox"/> Hospital Indemnity
<input type="checkbox"/> Prepaid DHMO Dental	<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Critical Illness
<input checked="" type="checkbox"/> Vision	<input type="checkbox"/> Prepaid Legal Support	<input type="checkbox"/> Identity Theft Protection
<input type="checkbox"/> Basic Life with AD&D	<input type="checkbox"/> Accident Insurance	<input type="checkbox"/> Pet Insurance

NAME OF PLAN	CORE	COPAY	\$1,200 PPO	\$1,650 HDHP	\$2,500 HDHP	\$5,000 HDHP
IN-NETWORK						
DEDUCTIBLE (individual/individual +1/individual +2 or more)	\$500/\$1,000/\$1,500	\$750/\$1,500/\$2,250	\$1,200/\$2,400/\$3,600	\$1,650/\$3,300	\$2,500/\$5,000	\$5,000/\$10,000
OUT-OF-POCKET MAXIMUM (individual/individual +1 or more)	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,750/\$13,500
OFFICE VISITS/TELEHEALTH	\$25 PCP \$50 Specialist	\$25 PCP \$50 Specialist	\$25 PCP \$50 Specialist	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
TELADOC	No deductible, \$0	No deductible, \$0	No deductible, \$0	Deductible, then \$0	Deductible, then \$0	Deductible, then \$0
URGENT CARE	Deductible, then 20%	\$100 Copay	\$100 Copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	No deductible, \$0	No deductible, \$0	No deductible, \$0	No deductible, \$0	No deductible, \$0
HOSPITAL SERVICES Inpatient/Outpatient services Outpatient lab/x-ray	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 20%	\$25 Copay \$75 Copay \$250 Copay \$250 Copay	\$25 Copay \$75 Copay \$250 Copay \$250 Copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: breast, thyroid Substance abuse therapy	No deductible, \$0	No deductible, \$0	No deductible, \$0	Deductible, then \$0	Deductible, then \$0	Deductible, then \$0
OUT-OF-NETWORK						
DEDUCTIBLE (individual/individual +1/individual +2 or more)	\$3,000/\$4,000/\$5,000	\$3,500/\$5,000/\$6,500	\$3,600/\$7,200/\$10,800	\$4,800/\$9,600	\$7,500/\$15,000	\$15,000/\$30,000
COINSURANCE	50%	50%	50%	50%	50%	50%
OUT-OF-POCKET MAXIMUM	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum

RETAIL 30-DAY

GENERIC	\$10
PREFERRED	30% up to \$80
NON-PREFERRED	30% up to \$200
SPECIALTY	50% up to \$200

RETAIL 90-DAY AND MAIL ORDER

GENERIC	\$30
PREFERRED	30% up to \$200
NON-PREFERRED	30% up to \$500

DISCLAIMERS

The Core, Copay, \$1,200 PPO, and \$5,000 HDHP plans have an embedded individual deductible and out-of-pocket limit. An embedded deductible means that each family member has an individual deductible. When an individual reaches their deductible, the plan will begin to pay benefits for that individual, regardless of whether the family deductible has been met. The same logic holds true for the embedded out-of-pocket limit.

The \$1,650 and \$2,500 HDHPs have a non-embedded deductible and out-of-pocket limit. With non-embedded plans, there are no individual deductibles. The total family deductible must be met before the plan pays benefits for any individual family member. Again, the same logic applies to the out-of-pocket limit.

With the \$1,650, \$2,500, and \$5,000 HDHPs, all benefits are subject to the deductible unless otherwise noted. The annual medical plan deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications and medical services not subject to the deductible. For a detailed list of medications not subject to the deductible under the HDHP plans, please contact Kairos at 888.331.0222.

All plans: The in-network and out-of-network deductibles and out-of-pocket limits are separate and do not accumulate toward one another.

IMPORTANT: This summary is intended only as a brief description of plan benefits. It attempts to describe plan details in a clear, simple, and concise manner. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.

ANCILLARY BENEFIT RATES

The rates listed below are monthly rates. For comprehensive benefit summaries, please contact your account manager.

DELTA DENTAL PPO

INDIVIDUAL	\$44.00
INDIVIDUAL + SPOUSE	\$91.00
INDIVIDUAL + CHILD(REN)	\$75.00
FAMILY	\$116.00

EMI HEALTH DHMO DENTAL

INDIVIDUAL	\$10.40
INDIVIDUAL + SPOUSE	\$20.80
INDIVIDUAL + CHILD(REN)	\$22.88
FAMILY	\$26.00

VSP VISION

INDIVIDUAL	\$7.19
INDIVIDUAL + SPOUSE	\$14.39
INDIVIDUAL + CHILD(REN)	\$15.39
FAMILY	\$24.60

METLIFE SHORT-TERM DISABILITY

AGE	PER \$10 WEEKLY BENEFIT
<45	\$0.345
45-49	\$0.424
50-54	\$0.530
55-59	\$0.645
60-64	\$0.769
65+	\$0.919

METLIFE BASIC LIFE AND AD&D

FOR EMPLOYEES	
\$50,000	\$5.05
FOR ADMINISTRATORS/EXECUTIVE STAFF	
\$100,000	\$10.10
\$200,000	\$20.20
\$300,000	\$30.30
\$400,000	\$40.40

METLIFE SUPPLEMENTAL LIFE AND AD&D

AGE	COST PER \$1,000
<30	\$0.067
30-34	\$0.086
35-39	\$0.095
40-44	\$0.119
45-49	\$0.151
50-54	\$0.225
55-59	\$0.411
60-64	\$0.625
65-69	\$1.192
70+	\$2.470
Child	\$0.152

Please note that if you are electing a basic life policy for administrator/executive-level staff:

- You must select one benefit class. For example, employers may not offer a \$200K policy and a \$400K policy for administrators.
- The amount shall be 100% paid and replace the \$50K offering.
- It's your responsibility for defining eligible and acceptable classes.

New!

New!

ANCILLARY BENEFIT RATES

The rates listed below are monthly rates. For comprehensive benefit summaries, please contact your account manager.

METLIFE WORKSITE COVERAGES

ACCIDENT INSURANCE

INDIVIDUAL	\$12.48
INDIVIDUAL + SPOUSE	\$25.34
INDIVIDUAL + CHILD(REN)	\$25.81
FAMILY	\$32.31

METLIFE HOSPITAL INDEMNITY

INDIVIDUAL	\$14.60
INDIVIDUAL + SPOUSE	\$26.96
INDIVIDUAL + CHILD(REN)	\$22.76
FAMILY	\$35.12

METLIFE CRITICAL ILLNESS

AGE	INDIVIDUAL	+ SPOUSE	+ CHILD(REN)	FAMILY
<25	\$0.20	\$0.34	\$0.20	\$0.34
25-29	\$0.21	\$0.37	\$0.21	\$0.37
30-34	\$0.30	\$0.51	\$0.30	\$0.51
35-39	\$0.42	\$0.71	\$0.42	\$0.71
40-44	\$0.64	\$1.06	\$0.64	\$1.06
45-49	\$0.95	\$1.58	\$0.95	\$1.58
50-54	\$1.35	\$2.27	\$1.35	\$2.27
55-59	\$1.87	\$3.17	\$1.87	\$3.17
60-64	\$2.69	\$4.60	\$2.69	\$4.60
65-69	\$4.03	\$6.90	\$4.03	\$6.90
70+	\$6.25	\$10.46	\$6.25	\$10.46

METLIFE PREPAID LEGAL

HIGH PLAN	\$14.50
LOW PLAN	\$7.00

AURA IDENTITY THEFT PROTECTION

	TOTAL PLAN	PREMIER PLAN	ULTIMATE PLAN
INDIVIDUAL	\$7.90	\$9.85	\$10.85
FAMILY	\$13.90	\$17.85	\$19.85

NATIONWIDE PET INSURANCE

This benefit is not deducted from payroll. Employees elect and make payments directly to Nationwide through the Nationwide website.

RATES VARY BY PET BREED, AGE, AND LOCATION.

ADDITIONAL SUPPORT

To wrap it all up, don't forget about the resources available to your employees and their families...plus a mighty board of directors that oversees it all. (Stop by a board meeting sometime!)

ADDITIONAL SUPPORT AND BOARD INFORMATION

Participant Advocate Team	Our participant team members are the ones who pick up the phone when employees need help with ID cards, benefit questions, enrollment support, and more.	888.331.0222 kairos@kairoshealthaz.org
Nurse Navigators Team	Our clinical team is here to help guide employees through the complexities of the health care system: prior authorization, coordinating care with a provider, finding lower cost service options, and more.	888.331.0222 nurse@kairoshealthaz.org
Member Website	Our website contains forms and documents, educational videos and handouts, and the latest news and information.	888.331.0222 svc.kairoshealthaz.org
UMR	UMR is available 24/7 for questions specific to medical coverage, claims, in-network providers, and ID cards.	844.212.6811 umr.com
MaxorPlus	Maxor provides round-the-clock support for questions on prescription coverage, prior authorization, and in-network pharmacies.	800.687.0707 maxorplus.com
Board of Directors	Our board of directors is made up of representatives of the pool's membership, elected by the members themselves. Cities and towns, fire districts, and public schools all have representation on the board.	Board members: kairoshealthaz.org/about Board agendas and minutes: svc.kairoshealthaz.org/board



ASBAIT 2025-2026

Kingman Unified School District
12/09/24

Presenter – Chuck Nelson Sr.Mgr., Business Consultant

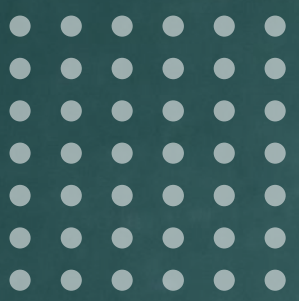
Agenda

Who is ASBAIT?

ASBAIT wellness programs and services

ASBAIT benefit plan options

Questions



The Value of ASBAIT

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST



Stability for Districts

Established in 1981

Built for Arizona School Districts



Best Plans and Network

9 plans with \$0 to \$5,000 Deductible

National and Performance Network



Delivering Care

Innovative Programs and Products

Focus on Mental Health



Controlling Costs

Managing Chronic Conditions

Promotion of Health and Wellness

ASBAIT Governance



CRYSTLE NEHRMEYER

Chairman
Oracle ESD
Superintendent



PAUL ROETTO

Vice Chairman
Saddle Mountain USD
Board Member



CJ BECKSTROM

Secretary
Buckeye ESD
Business Manager



JUSTAN RICE

ASBA Executive Director



ROBERT DEVERE

Tombstone USD
Superintendent



DESIREE FOWLER

Page USD
Board Member



DAN CONTORNO

Marana USD
Business Manager



MARCIE RODRIGUEZ

Cave Creek USD
Business Manager



TROY THYGERSON

Dan Hinton ESD
Superintendent



MAYRA ZUNIGA

Nogales USD
Human Resource Director



DR. ASHLEY HODGE

Roosevelt ESD
Board Member



THOMAS THURMAN

Mountain Institute
Yavapai County - Prescott
Board Member



Wellness Programs & Services

Your wellness journey



Have a chronic condition?

- Accept help and join **Nurse Health Coaching** and earn incentives!
- Expecting? Join **Maternity Management** and earn incentives!
- Chronic pain? Try the **Hinge Health Program!**



With **Virta Health**, combined with provider support, coaching and technology, you can lose weight, reduce medication needs and lower blood sugar naturally.



Get your preventive annual physical and participate in **on-site biometric testing when offered at your school.**



Save money on **prescriptions** and manage your condition. Ask for generics. Accept lower cost medication therapy if offered to you. Use **PrudentRx** to save on Specialty Medications



If you are admitted into the hospital, accept **Case Management**. Nurses are there to help you find your way back to wellness.



Join or start a **wellness program** at your school. Wellness campaigns are fun! Make new friends, start your journey to improved well being.



More access to care... **Teladoc Health[®], SkinIO[™], Employee Assistance Program (EAP)** and **on-site** mammogram / flu shot clinics



Virta Health

This benefit (added in September 2023) is a virtual clinic providing nutrition-based care. With Virta Health, you can lose weight, reduce medication needs and lower blood sugar naturally. Combined with provider support, coaching and technology, you can get help to reverse type 2 diabetes. Members with a qualifying condition may be eligible to receive care at no cost.



Find out more and check eligibility at:
<http://info.virtahealth.com/asbaitcycle>



SkinIO for your skin health

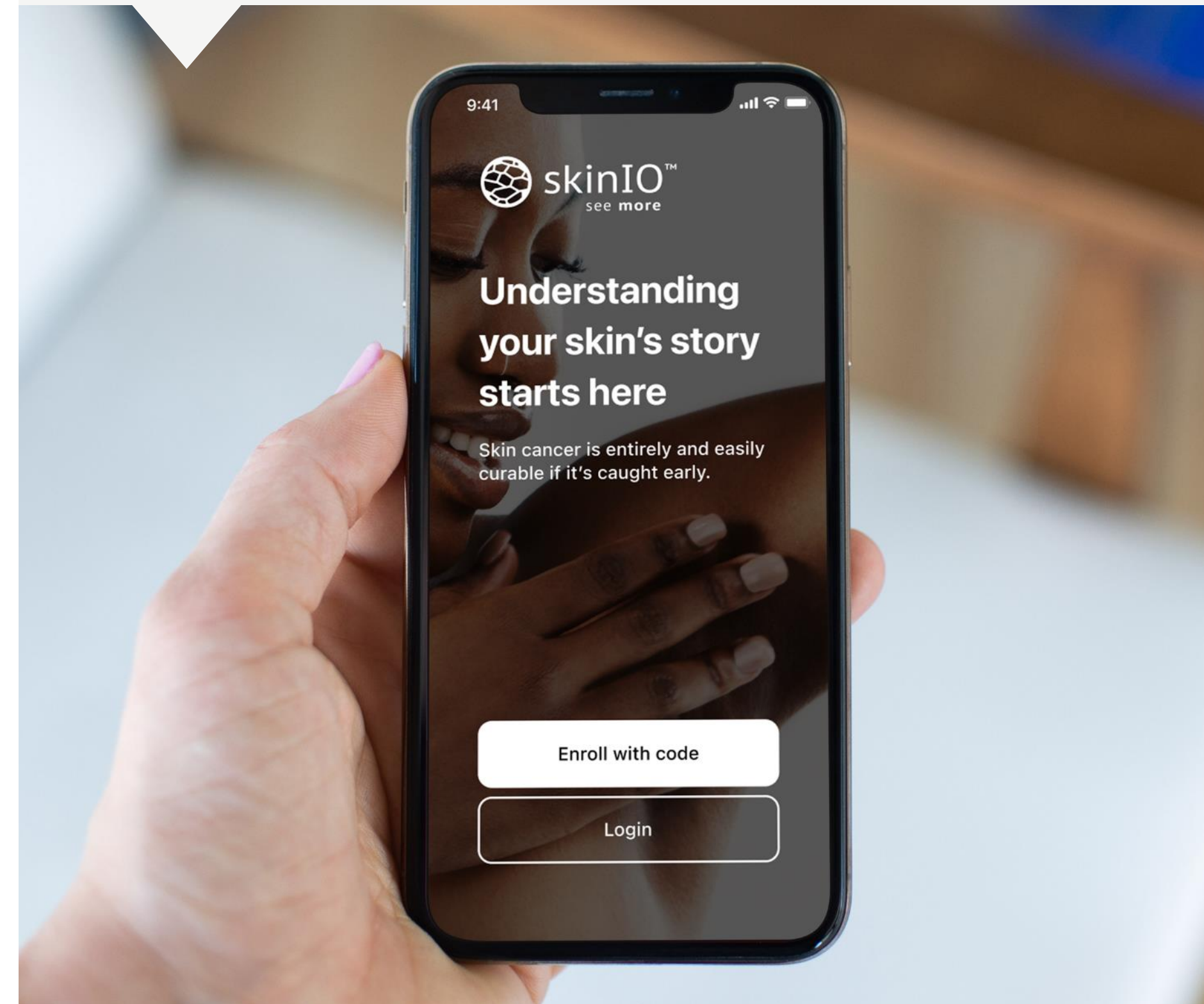
SkinIO is a wellness benefit that empowers you to take action against skin cancer – without leaving home.

Skin cancer is the most common form of cancer in America. Now, you can do a full-body skin exam at home in just 10 minutes. All you need is a photo-taking partner and your smartphone.

Click logo to watch video



skinIO™
see more



Your SkinIO experience in four easy steps:



10 minutes start to finish

The SkinIO app will guide you step-by-step through the process of capturing 13 high-quality photos of major regions of your skin. All from the comfort of home.



Outlier spots are flagged automatically

The AI that's built into our app will automatically flag potentially problematic spots for close-up photos.



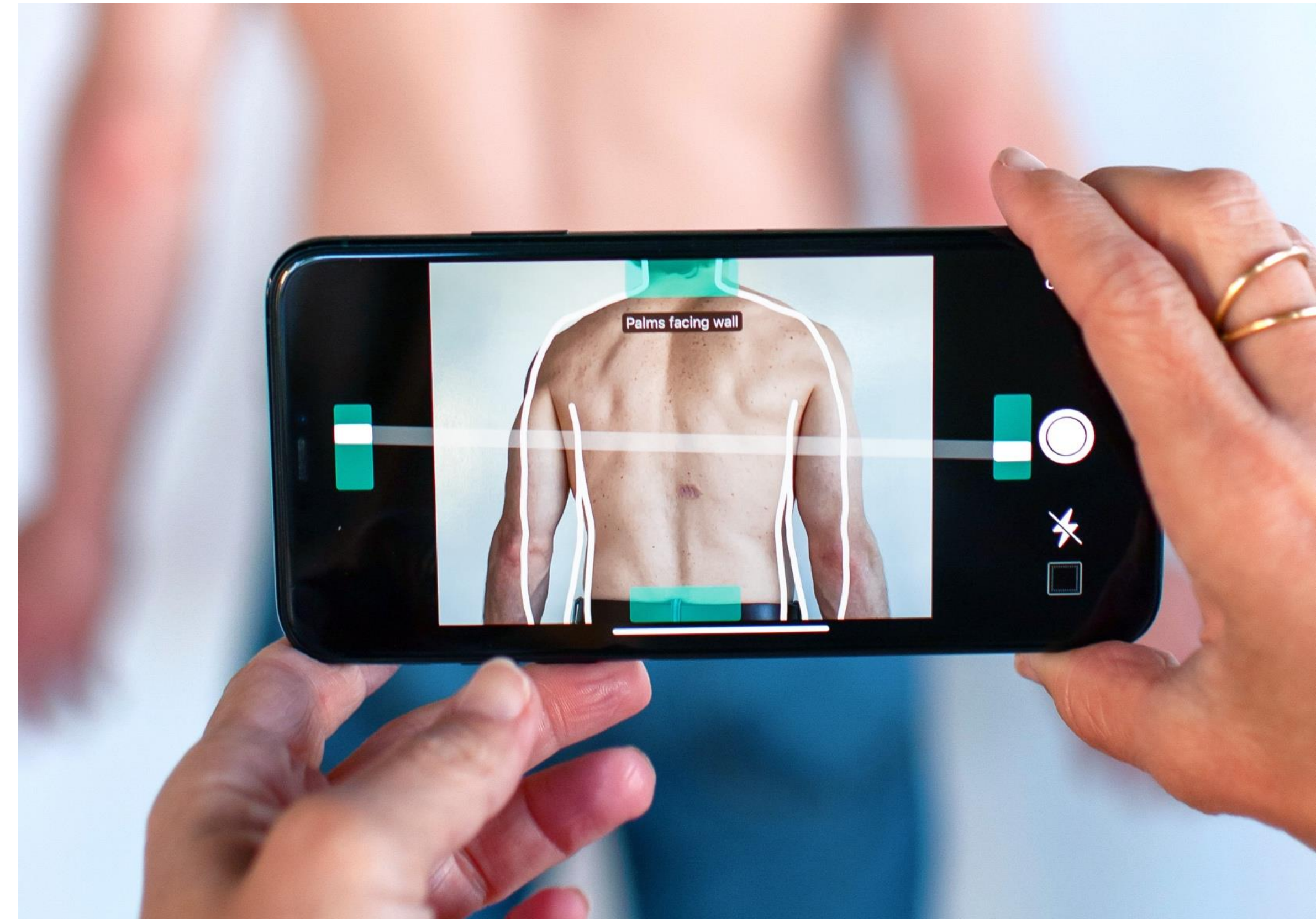
Photos are securely sent for expert review

All images are encrypted, automatically removed from your device and sent to an expert dermatologist for review.



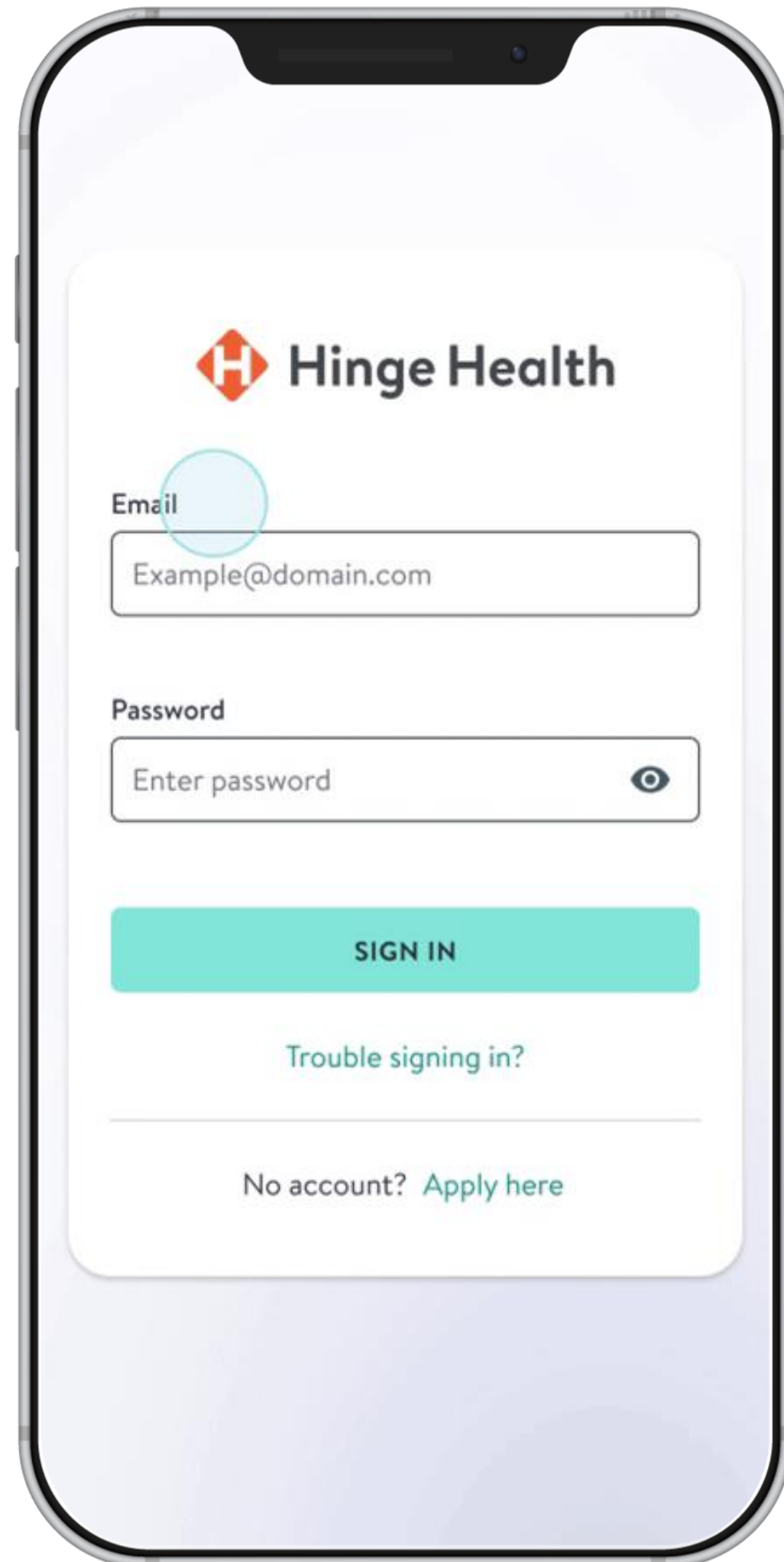
Connecting you to a doctor if you need one

If the review of your SkinIO photos suggests you should get in-person follow-up, we can connect you to a member of our high-performance network of dermatologists who will see you within two to three weeks (typical wait time is five to six months).



[Get started with SkinIO today](#)

Hinge Health for back, muscle and joint health



Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, **it's free** – 100 percent covered by ASBAIT.

Sign up today for help with any of the following:

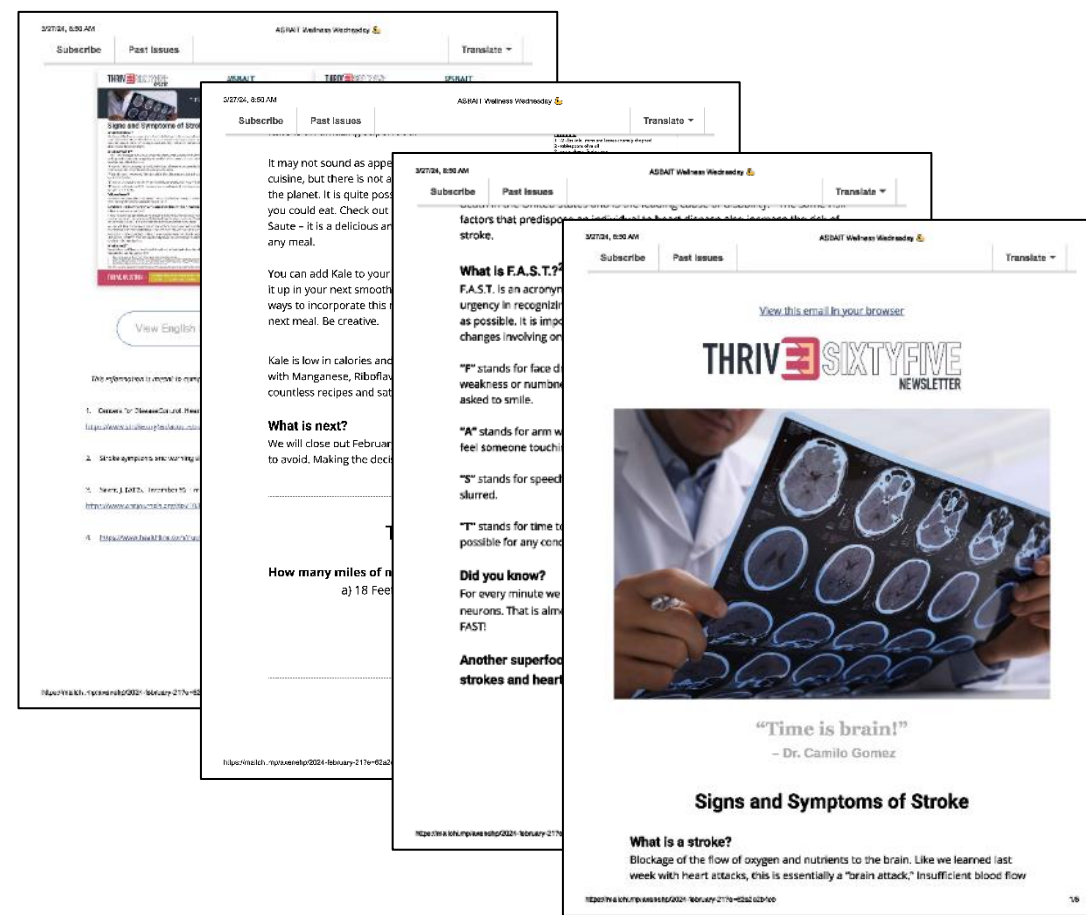
- **Conquer pain or limited movement**
- **Recover from a recent or past injury**
- **Keep joints healthy and pain free**

Visit hingehealth.com/ASBAIT to sign up today!

Check out an overview video [here](#) to learn more!

Thrive 3SixtyFive Wellness Program

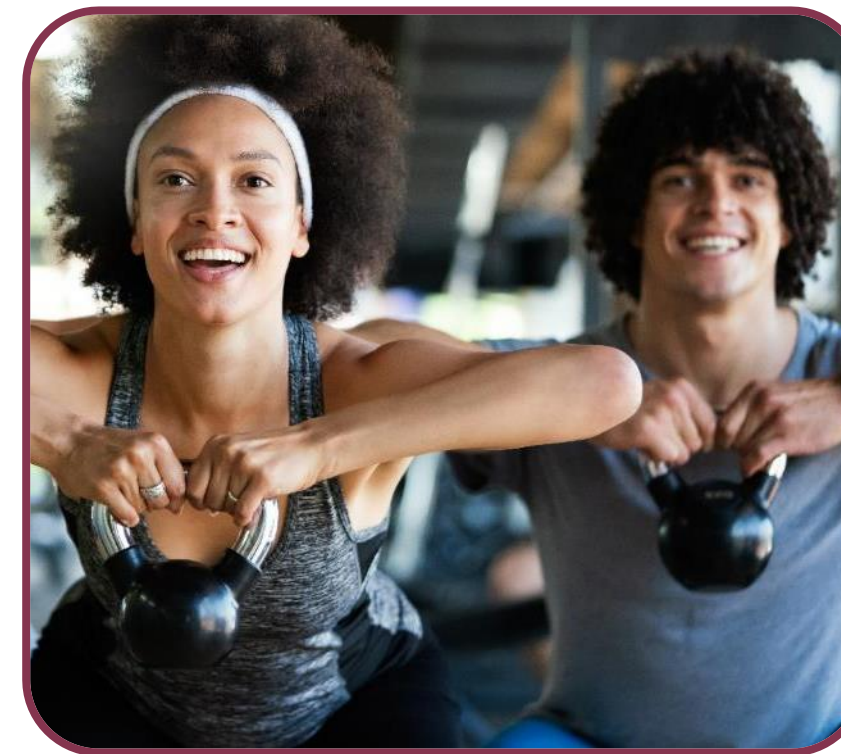
Impact, improve and maintain your own good health with:



Thrive 3SixtyFive newsletters.



Healthy recipes.



Wellness campaigns.

Thrive 3SixtyFive is a comprehensive approach to health and wellness. Through a focus on REST (Rest, Exercise, Sustenance and Team), the Four Pillars of Wellness. Thrive 3SixtyFive provides members with essential insights into physical fitness, mental health, nutrition, sleep quality, social connections and more. Members will receive weekly newsletters (offered in both English and Spanish), quarterly video podcasts, an opportunity to participate in semi-annual challenges, and access to various wellness-based initiatives and rewards. Be on the lookout for communications from your district wellness coordinators to find ways to participate!

Nurse Health Coaching Program

A personal Nurse Health Coach can help you manage:

- Asthma.
- Chronic Obstructive Pulmonary Disease (COPD).
- Chronic pain (caused by arthritis or lower back pain).
- Congestive Heart Failure (CHF).
- Coronary Artery Disease (CAD).
- Chronic Kidney Disease (CKD).
- Diabetes.
- Hyperlipidemia.
- Hypertension.

Please click the below link to watch a short video explaining this valuable program:

<https://www.youtube.com/watch?v=FqBEEIGds0k&t=15s>

We can help you control your chronic condition while setting achievable steps and goals to assist you with living a healthy lifestyle.

To reach a Nurse Health Coach, please call **1.855.527.2248**, select **option 1**, followed by **option 2**, and then **option 5**.



Earn money for joining!

If you join the Nurse Health Coaching Program for help managing your health, you will receive a **\$25 (per quarter) incentive for participating!**

We're here for you as life happens

alliance work partners



Your Employee Assistance Program (EAP) helps people like yourself cope with life's challenges. Employees are eligible, as well as their families. This service is available 24/7.

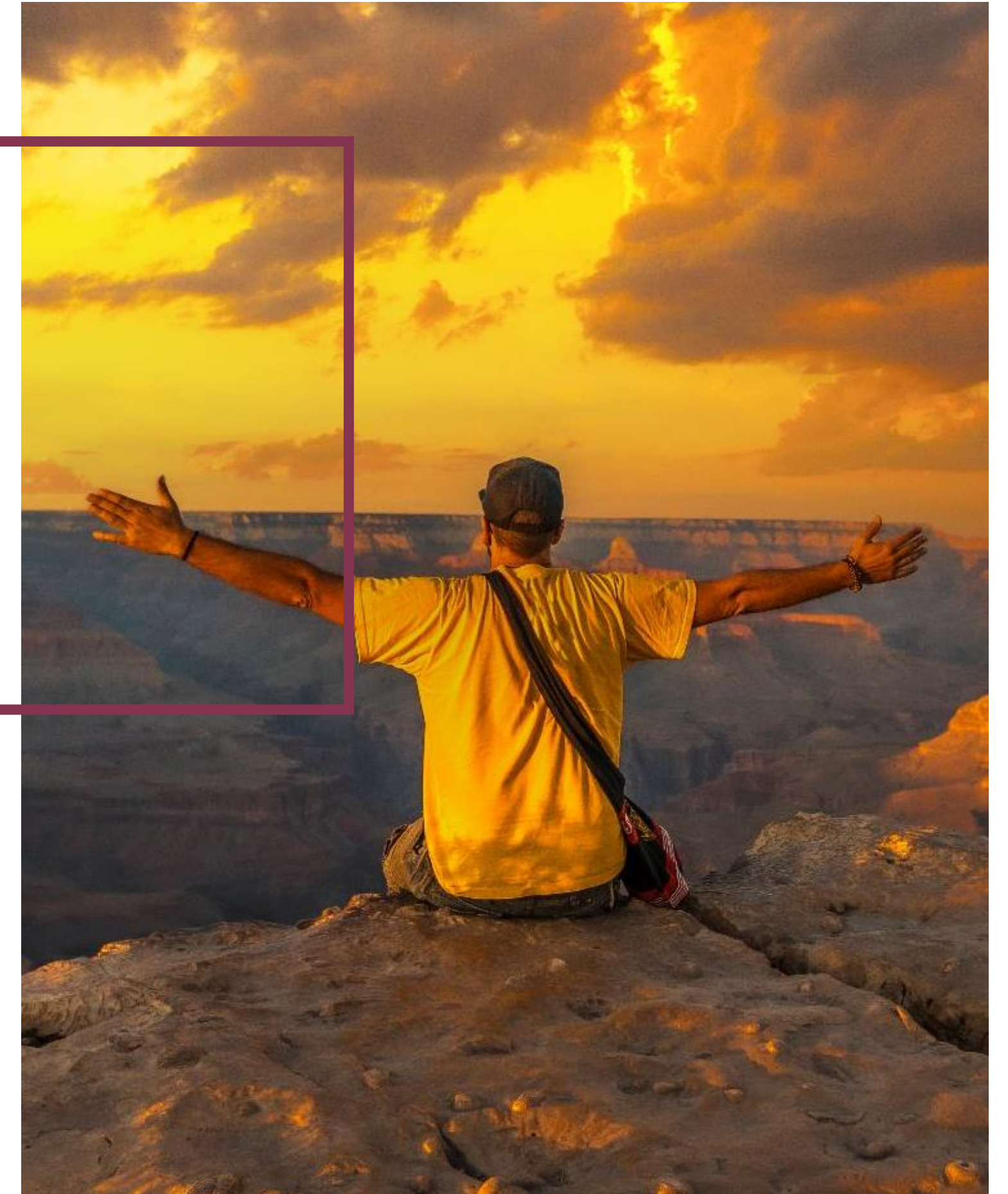
You can register your customized EAP account at www.alliancewp.com

- Click *login* at the top right
- Enter login email **ASBAITmember** and password **AWP4me** (case sensitive)

Five FREE counseling sessions per incident, per year.
Call: **1.800.343.3822** to speak with an intake counselor

Teen Line 1.800.334.TEEN (8336)

Safe Ride Program 1.800.343.3822





Medical Management

Before you get care, check precertification (Medical Management) requirements for things such as:



All inpatient admissions: Acute

Outpatient and physician: Surgery

Outpatient and physician diagnostic services:

- CT/MRI for non-orthopedic
- Genetic testing, including BRCA
- PET scans
- Sleep study



Outpatient and physician continuing care services:

- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections
- Dialysis



High-cost drugs:

- Injectables that cost \$2,000 or more per drug per month
- Infusion therapy that costs \$2,000 or more per drug per month

Questions about ASBAIT medical management? You can contact a medical management nurse at **1.855.5ASBAIT** or **1.855.527.2248**

The Teladoc Health solution and benefits

Register at: www.Teladoc.com or 1.800.TELADOC (835.2362)

A Teladoc Health doctor is just a call or click away!

- Teladoc Health gives you access to care 24 hours, seven days a week.
- U.S. board-certified doctors.
- Your dependents are eligible for Teladoc Health too (*even if they are not enrolled in your ASBAIT health plan!*).
- Make sure to register BEFORE you need to use the service!
- **Please note:** if you are on an **ASBAIT HDHP** you may be required to pay a **\$56 copay** to use the service due to government regulations.



1
Talk to a doctor anytime, anywhere you happen to be.



2
Receive quality care via phone, video or mobile app.



3
Prompt treatment median call back in ten minutes.



4
A network of doctors that can treat every member of the family.



5
Prescriptions sent to pharmacy of choice if medically necessary.



6
Teladoc is less expensive than the ER or urgent care.



Medical, Dental, & Vision Plans

National in-network benefits

Aetna Choice[®] Point of Service (POS) II Network

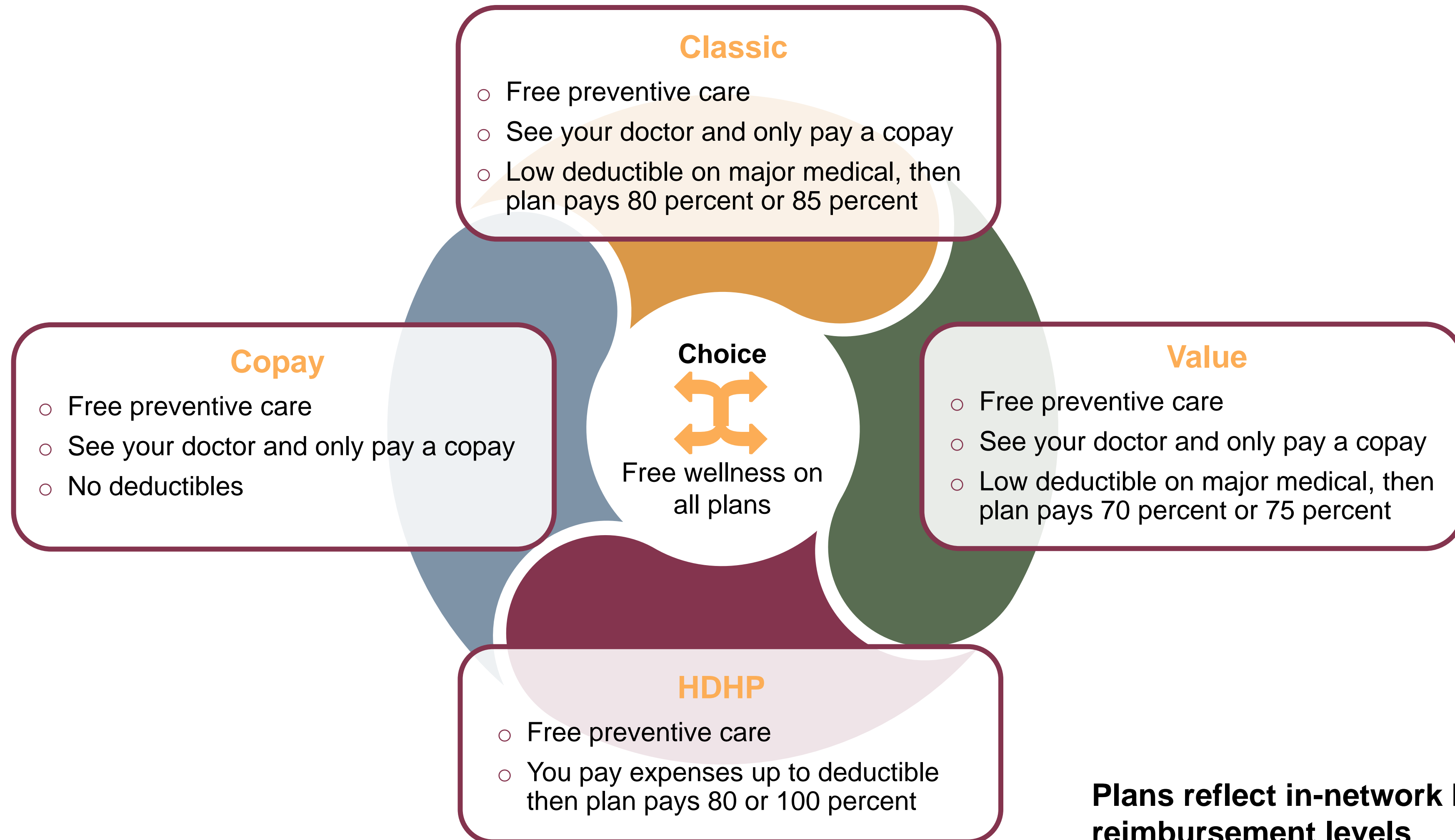
Within and outside of Arizona includes:

- 272,570+ Primary Care Physicians
- 510,285+ Physician Specialists
- 945,742+ Non-physician Specialists
- 6,328+ Hospitals



ASBAIT medical plans: general overview

ASBAIT plan names will begin with one of these terms:



Picking your medical plan—Option 1

Copay Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

COPAY GOLD Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$6,350
Family	\$12,700
Office visits	
Primary care	\$30 copay; no deductible
Specialist	\$40 copay; no deductible
Other copays	Copays in 40 categories: no deductible

COPAY GOLD Non-Participating Providers	
Calendar-year deductible	
Individual	\$900
Family	\$2,700
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Max
Family	No Max
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays as well

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

90-Day Supply: Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 2

Classic Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

CLASSIC GOLD Participating Providers	
Calendar-year deductible	
Individual	\$300
Family	\$900
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$4,000
Family	\$8,000
Office visits	
Primary care	\$25 copay; no deductible
Specialist	\$35 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

CLASSIC GOLD Non-Participating Providers	
Calendar-year deductible	
Individual	\$1,200
Family	\$3,600
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Limit
Family	No Limit
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 3

Classic Silver ~ At-a-Glance

Does not include Health Savings Account (HSA)

CLASSIC SILVER Participating Providers	
Calendar-year deductible	
Individual	\$500
Family	\$1,000
Coinsurance after deductible or copays	
20%	
Calendar- year out-of-pocket max	
Individual	\$4,500
Family	\$9,000
Office visits	
Primary care	\$30 copay; no deductible
Specialist	\$40 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

CLASSIC SILVER Non-Participating Providers	
Calendar-year deductible	
Individual	\$1,400
Family	\$4,200
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Limit
Family	No Limit
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

**Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.*

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

****Specialty drugs are administered through CVS Specialty Pharmacy.*

Picking your medical plan—Option 4

Value Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

VALUE GOLD Participating Providers	
Calendar-year deductible	
Individual	\$750
Family	\$1,500
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$5,000
Family	\$10,000
Office visits	
Primary care	\$35 copay; no deductible
Specialist	\$45 copay; no deductible
Other copays	Copays in 24 categories: deductible waived for 22 of those

VALUE GOLD Non-Participating Providers	
Calendar-year deductible	
Individual	\$3,000
Family	\$9,000
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Limit
Family	No Limit
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 5

Value Silver ~ At-a-Glance

Does not include Health Savings Account (HSA)

VALUE SILVER Participating Providers	
Calendar-year deductible	
Individual	\$1,000
Family	\$2,000
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$6,000
Family	\$12,000
Office visits	
Primary care	\$40 copay; no deductible
Specialist	\$50 copay; no deductible
Other copays	25% after deductible with some copays

VALUE SILVER Non-Participating Providers	
Calendar-year deductible	
Individual	\$5,000
Family	\$15,000
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Limit
Family	No Limit
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 6

Value Bronze ~ At-a-Glance

Does not include Health Savings Account (HSA)

VALUE BRONZE Participating Providers	
Calendar-year deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance after deductible or copays	
30%	
Calendar- year out-of-pocket max	
Individual	\$6,350
Family	\$12,700
Office visits	
Primary care	\$45 copay; no deductible
Specialist	\$55 copay; no deductible
Other copays	Copays in 16 categories: deductible waived for 14 of those

VALUE BRONZE Non-Participating Providers	
Calendar-year deductible	
Individual	\$6,000
Family	\$18,000
Coinsurance after deductible or copays	
50%	
Calendar- year out-of-pocket max	
Individual	No Limit
Family	No Limit
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible
Other copays	50% after deductible with some copays

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 7

HDHP A ~ At-a-Glance

Includes Health Savings Account (HSA)

HDHP A Participating Providers	
Calendar-year deductible	
Individual	\$1,600
Family	\$3,200***
Coinsurance after deductible or copays	
20%	
Calendar- year out-of-pocket max	
Individual	\$5,500
Family	\$11,000
Office visits	
Primary care	Deductible / \$25 copay
Specialist	Deductible / \$35 copay

HDHP A Non-Participating Providers	
Calendar-year deductible	
Individual	\$2,500
Family	\$5,000***
Coinsurance after deductible or copays	
20%	
Calendar- year out-of-pocket max	
Individual	N/A
Family	N/A
Office visits	
Primary care	50% after deductible
Specialist	50% after deductible

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	Ded/\$15	Ded/\$30
Preferred brand-name* (no generic available)	Ded/20% (\$25min; \$80 max)	Ded/20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	Ded/\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the cost difference between the generic and the brand-name drug.

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons are responsible for 20% **after** the deductible has been met.

***If you have Family coverage, The Family Deductible must be satisfied before the Plan will pay any benefits.

****Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 8

HDHP B ~ At-a-Glance

Includes Health Savings Account (HSA)

HDHP B Participating Providers		HDHP B Non-Participating Providers	
Calendar-year deductible		Calendar-year deductible	
Individual	\$3,200	Individual	\$8,000
Family	\$6,400	Family	\$16,000
Coinsurance after deductible or copays		Coinsurance after deductible or copays	
20%		50%	
Calendar- year out-of-pocket max		Calendar- year out-of-pocket max	
Individual	\$6,000	Individual	N/A
Family	\$12,000	Family	N/A
Office visits		Office visits	
Primary care	Deductible / \$25 copay	Primary care	50% after deductible
Specialist	Deductible / \$35 copay	Specialist	50% after deductible

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	Ded/\$15	Ded/\$30
Preferred brand-name* (no generic available)	Ded/20% (\$25min; \$80 max)	Ded/20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	Ded/\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

**Please note: If you purchase a brand-name drug while a generic is available, you will be charged the cost difference between the generic and the brand-name drug.*

*This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons are responsible for 20% **after** the deductible has been met.*

****If you have Family coverage, The Family Deductible must be satisfied before the Plan will pay any benefits.*

*****Specialty drugs are administered through CVS Specialty Pharmacy.*

Picking your medical plan—Option 9

HDHP C ~ At-a-Glance

Includes Health Savings Account (HSA)

HDHP C Participating Providers		HDHP C Non-Participating Providers	
Calendar-year deductible		Calendar-year deductible	
Individual	\$5,000	Individual	\$10,000
Family	\$10,000	Family	\$18,000
Coinsurance after deductible or copays		Coinsurance after deductible or copays	
20%		20%	
Calendar- year out-of-pocket max		Calendar- year out-of-pocket max	
Individual	\$6,500	Individual	N/A
Family	\$13,000	Family	N/A
Office visits		Office visits	
Primary care	Deductible / \$25 copay	Primary care	20% after deductible
Specialist	Deductible / \$35 copay	Specialist	20% after deductible
Other copays	Copays in 14 categories: and deductible applies	Other copays	Copays in 14 categories: and deductible applies

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	Ded/\$15	Ded/\$30
Preferred brand-name* (no generic available)	Ded/20% (\$25min; \$80 max)	Ded/20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	Ded/\$200 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the cost difference between the generic and the brand-name drug.

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities, Covered Persons are responsible for 20% **after** the deductible has been met.

***If you have Family coverage, The Family Deductible must be satisfied before the Plan will pay any benefits.

****Specialty drugs are administered through CVS Specialty Pharmacy.

Prescription Benefits



Prescription drug copays (non-HDHP plans)		
	30-day Retail	90-day Retail or mail order
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	\$200 Copay	N/A

Prescription drug copays (HDHP plans)		
	30-day Retail	90-day Retail or mail order
Mandatory generic	Ded/\$15	Ded/\$30
Preferred brand-name* (no generic available)	Ded/20% (\$25min; \$80 max)	Ded/20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	Ded/ \$200 Copay	N/A

90-day supply / maintenance medications

This plan will allow maintenance medications to be filled at any **CVS, Costco, or Frys'** retail pharmacy and **CVS** mail order in 90-day quantities. Covered persons benefit from paying only two copays for a three-month (90-day) supply.

- If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.



Caremark.com

Member tools:

- Check drug costs and coverage including the *Check Drug Cost tool*
- Get started with delivery by mail
- Refill medications
- Manage your profile
- View your ID card
- Locate pharmacies
- Find savings opportunities



Pharmacy Benefits Manager

Important plan information

- 90-day medications filled at any **CVS, Costco, or Fry's** retail pharmacy
- Diabetic supplies now available through retail pharmacies
- Your specialty pharmacy vendor is CVS Specialty Pharmacy
- You have access to PrudentRx to help save on specialty medications



Contact information:

CVS Caremark: 1.866.475.7589 or visit <http://www.caremark.com>

CVS Specialty: 1.800.237.2767 or visit www.CVSpecialty.com

ID Cards

- Please make sure your current address is up to date with your employer, so that any correspondence is sent to the correct location.
- As there are no updates to the card this year, unless you add or remove dependents or work for a district located in Gila County, **you will not be receiving new ID cards** this year.
- If you need new ID cards, please call customer service or visit www.meritain.com.

Remember to show your ID card to your pharmacy to be sure they have your pharmacy coverage information.



Please refer to your ID cards for:

Plan, provider network and billing information, medical and prescription benefits customer service numbers and more...

Meritain Health <small>an aetna company</small>		Customer Service, Claims and Eligibility 866.300.8449 www.MERITAIN.com		ASBAIT <small>ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST</small>			
Member ASBAIT Group #: 13692 Member: MEMBER NAME Member ID: MEMBER ID NUMBER		Medical Plan Coverage: Aetna Network <small>Plan: Aetna Choice POS II</small> Deductible and Out of Pocket (Ind/Fam) INN Ded: \$XXXX \$XXXX OOP: \$XXXX/ \$XXXX OON Ded: \$XXXX/ \$XXXX		Dental/ Vision Plans Dental Plan: <small>Aetna Dental Administrators</small> Coverage: Vision Plan: Coverage:		Pharmacy Plan RXBIN: 004336 RXPCN: ADV RXGRP: RX274A <small>www.caremark.com Members: 866.475.7589 Rx Help Desk: 800.364.6331</small>	

Claims Submission Mail ALL Claims & Correspondence to: Meritain Health PO Box 853921 Richardson TX 75085-3921 EDI: Change Healthcare 41124 or McKesson/ Relay Health 1708 or 4561 NY Non-Electing Aetna participating Dentists, Doctors, and Hospitals are independent providers and are neither agents nor employees of Aetna. Contact 800.343.3140 or visit www.MERITAIN.com for assistance in locating an In-Network Provider. AWP - Employee Assistance Program (EAP): 800.343.3822		Eligibility Call 866.300.8449 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits.	
Precertification For precertification call 855.527.2248 (855.5.ASBAIT). Precertification required for but not limited to all inpatient admissions; select outpatient surgeries such as biopsies, hysterectomies, and back surgeries; outpatient continuing care services such as chemotherapy, radiology, and dialysis; and high cost injectable and infusion medications costing \$2,000 or more. TELADOC: For 24/7 access to a doctor call 1.800.TELADOC (835.2362) or visit www.Teladoc.com			

Printed: INDEX #: 009

International Medical Solutions (IMS)



What to expect during your visit?

When you visit an in-network provider:

- Give them your provider network information—in most cases, the provider will make a copy of both sides of your ID card for their file.
- Don't worry about claim forms or other paperwork—the provider has these taken care of!

IMS provides quality and affordable health care services south of the border for you and your family. Quality health care is offered by a selection of participating providers in the IMS Network.

- Regulated hospitals and physicians
- All medical services available
- Chronic conditions and maintenance medication program
- Name-brand pharmacy program
- Free transportation
- Reduced health care costs

ASBAIT—Aetna PPO Dental Plan

Eligible dental services	In-Network	Out-of-Network
Routine oral exams and cleanings (two per calendar year)	Deductible waived	
Annual bite wing x-rays (one set per calendar year)	Deductible waived	
Individual deductible per calendar year	\$50	\$50
Family deductible per calendar year	\$150	\$150
After deductible is satisfied benefits are paid as follows		
Restorations (amalgam or composite)	20%	
Periodontics	20%	
Endodontics	20%	
Oral surgery	20%	
Prosthodontics	50%	
Orthodontics (up to age 19)	50%	
Maximum benefits per person/per calendar year You may seek care in Mexico, submit claim in U.S. currency.	\$1,500	
Orthodontic lifetime maximum benefit (must be banded before age 19)	\$1,500	

ASBAIT Vision Plan

Eligible vision services	Insurance pays
Eye exams (one per calendar year) Basic or complete	\$60
Contact lens fitting with eye exam (standard, disposable or enhanced toric, bifocal, gas permeable)	\$60
Lenses, per pair (one per calendar year)	
Single vision	\$45
Bifocal	\$60
Trifocal	\$120
Lenticular	\$120
Progressive	\$120
Contact lenses	\$120
One pair of lenses or one pair of contact lenses one pair every calendar year. Disposable contacts will be payable up to the maximum benefit for contacts but will not be subject to the <i>one pair of lenses</i> maximum.	
Frames (one every 24 months)	\$70



VSP Vision Plan

To look up VSP vision providers please visit www.vsp.com.

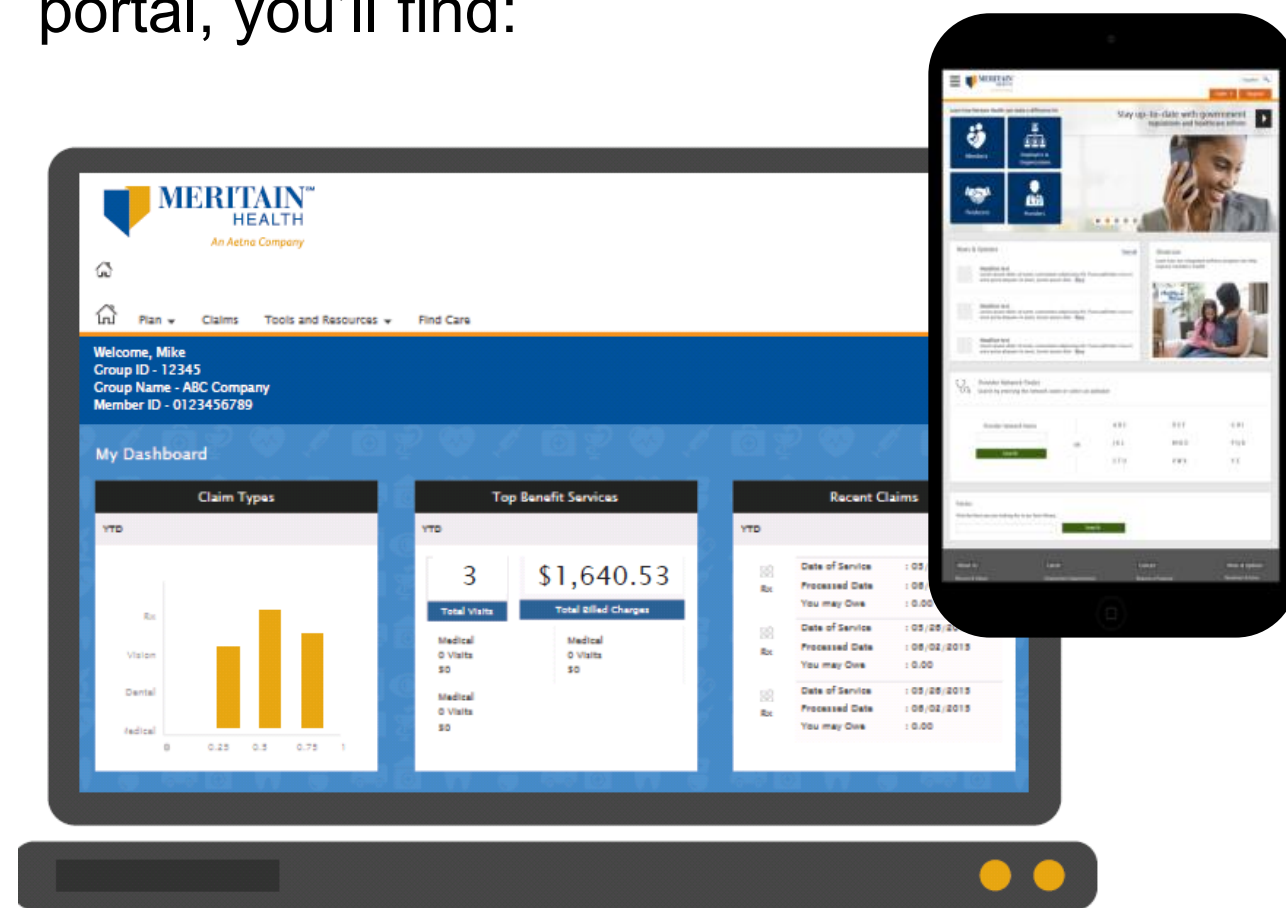
Eligible vision services (12/12/12)	Benefits
Eye exams (one per calendar year)	\$10 copay
Lenses copay (one per calendar year)	\$25 copay
Frame/contacts allowance (one per calendar year)	\$200/\$160 allowance
Progressive lenses	\$40 copay
Fully covered scratch-resistant coating.	\$0 copay

ASBAIT's Member Website provided by Meritain Health



Stay on top of your benefits

Your member portal is your all-in-one tool for managing your plan. When you visit the portal, you'll find:



<https://www.meritain.com/>

Our goal is to help you find the benefits information you need, quickly and easily

An overall tool for:

- Claims history.
- Explanations of Benefits (EOBs).
- Plan documents.
- Eligibility details.
- Wellness resources.
- ID cards (view, print or request new cards).
- Update Coordination of Benefits

Time-saving features

Thanks to our Quick Links, the pages you need are often one click away.

Plus, you can access the member portal by computer, tablet or smart phone.

Your member portal is available when—and where—you need it.

Registration instructions

You can access your member portal in two easy ways:

Register for access from www.meritain.com.

View your portal using our Meritain Health mobile app for Apple and Android.

Year-Round Plan Resources



ASBAIT
ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

A Guide to Your Benefits and Enrollment

2023–2024

Aetna Choice POSII Network Handbook
Transforming Health—Improving Lives

Follow us: www.asbait.org | [ASBAIT](#) | [@asbaithealth](#)

ASBAIT Network: Aetna Choice® Point of Service (POS) II

When you need medical services you have access to providers in the Aetna Choice POS II network both inside and outside of Arizona. This is a broad national network that's provided with all ASBAIT health plans including over 277,079 primary care doctors, 497,710 Physician Specialists, 847,470 Non-Physician Specialists and 6,248 hospitals. It's easy to find doctors and hospitals in your network. You can find network providers online or by phone.

Why visit a provider in the Aetna Choice Point of Service (POS) II Network?

You pay lower out of pocket costs plus gain the advantage of connected providers offering more efficient care for the best possible health outcomes.

Your Aetna medical plan has two network benefit tiers for you to choose from:	
Tier 1	Aetna Choice Point of Service II (POS II) A broad national network that's provided with all ASBAIT health plans.
Tier 2	Out-of-network coverage (highest cost share option)

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate subject to usual and customary charges. All plan limitations, requirements and provisions apply.

Important: if you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

Find Aetna providers online

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit: <http://www.aetna.com/docfind/custom/mymeritain/>
2. Key in your location (ZIP code, city, county or state). Then, choose range (e.g., within 25 miles).
3. Under *Broad Medical Network*, choose *Aetna Choice POS II (Open Access)* under *Select Plan*. Then click *Continue*.
4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for you to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
5. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider's name.
6. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations, Languages, Gender and Specialty*.

Finding dental providers

If your school offers dental benefits, you can also use DocFind to search for dental providers:

1. Visit: www.aetna.com/docfind/custom/mymeritain/
2. Choose: *Aetna Dental® Administrators*
3. Choose *Aetna Dental Access®/Vital Savings by Aetna®* under *Select a Plan*.

For more search tips, you can click on *Search Tips* and *FAQs* on the home screen.

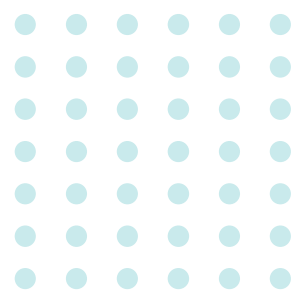
If you have questions while searching for a doctor or hospital, simply click on the *Contact DocFind* link. It's at the top of any DocFind page. You'll be able to send a quick comment or question.

Helpful tip

If you go outside your provider network, you may still have benefits, but your share of costs will be much higher, and the amount you pay will not be based on a lower negotiated rate.

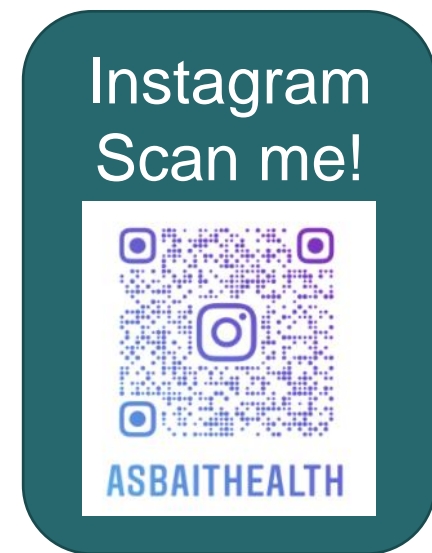


Meritain Health® Customer Service
1.866.300.8449 or 1.602.789.1170



Find us online!

Don't forget to follow us on Instagram @asbaithealth, subscribe to our YouTube channel and visit us on ASBAIT.org!



Click the arrow to access our YouTube videos:





Kingman Unified School District #20
EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026
 Aetna Choice Point of Service II National Network

Proxy Current Rates

Indication for Rates - July 1, 2025-June 30, 2026

ASBAIT (PPO) PLANS	UMR Copay 750	UMR HDHP 1600	UMR HDHP 2500	UMR HDHP 5000	Copay Gold	Classic Gold	Classic Silver	Value Gold	Value Silver	Value Bronze	HDHP A	HDHP B	HDHP C	
ACTIVE RATES														
Employee Only	\$1,227.00	\$969.00	\$904.00	\$685.00	\$ 1,326.00	\$ 1,292.00	\$ 1,258.00	\$ 1,232.00	\$ 1,206.00	\$ 1,166.00	\$946.50	\$ 883.50	\$ 753.50	
Employee Spouse	\$2,456.00	\$1,939.00	\$1,809.00	\$1,369.00	\$ 2,654.00	\$ 2,586.00	\$ 2,517.00	\$ 2,466.00	\$ 2,414.00	\$ 2,334.00	\$1,890.50	\$ 1,766.50	\$ 1,504.50	
Employee Child(ren)	\$2,333.00	\$1,843.00	\$1,719.00	\$1,301.00	\$ 2,522.00	\$ 2,457.00	\$ 2,391.00	\$ 2,342.00	\$ 2,293.00	\$ 2,217.00	\$1,797.50	\$ 1,678.50	\$ 1,430.50	
Employee Family	\$3,132.00	\$2,472.00	\$2,305.00	\$1,747.00	\$ 3,385.00	\$ 3,298.00	\$ 3,210.00	\$ 3,144.00	\$ 3,079.00	\$ 2,977.00	\$2,409.50	\$ 2,250.50	\$ 1,917.50	
RETIREE RATES														
Employee Only								Banner Value Gold			Banner HDHP A			
Employee Spouse											\$ 1,229.50			
Employee Child(ren)											\$ 2,456.50			
Employee Family											\$ 3,045.00			
											\$ 4,087.00			
ACTIVE DENTAL / VISION														
			Dental	Vision ^(Opt 1)	Vision ^(Opt 2)	Dental	Vision Opt 1 Open Access			Vision Opt 2 VSP				
Employee Only			\$46.10	\$6.70	\$10.46	\$46.10			\$6.70				\$10.46	
Employee Spouse			\$92.60	\$13.60	\$20.94	\$92.60			\$13.60				\$20.94	
Employee Child(ren)			\$96.30	\$13.80	\$22.40	\$96.30			\$13.80				\$22.40	
Employee Family			\$128.40	\$19.10	\$35.82	\$128.40			\$19.10				\$35.82	
RETIREE DENTAL / VISION														
			Dental	Vision ^(Opt 1)	Vision ^(Opt 2)	Dental	Vision Opt 1 Open Access			Vision Opt 2 VSP				
Employee Only			\$ 48.40			\$ 48.40			\$ 7.00				\$ 11.00	
Employee Spouse			\$ 97.20			\$ 97.20			\$ 14.30				\$ 22.00	
Employee Child(ren)			\$ 101.10			\$ 101.10			\$ 14.50				\$ 23.50	
Employee Family			\$ 134.80			\$ 134.80			\$ 20.10				\$ 37.60	
BASIC LIFE & AD&D														
Employee Life per \$1,000 (Max \$100,000)						\$0.190	<i>NOTE: Employee Life and AD&D are billed as a composite rate</i>							
Employee AD&D per \$1,000 (Volume will match Life)						\$0.015								
Dependent Spouse Life per \$1,000 (Max \$10,000)						\$0.35								
Dependent(child(ren) Life per \$1,000 (Max \$5,000)						\$0.13	<i>NOTE: Dependent Life is billed as a composite rate for all coverage levels. (ie. EE+SP, EE+CH or EE+FAMILY)</i>							



Questions?

Chuck Nelson

Chuck.nelson@meritain.com

480-688-3284

**PROPRIETARY NOTICE
IMPORTANT CONFIDENTIALITY NOTICE -
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Approve listed Donations:

Hualapai Elementary School:

- Hualapai HPVA donated a poster printer valued at \$9000
- Hualapai HPVS donated a new cutout maker valued at \$11,200
- Starbucks donated coffee and danishes for staff
- American Income Life Insurance donated \$177 to the school and 2 gift cards to 2 teachers

Desert Willow Elementary School

- Mohave Community Federal Credit Union donated \$5000 to the school
- Tom Delp donated 5 desks and computer lamps
- Gina Cardoza donated 2 cases of water for the Valentine's Dance

KOLA/PASS Campus:

- Little Debbie's (McKee Foods) donated 8 cases of snacks for the students

Black Mountain School:

- Golden Valley Poppy Days and the American Legion Post 22 donated snacks to each classroom
- Veronica Gutierrez donated two Kindle Fire Tablets for students
- Cornerstone Mission donated 30+ school shirts for the nurse's office
- McKee Foods donated 400 snacks for the school

Kingman High School

- Preston Investments donated \$2000 to the library
- Debbie Binion donated Briggs and Stratton mine engines to Future Mechanics and Welder's Club
- Cornerstone Mission donated 8 totes of school shirts previously owned by Lee's Uniforms
- Mark Vig donated horse shoes and scrap metal for the welding classes
- Kingman Fire Department donated \$500 to HOSA

Lee Williams High School:

- An anonymous donor donated \$89.41 to the Student Store
- The Kingman Rotary Club donated \$1500 to the Marshall Brennan Club
- The Soroptimist International donated \$500 to LWHS Baseball team, \$500 to the S-Club
- Pingora Ventures donated \$100 to the Marshall Brennan Club
- Preston Investments donated \$10,000 to the LWHS Band
- LWHS Booster club donated \$200 to Ladder 11, \$125 for Fire Club, \$159 to the Sci-fi Club, and \$100 each to the S-Club, Girl's Wrestling, LWHS Law Enforcement Club, Spiritline, Boy's Wrestling, and Kindness Club
- There was a donation of \$400 to LWHS Softball team
- An anonymous donation of \$30 to the school

Manzanita Elementary:

- McKee Foods donated 6 cases of Sunbelt granola bars
- American Income Life Insurance donated \$277 and 2 \$50 Little Caesar's gift cards to two teachers

Memorandum

To: KUSD Governing Board
Dr. Gretchen Dorner, Superintendent

From: Angela Moreschi, Executive Director of Human Resources

RE: Holidays and staff calendars for FY 2025-26

FOR AGENDA

- Possible action to approve the 2025-26 employee work calendars and paid holidays for classified and 12-month term contract employees

FOR PACKET

Each year, District staff create employee work calendars aligned with the Board-approved academic calendar. For fiscal year 2025-26, District staff have prepared the attached employee work calendars for review and Board approval. These calendars specify paid and uncompensated days as well as proposed paid holidays.

Calendars

The calendars tend to be similar from year to year, with changes primarily driven by what day of the week legal holidays fall. The same is largely true for this year with the following exceptions:

- Juneteenth has been added to those calendars where staff are impacted. Because Juneteenth is recognized as a federal holiday and we have employees occupying positions that are wholly or partly funded with federal funds, these employees are to have this day away from work for reflection and recognition. This will be a paid holiday for CDC Caregivers and 12-month/5-day per week employees only since it is on a Friday this year.
- The number of paid holidays for the different classifications of employees either increased by one or remained the same, based upon where the holidays fell on the calendar.

Holidays

Per Governing Board Policy GDD, support staff employees shall be entitled to all legal holidays during the school year as announced by the Superintendent and in conformance with Arizona Revised Statutes. Uncompensated days off will be established by the Board and noted on each year's school calendar.

The proposed paid holidays are reflected on each employee work calendar. For easy reference, a chart of recommended paid holidays is included with this memorandum. Employees are eligible for holiday pay after completion of the probationary period and if they are in paid status. Employees will be paid for designated holidays on a prorated basis based upon their regularly scheduled hours and FTE.

Staff recommends the Governing Board approve the draft employee work calendars and proposed paid holidays, as presented for fiscal year 2025-26. Additionally, staff propose the Governing Board designate this coming Juneteenth, which is Thursday, June 19, 2025, as a paid holiday for staff who are scheduled to work.

Kingman Unified School District No. 20

2025-26 Calendar - Certified Staff

July

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
Student Days	10			Teacher Days	14	

August

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
Student Days	16			Teacher Days	16	

September

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
Student Days	15			Teacher Days	15	

October

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
Student Days	12			Teacher Days	12	

Start Date

MS/HS Counselors
New Teachers/IC/TOA/SLP
Returning Teachers
Elementary Counselors

November

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
Student Days	11			Teacher Days	11	

December

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
Student Days	12			Teacher Days	12	

January

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Student Days	15			Teacher Days	15	

February

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
Student Days	15			Teacher Days	15	

March

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
Student Days	10			Teacher Days	10	

April

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
Student Days	17			Teacher Days	17	

May

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
Student Days	11			Teacher Days	11	

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
Student Days	0			Teacher Days	0	

End Date

All Teachers/IC/TOA/SLP
Elementary Counselors
MS/HS Counselors

- Minimum Attendance Day
- Intersession: Non-Paid/Non-Work Day
(Stipend opportunities available Week 1)
- Non-Paid/Non-Work Day
- Half Day For New Teachers, ICs, TOAs (PD)
- Paid/Non-Work Day

- July 4 July 4th Holiday
- July 7 First Day for New Teachers, IC, TOA, SLP, MS/HS Counselors, 10 & 11 Mo Class. EE's
- July 9 First Day for Returning Teachers, Elem. Counselors
- July 16 First Day for Students
- Week of Aug 25 Q1: Progress Reports
- Aug 27-28 Parent/Teacher Conferences (Minimum Attendance)
- Sept 1 Labor Day (No School)
- Sept 5 New Teachers, ICs, TOAs Work 1/2 Day
- Sept 25 First Quarter Ends
- Sept 29 - Oct 2 Intersession Week 1: Student Activities
- Oct 6 - 9 Intersession Week 2: No Student Activities
- Week of Oct 20 Q1: Report Cards Go Home
- Week of Nov 10 Q2: Progress Reports
- Nov 11 Veterans Day (No school)
- Nov 24-27 Thanksgiving Break
- Dec 17-18 Semester Finals: 9-12 (Minimum Attendance)
- Dec 18 Second Quarter/First Semester Ends
- Dec 22-Jan 1 Winter Break
- Jan 5 First day of 2nd Semester/3rd Quarter
- Week of Jan 12 Q2: Report Cards Go Home
- Jan 19 Martin Luther King Jr./Civil Rights Day (No School)
- Week of Feb 2 Q3: Progress Reports
- Feb 4-5 Parent/Teacher Conferences (Minimum Attendance)
- Feb 16 Presidents' Day (No School)
- Feb 20 New Teachers, ICs, TOAs Work 1/2 Day
- Mar 5 Third Quarter Ends
- Mar 9-12 Intersession Week 1: Student Activities
- Mar 16-19 Intersession Week 2: No Student Activities
- Week of Mar 30 Q3: Report Cards Go Home
- April 6 Spring Holiday (No School)
- Week of April 20 Q4: Progress Reports
- Week of May 18 Q4: Report Cards Go Home
- May 18-20 Semester Finals (Minimum Attendance)
- May 18 KHS Graduation
- May 19 LWHS Graduation
- May 20 Fourth Quarter Ends/Last Day for Students, Teachers, Elem. Counselors, TOA, IC, SLP
- May 25 Memorial Day
- June 11 Last Day for MS/HS Counselors

STUDENT DAYS:

1st Grading Period	41
2nd Grading Period	35
3rd Grading Period	34
4th Grading Period	34
Total Days	144

COUNSELOR DAYS (MS/HS):

1st Semester	82
2nd Semester	80
Total	162

TEACHER AND ELEMENTARY COUNSELOR DAYS:

1st Semester	80
2nd Semester	68
Total	148
148 Returning Teachers & Elementary Counselors	
151 New Teachers, Instructional Coaches, TOAs, SLPs	
166 Psychologists (7/1-5/20)	

Kingman Unified School District No. 20
2025-26 Calendar - Classified Staff 9, 10, 11-Month, 4-Day Per Week Schedule

July

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Start Date

9 Month
10 & 11 Month

End Date

9 Month
10 Month
11 Month

November

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- Paid Holidays 9, 10, 11 Mo
- Intersession: Non-Paid/Non-Work Day
- Non-Paid/Non-Work Day
- Additional Paid Holiday 10 & 11 Mo
- Minimum Attendance Day

- July 4 July 4th Holiday; Non-Paid/Non-Work Day
- July 7 First Day for 10 & 11 Mo Classified Employees
- July 14 First Day for 9 Mo Employees
- July 16 First Day for Students
- Week of Aug 25 Q1: Progress Reports
- Aug 27-28 Parent/Teacher Conferences (Minimum Attendance)
- Sept 1 Labor Day (No School, Paid Holiday)
- Sept 25 First Quarter Ends
- Sept 29 - Oct 2 Intersession Week 1: Student Activities
- Oct 6 - 9 Intersession Week 2: No Student Activities
- Week of Oct 20 Q1: Report Cards Go Home
- Week of Nov 10 Q2: Progress Reports
- Nov 11 Veterans Day (No School, Paid Holiday)
- Nov 24-27 Thanksgiving Break
- Dec 17-18 Semester Finals: 9-12 (Minimum Attendance)
- Dec 18 Second Quarter/First Semester Ends
- Dec 22-Jan 1 Winter Break
- Dec 25 Christmas Day (Paid Holiday)
- Jan 1 New Year's Day (Paid Holiday)
- Jan 5 First day of 2nd Semester/3rd Quarter
- Week of Jan 12
- Jan 19
- Week of Feb 2
- Feb 4-5
- Feb 16
- Mar 5
- Mar 9-12
- Mar 16-19
- Week of Mar 30
- Apr 6
- Week of Apr 20
- Week of May 18
- May 18-20
- May 18
- May 19
- May 20
- May 25
- June 8
- June 19
- June 23
- Q2: Report Cards Go Home
- Martin Luther King Jr./Civil Rights Day (No School, Paid Holiday)
- Q3: Progress Reports
- Parent/Teacher Conferences (Minimum Attendance)
- Presidents' Day (No School, Paid Holiday)
- Third Quarter Ends
- Intersession Week 1: Student Activities
- Intersession Week 2: No Student Activities
- Q3: Report Cards Go Home
- Spring Holiday (No School)
- Q4: Progress Reports
- Q4: Report Cards Go Home
- Semester Finals (Minimum Attendance)
- KHS Graduation
- LWHS Graduation
- Fourth Quarter Ends; Last Day for Students, 9 Mo Employees
- Memorial Day
- Last Day for 10 Mo Classified Employees
- Juneteenth
- Last day for 11 Mo Classified Employees

9 Month

Working Days:	146
Paid Holidays:	7
Total Paid Days:	153

10 Month

Working Days:	159
Paid Holidays:	8
Total Paid Days:	167

11 Month

Working Days:	168
Paid Holidays:	8
Total Paid Days:	176

- Positions Include:**
- ASL Specialist
 - Behavior Coach
 - CTE Career Center Assistant
 - Clerk-Occupational Therapy, Title I
 - Health Office Staff
 - Opportunity Room Intervener
 - Paraeducator
 - SLPA

- Positions Include:**
- Administrative Asst. (10 Mo)
 - Clerk-General, Attendance
 - ELL Specialist
 - Paraeducator -Specialist, Student Outreach
 - School-based Receptionist
 - School Resource Officer
 - Secretary-SPED, Guidance
 - SPED/Psychologist Secretary

- Positions Include:**
- Administrative Asst. (11 Mo)
 - Administrative Asst.-Discipline/AD, AP/AD
 - Attendance Officer
 - Bus/Classroom Monitor
 - Registrar
 - Student Accounts/Bookstore

Kingman Unified School District No. 20
2025-26 Calendar - Transportation 9-Month and 11-Month Staff

July

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Start Date
 9 Month
 11 Month

End Date
 9 Month
 11 Month

November

S	M	T	W	Th	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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December

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
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28	29	30	31			

January

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

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	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- Paid Holidays
- 1st Week of Intersession:
11-Mo: Paid Work Day
9-Mo: Non-Paid/Non-Work Day
- Non-Paid/Non-Work Day
- Minimum Attendance Day
- Additional Holiday for 11-Month Employees
- 2nd Week of Intersession:
Non-Paid/Non-Work Day
- Non-Paid/Non-Work Day for 9-Month Employees

- | | |
|--|---|
| <ul style="list-style-type: none"> July 7 First Day for 11-Month Employees July 11 First Day for 9-Month Employees July 16 First Day for Students Aug 27 - 28 Parent/Teacher Conferences (Minimum Attendance) Sept 1 Labor Day (No School) Sept 25 First Quarter Ends Sept 29 - Oct 2 Intersession Week 1: Student Activities Oct 6-9 Intersession Week 2: No Student Activities Nov 11 Veterans Day (No School, Paid Holiday) Nov 24 - 27 Thanksgiving Break Dec 17 - 18 Semester Finals: 9-12 (Minimum Attendance) Dec 18 Second Quarter/First Semester Ends Dec 22 - Jan 1 Winter Break Jan 5 First day of 2nd Semester/3rd Quarter | <ul style="list-style-type: none"> Jan 19 Martin Luther King Jr./Civil Rights Day (No School) Feb 4 - 5 Parent/Teacher Conferences (Minimum Attendance) Feb 16 Presidents' Day (No School) Mar 5 Third Quarter Ends Mar 9 - 12 Intersession Week 1: Student Activities Mar 16 - 19 Intersession Week 2: No Student Activities Apr 6 Spring Holiday (No School) May 18 - 20 Semester Finals (Minimum Attendance) May 18 KHS Graduation May 19 LWHS Graduation May 20 4th Quarter Ends: Last Day for Students & 9-Mo Employees May 25 Memorial Day June 12 Last Day for 11-Month Employees |
|--|---|

9 Month (4-Days Per Week)
 Working Days: 147
 Paid Holidays: 7
Total Paid Days: 154

11 Month (5-Days Per Week)
 Working Days: 214
 Paid Holidays: 9
Total Paid Days: 223

Kingman Unified School District No. 20
2025-26 Calendar - CDC Caregivers

Start Date: 7/1/2025
End Date: 6/30/2026

July

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

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			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
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December

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	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

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			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		


May


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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

 Paid Holidays - All

 Non-Paid/Non-Work Day

 Non-Work Day: May use accrued personal leave or take unpaid

July 4 July 4th Holiday
Sept 1 Labor Day (No School)
Nov 11 Veterans Day (No School)
Nov 26-28 Thanksgiving Break
Dec 22- Jan 2 Winter Break

Jan 19 Martin Luther King Jr./Civil Rights Day (No School)
Feb 16 Presidents' Day (No School)
May 25 Memorial Day
June 19 Juneteenth

Working Days: 240
Paid Holidays: 11
Total Paid Days: 251

Kingman Unified School District No. 20
2025-26 Calendar - 12-Month Employees 4 and 5-Day Per Week Work Schedules

Start Date: 7/1/2025
End Date: 6/30/2026

July

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- Paid Holidays
- Additional Paid Holiday for Employees Working a 5-Day Schedule
- Non-Work Day for Employees Working a 4-Day Schedule
- July 4th Paid Holiday Observed for EEs Working a 4-Day Schedule

- | | |
|--|---|
| <ul style="list-style-type: none"> July 3 July 4th Holiday Observed for EEs on 4-Day Schedule July 4 July 4th Holiday July 7 First Day for New Teachers, IC, TOA, SLP, MS/HS Counselors, 10 & 11 Mo Class. EE's July 9 First Day for Returning Teachers, Elem. Counselors July 16 First Day for Students Week of Aug 25 Q1: Progress Reports Aug 27 - 28 Parent/Teacher Conferences (Minimum Attendance) Sept 1 Labor Day (No School) Sept 5 New Teachers, ICs, TOAs Work 1/2 Day Sept 25 First Quarter Ends Sept 29 - Oct 2 Intersession Week 1: Student Activities Oct 6 - 9 Intersession Week 2: No Student Activities Week of Oct 20 Q1: Report Cards Go Home Week of Nov 10 Q2: Progress Reports Nov 11 Veterans Day (No School) Nov 24 - 27 Thanksgiving Break Dec 17 - 18 Semester Finals: 9-12 (Minimum Attendance) Dec 18 Second Quarter/First Semester Ends Dec 22 - Jan 1 Winter Break Jan 5 First day of 2nd Semester/3rd Quarter Week of Jan 12 Q2: Report Cards Go Home | <ul style="list-style-type: none"> Jan 19 Martin Luther King Jr./Civil Rights Day (No School) Week of Feb 2 Q3: Progress Reports Feb 4 - 5 Parent/Teacher Conferences (Minimum Attendance) Feb 16 Presidents' Day (No School) Feb 20 New Teachers, ICs, TOAs Work 1/2 Day Mar 5 Third Quarter Ends Mar 9 - 12 Intersession Week 1: Student Activities Mar 16 - 19 Intersession Week 2: No Student Activities Week of Mar 30 Q3: Report Cards Go Home Apr 6 Spring Holiday (No School) Week of April 20 Q4: Progress Reports Week of May 18 Q4: Report Cards Go Home May 18 - 20 Semester Finals (Minimum Attendance) May 18 KHS Graduation May 19 LWHS Graduation May 20 Fourth Quarter Ends/Last Day for Students, Teachers, Elem. Counselors, TOA, IC, SLP, 9 Mo Class. EE's May 25 Memorial Day June 8 Last Day for 10 Mo Classified Employees June 11 Last Day for MS/HS Counselors June 19 Juneteenth June 23 Last Day for 11 Mo Classified Employees |
|--|---|

12-Month Employees (4-Day Per Week Schedule)

Working Days: 200
 Paid Holidays: 9
Total Paid Days: 209

12-Month Employees (5-Day Per Week Schedule)

Working Days: 250
 Paid Holidays: 11
Total Paid Days: 261

Kingman Unified School District No. 20 FY 2025-26 Paid Holidays – Classified and Term Contract Employees

Holidays	Date	9-Mo Class.	10-Mo Class.	11-Mo Class.	9-Mo Transp.	11-Mo Transp.	12-Mo CDC Caregivers	12-Mo, 4-Day	12-Mo, 5-Day
Independence Day	Friday, 7/4/2025		Holiday outside employee calendars				✓	✓ *	✓
Labor Day	Monday, 9/1/2025	✓	✓	✓	✓	✓	✓	✓	
Veterans Day	Tuesday, 11/11/2025	✓	✓	✓	✓	✓	✓	✓	
Thanksgiving	Thursday, 11/27/2025	✓	✓	✓	✓	✓	✓	✓	
Day after Thanksgiving	Friday, 11/28/2025		Non-work day (Friday)				✓	Non-work day (Friday)	✓
Christmas Day	Thursday, 12/25/2025	✓	✓	✓	✓	✓	✓	✓	
New Year's Day	Thursday, 1/1/2026	✓	✓	✓	✓	✓	✓	✓	
MLK Jr./Civil Rights Day	Monday, 1/19/2026	✓	✓	✓	✓	✓	✓	✓	
Presidents' Day	Monday, 2/16/2026	✓	✓	✓	✓	✓	✓	✓	
Memorial Day	Monday, 5/25/2026	Holiday outside employee calendar	✓	✓	Holiday outside employee calendar	✓	✓	✓	
Juneteenth	Friday, 6/19/2026		Holiday outside employee calendars				✓	Non-work day (Friday)	✓
No. of Paid Holidays in 2025-26		7	8	8	7	9	11	9	11

* July 4th holiday observed on July 3rd for 12-month employees working a Monday-Thursday schedule.

School Closures	Date	9-Mo Class.	10-Mo Class.	11-Mo Class.	9-Mo Transp.	11-Mo Transp.	12-Mo CDC Caregivers	12-Mo, 4-Day	12-Mo, 5-Day
Spring "Holiday"	Monday, 4/6/2026		Non-paid/Non-work day					Regular, paid work day	

- **Legal holidays per ARS 38-608**
- Per ARS 15-801 and Governing Board Policy GCD, when **Veterans Day** occurs within the school week, the schools shall be closed.
- Holiday hours paid will be consistent with hours employee is regularly scheduled to work (e.g., if an employee is normally scheduled to work eight hours on a day that falls on a holiday, the employee will receive eight hours of holiday pay).