



PINAL • COUNTY
wide open opportunity

2015-2016 Employee Benefit Guide



- Medical/Rx
- Dental
- Vision
- Short Term Disability
- Flexible Spending Account
- Health Savings Account
- Life / AD&D
- EAP

Choosing your 2015-16 Benefits

Pinal County understands the importance of employee benefits and offers a comprehensive benefit package to protect employees and their families. We encourage you to carefully review this document and educate yourself about your options to choose the best coverage for you and your family.

Pinal County is pleased to provide the following benefits effective July 01, 2015:

- Health Care Plans – The County will be providing three Medical/Rx programs, Dental and Vision benefits through the Arizona Metropolitan Trust (AzMT).
- Life Insurance Benefits – Group Life and AD&D, Voluntary Life and Voluntary AD&D benefits through Standard Life.
- Short-Term Disability Insurance (STD) – If you find yourself in a situation where you can't work, the STD plan replaces your lost income if you qualify and are a benefit eligible employee.
- Employee Assistance Program (EAP) – Offering employees and household members valuable, confidential counseling and work-life services through Alliance Work Partners (AWP).
- Wellness Program – Through AzMT L.I.V.E. we work to improve the quality of life and health status for all covered plan members.
- Flexible Spending Account (FSA) – For healthcare and/or dependent day care.
- Health Savings Account (HSA) – For members who enroll in the High Deductible Health Plan (HDHP), an HSA is a type of personal savings account that can be used to pay for qualified medical expenses on a pre-tax basis.
- Optional Benefits – Including a 457b Deferred Compensation Plan through Nationwide and AFLAC (available at any time during your employment).
- Statutory Benefits – Employees will automatically be enrolled in the applicable State Retirement System: Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Correction Officers Retirement Program System (CORPS), Elected Officials Defined Contribution Retirement System (EODCRS), Social Security-Medicare as applicable and Workers Compensation.
- Employees that waive medical benefits are eligible to elect Dental, Vision, and \$2,550 Medical FSA at no cost to them. Employees must complete enrollment form to obtain these benefits.

The purpose of this guide is to highlight your benefits; it does NOT replace your summary plan documents. The information has been compiled into a summary to outline the benefits offered by Pinal County.

If this benefit guide does not address your specific benefit question, please refer to the contact information page of this guide. This page will provide you with information you need to contact specific vendors for additional assistance.

The information provided is intended only as an overview of your benefits. Complete details about the benefit options are included in the Summary Plan Document and other plan documents. If there are discrepancies between this and the plan documents, the plan documents will govern. This benefit guide does not constitute a contract.

Enrollment Forms Due Within 30 Days

The benefits you elect during open enrollment are for the fiscal plan year July 01, 2015 through June 30, 2016, unless you experience a qualifying event.

Open enrollment is the one time a year that you can make changes to your benefit options, terminate coverage, drop or add a dependent without a qualifying life event. *If you experience a qualifying life event, you have 31 days from the date of the event to make a change and the benefit change must be consistent with the qualifying event. Please contact Human Resources for the required forms.*

Who is Eligible?

All active regular employees and elected officials in accordance with the established policy of Pinal County are eligible for benefits provided they work at least thirty (30) hours per week on a regular basis and perform all of the duties of their employment. Eligible dependents include:

- Your legal spouse under a legally valid existing marriage.
- Dependent child(ren) to age 26 for medical (regardless of student, marital status, or coverage through their employer), 19 (or 24 if a full-time student) for dental and vision – including step-child(ren), foster child(ren), adopted child(ren), or child(ren) placed with the employee for adoption. When the child(ren) reaches the applicable limiting age, coverage will end on the last day of the child’s birthday month.
- Dependent child(ren) over the age of 26 for medical, or 19 (or 24 if a full-time student) for dental and vision, who are considered disabled.

Please refer to the Summary Plan Document for a complete list of eligible/ineligible dependents and eligibility requirements.

Terms You Should Understand While Reviewing this Guide

Accidental Death & Dismemberment (AD&D) – A type of life insurance policy that provides benefits to beneficiaries in the event of a loss due to accidental death or dismemberment.

Coinsurance – The division of the allowed amount to be paid by the benefit plan and the patient. For example 80/20 means the plan will pay 80% of the allowed amount and the patient is responsible for 20% (after the deductible has been satisfied).

Copayment – Fixed fees as shown in the medical benefit summary which generally are paid to the provider at the time services are provided.

Days – Calendar days; not 24 hour periods unless otherwise noted.

Deductible – Depending upon the plan in which you enroll, you may have to pay 100% of certain covered medical expenses each plan year, up to a dollar limit. This limit is called a deductible. All plans have individual and family deductibles.

Dependent – An individual in the employee’s family who is enrolled as a covered participant under the Plan. You must meet the dependent eligibility requirements to be eligible.

Employee Assistance Program (EAP) – Designed to provide professional guidance to all employees and their dependents concerning issues such as work/life balance.

Exclusive Provider Organization (EPO) – A network of medical providers or groups of medical care providers, who have entered into written agreements with an insurer to provide health services to participants. All plans share the same network, BlueCross BlueShield of Arizona (BCBSAZ).

The EPO has no out-of-network benefits.

Flexible Spending Accounts (FSA) – Enables participants to pay for certain healthcare and/or dependent care expenses on a pre-tax basis.

High Deductible Health Plans (HDHP) – A health insurance plan with lower premiums and higher deductibles.

Health Savings Account (HSA) – Enables HDHP participants to set aside money on a pre-tax basis to pay for qualified expenses. HSA funds belong to the member, roll over from year to year and are not subject to use it or lose it provisions.

Open Enrollment Period – The period of time established by the County as the time when Participants and their Dependents may enroll for coverage. The Open Enrollment Period occurs at least once every Plan Year.

Out-of-Pocket Maximum – To protect you and your family from catastrophic medical expenses, all plans have limits on how much you pay out of your pocket for covered medical services in a year. This is called an out-of-pocket maximum. Once the coinsurance amounts and copays you pay for covered expenses (including prescriptions) reach the individual/family out-of-pocket maximum, the plans will cover 100% of the remaining covered expenses you or your family incurs for that plan year. There are separate out-of-pocket maximums for in-network and out-of-network benefits.

Plan Year – The 12 month period beginning at 12:01 a.m. on July 1 and ending at 12:01 a.m. on June 30.

Preferred Provider Organization (PPO) – A network of medical providers or groups of medical care providers who have entered into a written agreement with an insurer to provide health services to participants. All plans share the same network (BCBSAZ). The PPO has out-of-network benefits, however, participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers.

Pre-Tax Deductions – The deductions taken from your paycheck for the benefits you select before federal, state and FICA taxes are calculated. Therefore, your taxable income is lower and you pay fewer income taxes.

Medical/Prescription Plan Options

Effective July 01, 2015, Pinal County will offer three medical plan options:

- High Deductible Health Plan (HDHP)
- Preferred Provider Organization (PPO) Plan
- Exclusive Provider Organization (EPO) Plan

All plans utilize the BlueCross BlueShield of Arizona (BCBSAZ) network. BCBSAZ offers one of the largest networks of physicians, specialists and hospitals in Arizona. Please refer to www.azblue.com/CHSNetwork to see if your doctor, and/or facility is a “contracted” provider prior to your next appointment.

HDHP Plan

The HDHP plan offers comprehensive medical coverage with the ability to receive care from any provider, both in and out-of-network. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network. With the HDHP plan you are responsible for paying for all medical costs up to your deductible prior to the plan helping with any associated costs. Employees that choose the HDHP are automatically enrolled in the HSA plan.

PPO Plan

With the PPO and plan you have the ability to receive care from any provider since it provides in and out-of-network comprehensive medical coverage. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network.

EPO Plan

Like the other plan options, the EPO plan provides comprehensive medical coverage; however, this plan is an in-network only option and when services are rendered outside of the network, you will be responsible for the entire bill, as the plan will not pick up any of the cost except in a life-threatening emergency.

Medical/Rx Plan Comparison – July 01, 2015 through June 30, 2016

	HDHP	Out-of-Network
Plan Year Deductible		
Single	\$2,600	\$5,000
Family	\$5,200	\$10,000
Plan Year Out-of-Pocket Maximum (includes deductible)		
Single	\$2,600	\$10,000
Family	\$5,200	\$20,000
Coinsurance Percentage	0%	50%
Allergy Serums and Injections If received during an office visit when a Physician is seen, the paid under the office visit benefit.	0% after Deductible	50% after Deductible
Allergy Testing and Treatment	0% after Deductible	50% after Deductible
Ambulance Services	0% after Deductible	50% after Deductible
Chemotherapy (Outpatient)	0% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation Plan Year Maximum Benefit	0% after Deductible 30 Visits	50% after Deductible 30 Visits
Diagnostic Testing, X-Ray and Lab Services		
Free Standing Laboratory Facility	0% after Deductible	50% after Deductible
Free Standing Radiology Facility	0% after Deductible	50% after Deductible
All Other Location (except office visit)	0% after Deductible	50% after Deductible
Durable Medical Equipment (DME)	0% after Deductible	50% after Deductible
Emergency Room	0% after Deductible	50% after Deductible
Home Health Care Plan Year Maximum Benefit	0% after Deductible 60 Visits	50% after Deductible 60 Visits
Hospice Care Lifetime Maximum Benefit	0% after Deductible 6 Months	50% after Deductible 6 Months
Hospital Expenses or Long-Term Account Care		
Facility/Hospital (facility charges)		
Inpatient	0% after Deductible	50% after Deductible
Room and Board Allowance*	0% after Deductible	50% after Deductible
Intensive Care Unit	0% after Deductible	50% after Deductible
Misc. Services and Supplies	0% after Deductible	50% after Deductible
Outpatient	0% after Deductible	50% after Deductible
*A private room will be considered eligible with Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.		
Maternity		
First to confirm Pregnancy		
Primary Care Physician	0% after Deductible	50% after Deductible
Specialist	0% after Deductible	50% after Deductible
Prenatal and Postnatal Care	0% after Deductible	50% after Deductible
Delivery	0% after Deductible	0% after Deductible

Mental Disorders and Substance Use Disorders Inpatient Plan Year Maximum Benefit Lifetime Maximum Benefit Outpatient Primary Care Physician Specialist Plan Year Maximum Benefit	0% after Deductible Unlimited 0% after Deductible Unlimited	50% after Deductible Unlimited 50% after Deductible Unlimited
Out Patient Therapies (e.g., physical, speech, occupational) Plan Year Maximum Benefit	0% after Deductible 20 Visits	50% after Deductible 20 Visits
Physician's Services Inpatient/Outpatient Services Office Visits Primary Care Physician Specialist Physician Office Surgery Primary Care Physician Surgery Costing under \$500 Surgery Costing \$500 or more Specialist Surgery Costing under \$500 Surgery Costing \$500 or More	0% after Deductible 0% after Deductible 0% after Deductible 0% after Deductible 0% after Deductible 0% after Deductible	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible
Preventive Services and Routine Care Preventive Services per Health Care Reform (PPACA) (Includes the office visit and any other eligible item or service billed and received at the same time as any preventive service) Routine Care Not Covered Under the Preventive Services Benefit per Health Care Reform (PPACA) Plan Year Maximum Benefit	0%; Deductible Waived 0%; Deductible Waived \$500	Not Covered Not Covered
Radiation Therapy (Outpatient)	0% after Deductible	50% after Deductible
Skilled Nursing Facility and Rehabilitation Facility Plan Year Maximum Benefit	0% after Deductible 60 Visits	50% after Deductible 60 Visits
Urgent Care Facility *Copay applies per visit regardless of what services are rendered.	0% after Deductible	0% after Deductible
All Other Eligible Medical Expenses	0% after Deductible	0% after Deductible

	PPO Plan		EPO Plan
	In-Network	Out-of-Network	In-Network ONLY
Plan Year Deductible Single Family	\$0 \$500	\$500 \$1,000	\$250 \$500
Plan Year Out-of-Pocket Maximum (includes deductible, coinsurance and medical copays) Single Family	\$2,500 \$5,000	\$5,000 \$10,000	\$2,500 \$5,000
Coinsurance Percentage	20%	50%	10%
Allergy Serums and Injections If received during an office visit when a Physician is seen, the paid under the office visit benefit.	0%	50% after Deductible	0%
Allergy Testing and Treatment	20% after Deductible	50% after Deductible	10% after Deductible
Ambulance Services	20% after Deductible	50% after Deductible	10% after Deductible
Chemotherapy (Outpatient)	20% after Deductible	50% after Deductible	10% after Deductible
Chiropractic Care/Spinal Manipulation Plan Year Maximum Benefit	\$20 Copay 30 Visits	50% after Deductible 30 Visits	\$15 Copay 30 Visits
Diagnostic Testing, X-Ray and Lab Services Free Standing Laboratory Facility Free Standing Radiology Facility All Other Location (except office visit)	0% 20% after Deductible 20% after Deductible	50% after Deductible 50% after Deductible 50% after Deductible	0% 10% after Deductible 10% after Deductible
Durable Medical Equipment (DME)	20% after Deductible	50% after Deductible	10% after Deductible
Emergency Room	\$250 Copay plus 20% after Deductible (Copay waived if admitted)	\$250 Copay plus 50% after Deductible (Copay waived if admitted)	\$50 Copay plus 10% after Deductible (Copay waived if admitted)
Home Health Care Plan Year Maximum Benefit	20% after Deductible 60 Visits	50% after Deductible 60 Visits	10% after Deductible 60 Visits
Hospice Care Lifetime Maximum Benefit	20% after Deductible 6 Months	50% after Deductible 6 Months	10% after Deductible 6 Months
Hospital Expenses or Long-Term Account Care Facility/Hospital (facility charges) Inpatient Room and Board Allowance* Intensive Care Unit Misc. Services and Supplies Outpatient	20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible	10% after Deductible 10% after Deductible 10% after Deductible 10% after Deductible 10% after Deductible

*A private room will be considered eligible with Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.

Maternity First to confirm Pregnancy Primary Care Physician Specialist Prenatal and Postnatal Care Delivery Charges	\$20 Copay \$40 Copay 20% after Deductible 20% after Deductible	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible	\$15 Copay \$30 Copay 10% after Deductible 10% after Deductible
Mental Disorders and Substance Use Disorders Inpatient Plan Year/Lifetime Maximum Benefit Outpatient Primary Care Physician Specialist Plan Year Maximum Benefit	20% after Deductible Unlimited \$20 Copay \$40 Copay Unlimited	50% after Deductible Unlimited 50% after Deductible 50% after Deductible Unlimited	10% after Deductible Unlimited \$15 Copay \$30 Copay Unlimited
Outpatient Therapies (e.g., physical, speech, occupational) Plan Year Maximum Benefit	20% after Deductible 20 Visits	50% after Deductible 20 Visits	10% after Deductible 20 Visits
Physician's Services Inpatient/Outpatient Services Office Visits Primary Care Physician Specialist Physician Office Surgery Primary Care Physician Surgery Costing under \$500 Surgery Costing \$500 or more Specialist Surgery Costing under \$500 Surgery Costing \$500 or More	\$20 Copay \$40 Copay \$20 Copay 20% after Deductible \$40 Copay 20% after Deductible	50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible 50% after Deductible	\$15 Copay \$30 Copay \$15 Copay 10% after Deductible \$30 Copay 10% after Deductible
*Copay applies per visit regardless of what services are rendered.			
Preventive Services and Routine Care Preventive Services per Health Care Reform (PPACA) (Includes the office visit and any other eligible item or service billed and received at the same time as any preventive service) Routine Care Not Covered Under the Preventive Services Benefit per Health Care Reform (PPACA) Plan Year Maximum Benefit	0%; Deductible Waived 0%; Deductible Waived \$500	Not Covered Not Covered	0%; Deductible Waived 0%; Deductible Waived \$500
Radiation Therapy (Outpatient)	20% after Deductible	50% after Deductible	10% after Deductible
Skilled Nursing Facility and Rehabilitation Facility Plan Year Maximum Benefit	20% after Deductible 60 Visits	50% after Deductible 60 Visits	10% after Deductible 60 Visits
Urgent Care Facility *Copay applies per visit regardless of what services are rendered.	\$50 Copay	50% after Deductible	\$50 Copay
All Other Eligible Medical Expenses	20% after Deductible	50% after Deductible	10% after Deductible

Prescription Drug Program

When you elect medical coverage, you are automatically enrolled to receive prescription drug benefits. Pharmacy network services are provided by Navitus Health Solutions.



Retail Program

You have access to a large national network of retail pharmacies where you can have your prescriptions filled for a 30-day supply of medication. The amount you will be required to pay for the cost of your medication will depend upon the level/tier the prescription falls under. You can locate participating pharmacies and check the prescription level/tier any time at www.navitus.com.

90 Day Retail Program

Many members require maintenance medications for conditions such as diabetes, high blood pressure, asthma, etc. For these members, Navitus contracts with a robust network of pharmacies that offer up to a 90 day supply of maintenance medications at a discounted copayment.

Mail Order Program

Navitus also offers members a mail order program for filling maintenance medications. Members are able to receive a 90 day supply of medications mailed to their home for a reduced copayment.

Specialty Pharmacy

Members who have chronic illnesses and complex diseases that take specialty high-cost and injectable drugs are required to obtain their specialty medications through Lumicera. Lumicera provides high-touch patient care to assist patients in managing these complex disease states.

Vaccination Program

Navitus has partnered with pharmacies to provide immunizations for members. At participating pharmacies, your copay for vaccines will be \$0, available vaccines include: Influenza, Pneumonia, Tetanus/Diphtheria, Hepatitis A, Hepatitis B, Meningitis, Shingles, MMR, HPV, Pertussis and Varicella. To see if your pharmacy is participating, contact Navitus Customer Care at 866.333.2757.

HDHP Prescription Schedule:

BENEFIT DESCRIPTION	BENEFIT
Retail Pharmacy: 30 – day supply	\$0 cost once Deductible is met
Generic Drug	
Preferred Drug	
Non-Preferred Drug	
Specialty	
Retail Pharmacy: 90 – day supply	
Generic Drug	
Preferred Drug	
Non-Preferred Drug	
Mail Order Pharmacy: 90 – day supply	
Generic Drug	
Preferred Drug	
Non-Preferred Drug	

PPO and EPO Prescription Schedule:

	Preferred Pharmacy	Non-Preferred Pharmacy	Out-of-Network Benefit*
Retail Pharmacy: 30-Day Supply			
Generic Drug	\$10 Copay	\$15 Copay	\$10 Copay + Difference between Non-Network & Contracted Pharmacy
Preferred Drug	\$30 Copay	\$35 Copay	\$30 Copay + Difference between Non-Network & Contracted Pharmacy
Non-Preferred Drug	\$50 Copay	\$55 Copay	\$50 Copay + Difference between Non-Network & Contracted Pharmacy
Specialty	\$100 Copay	N/A	Not Covered
Retail Pharmacy: 90-Day Supply			
Generic Drug	\$25 Copay	\$30 Copay	\$25 Copay + Difference between Non-Network & Contracted Pharmacy
Preferred Drug	\$75 Copay	\$80 Copay	\$75 Copay + Difference between Non-Network & Contracted Pharmacy
Non-Preferred Drug	\$125 Copay	\$130 Copay	\$125 Copay + Difference between Non-Network & Contracted Pharmacy
Mail Order Pharmacy: 90-Day Supply			
Generic Drug	\$25 Copay	N/A	N/A
Preferred Drug	\$75 Copay	N/A	N/A
Non-Preferred Drug	\$125 Copay	N/A	N/A

*Out-of-network benefit only applies to the PPO Plan. There is not an out-of-network benefit for the EPO plan.

Health Savings Account (HSA)

Employees who select the HDHP medical plan will be automatically enrolled into a HSA.

A Health Savings Account (HSA) is a tax-free savings account that is combined with the HDHP medical plan. The HSA is different from a FSA because the money deposited into the HSA belongs to you and you don't lose it if you don't spend it. Also, money in the HSA is not funded up front. It is only available as deposits are made into the account. You can use your HSA to pay for your insurance deductibles and qualified out-of-pocket medical, dental, and vision expenses for you and your dependents.

Your contributions to your HSA are deducted from your paycheck in 24 equal increments over the plan year on a pre-tax basis and contributions are available for use when deposited to your account. If a balance remains in your HSA at the plan year's end, the funds roll over for use during the next plan year. In addition, you accumulate tax-free interest on your HSA funds. Thus, you can use your account to save for care you may need in the future. For more information visit:

<http://fairhealthconsumer.org/reimbursementseries.php?id=27>

The following deposits, into the HSA, are made on a per month basis.

Employee: \$21.22, **Emp + Spouse:** \$62.08, **Emp + Child(ren):** \$57.00, **Emp + Family:** \$85.02.

Employees can make additional annual contributions to their HSA up to the maximum amounts.

Employee: \$3,350 **Family:** \$6,650

Dental Benefits – Delta Dental

Pinal County offers one dental plan with a maximum benefit of **\$2,000**. Dental benefits utilize Delta Dental of Arizona as the network and also to process claims.



Benefits		
Individual Deductible per Calendar Year	\$50	
Family Deductible Per Calendar Year	\$150	
Percentage Payable	PPO/Premier Dentist	Out-of-Network
Routine/Preventive Care	100%	80%
Basic Services		
Fillings	80%	60%
Endodontics	80%	60%
Periodontics	80%	60%
Oral Surgery	80%	60%
Major Services		
Crowns/Onlays	50%	40%
Prosthetic/Prosthetics	50%	40%
Implants	50%	40%
Orthodontics (age 8 to 19)	50%	50%
Dental Benefit Maximums		
Maximum Payable per Calendar Year	\$2,000 per person	
Lifetime Orthodontic Benefit	\$1,000 per person	

Vision Benefits

The Vision benefits are administrated by AmeriBen as a reimbursement plan with no network. Therefore, you can visit any licensed optometrist, ophthalmologist or dispensing optician. All you have to do is pay for the expense and then submit your receipt for reimbursement up to the maximum allowable amount.



Benefits	
Deductible	\$0
Copay Exams	\$0
Copay Materials*	\$20
One Eye Exam per Year	
One Eye Exam per Year	\$0
One Pair Lenses per Year	\$150 Max
One Pair Frames per Year	\$100 Max
Contact Lenses (In Lieu of Lenses/Frames) per Year	\$150 Max

*If getting frames and lenses, a \$20 Material Copayment applies to each one. \$20 Materials Copayment applies to contacts.

2015-2016 Premium Rates

Medical Benefit Costs				
Monthly Premium for Benefit Eligible Employees				
	County Contribution	HSA Deposit	Employee Contribution	* Per Paycheck
Medical	HDHP Plan			
EE - Single	\$452.38	\$21.22	\$0.00	\$0.00
EE + Spouse	\$740.54	\$62.08	\$148.60	\$74.30
EE + Child(ren)	\$693.40	\$56.99	\$124.80	\$62.40
EE + Family	\$952.72	\$85.02	\$255.70	\$127.85
	PPO Plan			
EE – Single	\$452.38	N/A	\$22.46	\$11.23
EE + Spouse	\$740.54	N/A	\$186.68	\$93.34
EE + Child(ren)	\$693.40	N/A	\$160.04	\$80.02
EE + Family	\$952.72	N/A	\$306.40	\$153.20
	EPO Plan			
EE – Single	\$452.38	N/A	\$34.06	\$17.03
EE + Spouse	\$740.54	N/A	\$210.68	\$105.34
EE + Child(ren)	\$693.40	N/A	\$181.78	\$90.89
EE + Family	\$952.72	N/A	\$340.72	\$170.36

Dental	Delta Dental Network – Annual Maximum Benefit of \$2,000	
	Total Monthly Premium	Per Paycheck Employee Contribution
EE – Single	\$34.30	\$17.15
EE + Spouse	\$66.00	\$33.00
EE + Child(ren)	\$75.20	\$37.60
EE + Family	\$110.90	\$55.45

Vision	Voluntary Vision - AmeriBen	
	Total Monthly Premium	Per Paycheck Employee Contribution
EE – Single	\$4.46	\$2.23
EE + Spouse	\$8.72	\$4.36
EE + Child(ren)	\$7.92	\$3.96
EE + Family	\$12.22	\$6.11

Please note that certain benefits are deducted from your paycheck over a 24 or 26 pay period basis as follows:

- Medical, dental, vision, additional life insurance, FSA, HSA, and AFLAC premiums are deducted over 24 pay periods.
- Retirement (ASRS / PSPRS/CORP, etc.) and other voluntary retirement contributions (457b deferred compensation, etc.) are deducted over 26 pay periods.

County Paid Benefits

In addition to the Medical/Rx coverage, benefit eligible employees will also receive the following benefits.

Wellness Program

The primary goal of the wellness program is a healthier employee and dependent population with corresponding management of medical and prescription claim costs. Early Detection, Lifestyle Modification and Disease Management are the types of programs offered through the AzMT L.I.V.E. wellness program. On-site screenings and other programs will be available throughout the year for your convenience.

Participation is key to a successful wellness program and the key to a better quality of life for those who participate. Take the time to check out the programs being offered to you and your dependents as AzMT participants. It is good for your health!

Employee Assistance Program

You have access to the Employee Assistance Program (EAP) through **Alliance Work Partners**. Under the EAP, you and your household members can speak with a counselor who can help with an assortment of life's matters, such as:

- Job Performance
- Marital Difficulties
- Family Issues
- Communication Skills
- Managing Depression and Anxiety
- Alcohol/Substance Abuse
- Child and Elder Care Resources
- Parenting Support
- Anger Management
- Legal and Financial Issues
- Grief and Bereavement
- Smoking Cessation
- Weight Loss
- Time Management
- Stress Management
- Personal Concerns
- Career Management
- Self-Improvement Plans

Professional help through your EAP is available for many other types of problems that may affect your quality of life. To speak with a counselor or to arrange an appointment, call **800.343.3822** or go to www.alliancewp.com.

Basic Life Insurance and Accidental Death & Dismemberment Insurance

Basic Life insurance is provided through **Standard Insurance Company** and helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance provides an additional amount in the event of a covered death or dismemberment as a result of an accident.

Pinal County pays for Basic Life coverage in the amount of \$50,000 for each employee. For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount.

Basic Life, AD&D, Voluntary Life, and Voluntary AD&D coverage amounts reduce by 50% at the age of 70.

Other Basic Life Features and Services

- Accelerated Benefit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

Short-Term Disability Insurance

Benefit eligible employees will receive **County paid** Short-Term Disability Insurance (STD). The STD plan provides income replacement for a qualifying disability for up to six months. The plan has a 14-Day Elimination Period during which you must use your sick, vacation or comp accruals. The plan provides 60% Income Replacement. There is no minimum weekly benefit; however, the maximum weekly benefit is \$1,900, based on your salary. You can use your sick, vacation and comp accruals to make up the difference between the paid benefit and your actual salary.

Voluntary Benefits

In addition to the Dental and Vision benefits, the following benefits are available to you through payroll deduction:

Voluntary Life

Employees may elect increments of \$10,000 up to a maximum of \$500,000. Combined Basic and Additional Life cannot exceed 6 times your annual salary.

Spouses can request increments of \$5,000 up to a maximum of \$250,000. Spouse coverage cannot exceed 100% of Employee combined Basic and Additional Life.

Child(ren) coverage can be elected in increments of \$2,500 up to a maximum of \$10,000 and cannot exceed 100% of Employee combined Basic and Additional Life. The plan covers children up to age 26.

Evidence of Insurability is required for any coverage request in excess of \$100,000 for an employee and \$25,000 for a spouse. Any applications received more than 30 days after the employee's date of hire will be considered "late" and all amounts applied for will be subject to evidence of insurability. Submit your medical information electronically at www.standard.com/mybenefits/mhs_ho.html. You will need the AzMT Group Policy# 156077.

Rates for Employee and Spouse Additional Life are per \$1,000 of coverage:

	Employee	Spouse
<30	\$0.060	\$0.049
30-34	\$0.080	\$0.050
35-39	\$0.095	\$0.066
40-44	\$0.133	\$0.093
45-49	\$0.201	\$0.141
50-54	\$0.310	\$0.210
55-59	\$0.496	\$0.356
60-64	\$0.660	\$0.538
65-69	\$1.270	\$0.914
70-74	\$2.060	\$1.624
75+	\$7.532	\$6.158

Rates for Child(ren) are \$0.38 per \$2,500 of coverage. Monthly premiums per increment are:

\$2,500	\$.38
\$5,000	\$0.76
\$7,500	\$1.14
\$10,000	\$1.52

Supplemental Accidental Death & Dismemberment (VAD&D)

If you are an active employee, you may elect Supplemental AD&D in \$10,000 increments up to a maximum of \$500,000. For your spouse and dependent children you can elect:

- Spouse only – 50% of employee’s VAD&D coverage amount;
- Child(ren) only – 10% of employee’s VAD&D coverage amount; or
- Spouse and Child(ren) – 40% of employee’s VAD&D coverage amount for the spouse and 5% of the employee’s VAD&D coverage amount for each child.

VAD&D Employee Only rates are \$0.03 per \$1,000 of coverage and \$0.045 per \$1,000 of coverage for Employee plus Spouse and/or Child(ren).

Flexible Spending Accounts

The County offers you the opportunity to participate in a flexible spending account (FSA) plan which is administered AmeriBen. Two options are available:

1. Medical Reimbursement – Employees may elect to participate in the Medical Flexible Spending Account which is a cost effective way to pay for predictable, eligible health care expenses that comply with the rules defined by the IRS. Such expenses typically are items not covered by health care insurance, such as co-payments for doctor visits and prescriptions. By paying for these expenses through FSA before federal, social security, and state taxes are taken out, your taxable income is reduced. The maximum medical reimbursement amount allowable in FY15-16 is **\$2,550**. **Employees enrolled in the HDHP/HSA can sign up for a limited purpose FSA. This limited purpose FSA allows you to pay for out of pocket dental and vision expenses only.**
2. Dependent Care Reimbursement – Employees may also elect to participate in the Dependent Care Flexible Spending Account which allows them to pay for dependent care expenses with tax-free dollars for eligible dependents. Maximum amount in FY15-16 is **\$5,000**. The maximum amount for employees who are married but file their taxes separately is limited to **\$2,500**.



YOU MUST ENROLL IN THE FSA EACH YEAR BY COMPLETING THE APPROPRIATE SECTION OF THE ENROLLMENT FORM AVAILABLE FROM HUMAN RESOURCES.

***Please note:** At the end of the plan year, there is a 90-day run out period to file reimbursement claims for the previous year. The Medical FSA allows you to carry over up to \$500 into the new plan year; however, FSA's have a use-it-or lose-it rule. This means that if you have any funds over \$500 left in your FSA at the end of the plan year you will lose them.*

Important Information

When does benefit coverage end?

Coverage ends the last day of the month in which you are no longer an eligible employee. Following your termination, the COBRA Administrator (AmeriBen) will send you information regarding your rights to continue insurance coverage.

You are also responsible for notifying HR within 31 calendar days when a dependent is no longer an eligible dependent, e.g. child's dependent status due to age, etc.

What changes can I make during the plan year?

Generally, benefit elections made during Open Enrollment or when newly eligible are irrevocable during the plan year. However, when you have a qualified life event, you are permitted to make changes.

Qualified life events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

When are qualified life event changes effective?

Qualified life event changes are effective the first of the month following the event. The exception is employees adding a new dependent when the change becomes effective on the date of the event (date of birth, date of adoption) after submission of the request. Status changes may require a retroactive premium.

Are my deductibles plan year or calendar year?

All of the insurance plans offered through AzMT renew each fiscal year (plan year July-June) which means that all deductibles and out of pocket maximums are based on a July to June timeframe.

Who do I call with questions about payment of my claims?

Contact AmeriBen at **855-350-8699** regarding the status of a claim. You can also sign on to <https://www.myameriben.com> to obtain information about your claim. Please refer to your summary plan document/benefit booklet for information regarding claim appeal procedures. If, after you have contacted AmeriBen, you still need assistance, please contact Human Resources at 520-866-6231.

Remember

Summary Plan Documents can be found on the Pinal County HR Website.

Contact Information

Benefit	Phone Number	Information	Website
Medical - AmeriBen IEC/Group	855.350.8699	Medical claims, coverage questions, and eligibility.	www.myameriben.com
Prescriptions – Navitus Health Solutions	866.333.2757	Prescription claims, coverage questions, and ID cards.	www.navitus.com
Utilization Review– American Health Group	800.847.7605	Precertification for medical necessity and Case Management	N/A
Life and AD&D – The Standard	800.628.8600	Basic Life, Voluntary Life, AD&D and VAD&D benefits	www.standard.com
EAP – Alliance Work Partners	800.343.3822	Confidential Counseling for life’s matters.	www.alliancewp.com
Dental – Delta Dental of Arizona	800.352.6132	Dental claims, coverage questions, and eligibility.	www.deltadentalaz.com
Vision – AmeriBen IEC/Group	855.350.8699	Vision claims, customer service, and eligibility.	www.myameriben.com
Flexible Spending Account – AmeriBen	855.350.8699	Account balance, covered expenses, reimbursed forms on- line claims submission.	www.myameriben.com
Provider Network Blue Cross / Blue Shield of Arizona	800.232.2345	Names of In-Network Physicians & Hospitals	www.azblue.com/Providers.aspx
Mail Order Prescriptions – WellDyneRx	866.490.3326		P.O. Box 3129 Englewood, CO 80155
Nationwide – Jason Herron	602.266.2733 X 1158	Retirement Solutions	www.herroj2@Nationwide.com
AFLAC - Lamar Echols	480.626.7424 800.992.3522	Account balance, covered expenses, reimbursed forms on- line claims submission.	www.aflac.com