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2016-2017 Employee Benefit Guide

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AzMT ARIZONA Metropolitan Trust

Choosing your 2016-17 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, 2016:

- 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 Securian.

- 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 – 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.

- Short-Term Disability – A County paid benefit for all benefit eligible employees. Provides up to six months of income replacement.

- 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 or Public Safety Personnel Retirement System, Social Security-Medicare as applicable and Workers Compensation.

The purpose of this guide is to highlight your benefits; it does NOT replace your summary plan documents. The information has been complied 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.

2016-17 Benefit Changes

Effective July 01, 2016, the following benefit changes were approved by the Arizona Metropolitan Trust (AzMT):

Medical/Rx

HDHP

- Implement Medicare-Like Rates for Out-of-Network Facility Claims

PPO

- Change Deductible from $0/$500 to $100/$400;
- Implement Medicare-Like Rates for Out-of-Network Facility Claims; and
- Increase Specialty Rx Co-Pay from $100 to 20% Up to $200 Max.

EPO

- Increase Specialty Rx Co-Pay from $100 to 20% Up to $200 Max

Dental

- Add coverage for composite fillings;
- Add Adult Orthodontia; and
- Increase Lifetime Orthodontia Maximum from $1,000 to $2,000.

Vision

- Terminate Vision Reimbursement Program through AmeriBen; and
- Add Vision Coverage through VSP.

Life Insurance

- Change Life carriers from Standard Insurance Company to Securian

PLEASE NOTE: EVERY EMPLOYEE WILL RECEIVE NEW MEDICAL/RX ID CARDS PRIOR TO JULY 01, 2016 FROM AMERIBEN. IF YOU DO NOT RECEIVE A NEW ID CARD, PLEASE NOTIFY HUMAN RESOURCES.

OPEN ENROLLMENT –April 25, 2016 through May 20, 2016

The benefits you elect during open enrollment are for the fiscal plan year July 01, 2016 through June 30, 2017 unless you experience a qualifying event. **EVERY employee must complete a new enrollment form for 2016-17.** If you fail to complete a new enrollment form by May 20, 2016, you will be automatically enrolled in the PPO Employee Only Medical Plan effective July 01, 2016.

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 life qualifying event. *If you experience a qualifying 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*.

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 insurance 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. The HDHP has out-of-network benefits within Arizona and nationwide; however, participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers in Arizona.

Health Savings Account (HSA) – Enables 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 insurance to participants. The PPO has out-of-network benefits within Arizona and nationwide; however, participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers in Arizona.

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, 2016 Pinal County will continue to 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. In-network providers are in Arizona only. With the HDHP plan you are responsible for paying for all medical costs up to your deducible prior to the plan helping with any associated costs.

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. In-network providers are in Arizona only.

EPO Plan

Like the other plan options, the EPO plan provides comprehensive medical coverage; however, this plan is an in-network, in Arizona 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, 2016 through June 30, 2017

	HDHP		PPO		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Plan Year Deductible					
Single	$2,600	$5,000	$100	$500	$250
Family	$5,200	$10,000	$400	$1,000	$500
Plan Year Out-of-Pocket Maximum[1]					
Single	$2,600	$10,000	$2,500	$5,000	$2,500
Family	$5,200	$20,000	$5,000	$10,000	$5,000
Allergy Serums and Injections If received during an office visit when a Physician is seen, the paid under the office visit benefit.	0%*	50%*	$0 Copay	50%*	$0 Copay
Allergy Testing and Treatment	0%*	50%*	20%*	50%*	10%*
Ambulance Services	0%*	50%*	20%*	20%*	10%*
Chemotherapy (Outpatient)	0%*	50%*	20%*	50%*	10%*
Chiropractic Care/Spinal Manipulation	0%*	50%*	$20 Copay	50%*	$15 Copay
Plan Year Maximum Benefit	30 Visits		30 Visits		30 Visits
Diagnostic Testing, X-Ray and Lab Services					
Free Standing Laboratory Facility	0%*	50%*	0%	50%*	0%
Free Standing Radiology Facility	0%*	50%*	20%*	50%*	10%*
All Other Location (except office visit)	0%*	50%*	20%*	50%*	10%*
Durable Medical Equipment (DME)	0%*	50%*	20%*	50%*	10%*
Emergency Room	0%*	50%*	$250 Copay plus 20%* Copay Waived if Admitted		$50 Copay plus 10%* Copay Waived if Admitted
Home Health Care	0%*	50%*	20%*	50%*	10%*
Plan Year Maximum Benefit	60 Visits		60 Visits		60 Visits
Hospice Care	0%*	50%*	20%*	50%*	10%*
Lifetime Maximum Benefit	6 Months		6 Months		6 Months
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)					
Inpatient/Outpatient	0%*	50%*	20%*	50%*	10%*
Maternity					
First Visit to Confirm Pregnancy					
Primary Care Physician	0%*	50%*	$20 Copay	50%*	$15 Copay
Specialist	0%*	50%*	$40 Copay	50%*	$30 Copay
Prenatal and Postnatal Care	0%*	50%*	20%*	50%*	10%*
Delivery Charges	0%*	50%*	20%*	50%*	10%*

[1] Please note that there is a separate maximum out-of-pocket limit for prescriptions

	HDHP		PPO		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Mental Health and Substance Abuse Disorders					
Inpatient	0%*	50%*	20%*	50%*	10%*
Outpatient	0%*	50%*	$20 Copay	50%*	$15 Copay
Outpatient Therapies (e.g., physical, speech, occupational)	0%*	50%*	20%*	50%*	10%*
Plan Year Maximum Benefit	20 Visits		20 Visits		20 Visits
Physician's Services					
Office Visits					
Primary Care Physician	0%*	50%*	$20 Copay	50%*	$15 Copay
Specialist	0%*	50%*	$40 Copay	50%*	$30 Copay
Physician Office Surgery					
Primary Care Physician					
Surgery Costing under $500	0%*	50%*	$20 Copay	50%*	$15 Copay
Surgery Costing $500 or more	0%*	50%*	20%*	50%*	10%*
Specialist					
Surgery Costing under $500	0%*	50%*	$40 Copay	50%*	$30 Copay
Surgery Costing $500 or More	0%*	50%*	20%*	50%*	10%*
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)	0%; Deductible Waived	Not Covered	$0 Copay	Not Covered	$0 Copay
Preventive Care Not Covered Under the Preventive Services Benefit per Health Care Reform (PPACA)	0%; Deductible Waived	Not Covered	$0 Copay	Not Covered	$0 Copay
Plan Year Maximum Benefit	$500		$500		$500
Radiation Therapy (Outpatient)	0%*	50%*	20%*	50%*	10%*
Skilled Nursing Facility and Rehabilitation Facility	0%*	50%*	20%*	50%*	10%*
Plan Year Maximum Benefit	60 Days		60 Days		60 Days
Urgent Care Facility *Copay applies per visit regardless of what services are rendered.	0%*	50%*	$50 Copay	50%*	$50 Copay
All Other Eligible Medical Expenses	0%*	50%*	20%*	50%*	10%*

*Applies 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 and the plan you are enrolled in. You can locate participating pharmacies and check the prescription level/tier any time at www.navitus.com. Prescriptions filled at non-preferred pharmacies incur a $5.00 fee.

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.

Prescription Schedule:

	HDHP	EPO & PPO		
		Preferred	Non Preferred	Non Contracted
30-Day Supply	No Charge After Deductible is Met (Except for Certain Preventive Medications)			You Pay the NonPreferred Copay + the Difference Between the Contracted and Non Contracted Pharmacy Cost
Tier 1		$10	$15	
Tier 2		$30	$35	
Tier 3		$50	$55	
Specialty		20% Up to $200	N/A	
90-Day Supply				
Tier 1		$25	$30	
Tier 2		$75	$80	
Tier 3		$125	$130	

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. Children are eligible up to age 19 or age 24 if a full-time student.

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%*
Prosthodontic/Prosthetics	50%*	40%*
Implants	50%*	40%*
Orthodontics (Adult & Child)	50%	50%
Dental Benefit Maximums		
Maximum Payable per Calendar Year	$2,000 per person	
Lifetime Orthodontic Benefit	$2,000 per person	

Vision Benefits

Effective July 01, 2016 AzMT will move its Vision to VSP. VSP provides coverage for vision examinations, lenses/frames and/or contacts once every 12 months for set copayments or at discounted pricing. Dependents are eligible up to age 19 or age 24 if a full-time student.

Benefits	
Copay Eye Exam	$10
Copay Contact Lens Exam	$60 (Max)
Copay Prescription Glasses (Frames & Lenses)	$20
Frame Allowance	$150 $170 for Featured Frame Brands 20% Savings on Amounts Over Allowance $80 Costco Frame Allowance
Lenses	Single Vision, Lined Bifocal and Lined Trifocal Polycarbonate for Dependent Children
Lens Enhancements	Standard Progressive Lenses - $55 Premium Progressive Lenses - $95 - $105 Custom Progressive Lenses - $150 - $175
Contact Lenses (In Lieu of Lenses/Frames) per Year	$150 Allowance

Please see the VSP Benefit Summary for detailed benefit information.

2016-2017 Premium Rates

	Medical Benefit Costs Monthly Premium for Benefit Eligible Employees			
	County Contribution	County HSA Contribution	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	$57.00	$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**	
	Total Monthly Premium	Per Paycheck Employee Contribution
EE – Single	$34.31	$17.15
EE + Spouse	$66.01	$33.00
EE + Child(ren)	$75.21	$37.60
EE + Family	$110.91	$55.45

Vision	**VSP**	
	Total Monthly Premium	Per Paycheck Employee Contribution
EE – Single	$4.46	$2.23
EE + Spouse	$8.72	$4.36
EE + Child(ren)	$7.93	$3.96
EE + Family	$12.23	$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 (AZ ASRS / AZ PSPRS) 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 **Securian** 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 resulting from an accident.

Your Basic Life coverage amount is $50,000. For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount.

Basic Life and AD&D coverage amount reduces by 50% at the age of 75.

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, and comp time 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 must use your sick, vacation, and comp time 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:

Supplemental Life

Employees may elect increments of $10,000 up to the lesser of 6 times your annual salary or $500,000. This does NOT include Basic Life.

Spouses can request increments of $5,000 up to a maximum of $250,000. Spouse coverage cannot exceed 100% of Employee combined Basic and Supplemental 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 Supplemental Life. The plan covers children up to age 26.

If you are an existing employee (not hired within the last 31 days), you have an annual open enrollment opportunity to increase your Supplemental Life by $10,000 without providing Evidence of Insurability (EoI) as long as your current coverage does not exceed the Guaranteed Issue (GI) amount of $150,000. Should you wish to apply for Supplemental Life in excess of $10,000 or which exceeds the GI limit, you must complete the Evidence of Insurability (EOI) form that is contained in your packet.

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

	Employee	Spouse
<30	$0.060	$0.049
30-34	$0.072	$0.050
35-39	$0.095	$0.066
40-44	$0.133	$0.093
45-49	$0.201	$0.141
50-54	$0.307	$0.214
55-59	$0.496	$0.356
60-64	$0.658	$0.538
65-69	$1.118	$0.914
70-74	$1.987	$1.624
75*	$7.532	$6.158

*If you need rates for Age 76+, please see Human Resources.

Rates for Child(ren) are $0.13 per $1,000 of coverage. Monthly premiums per increment are:

$2,500	$0.325
$5,000	$0.65
$7,500	$0.98
$10,000	$1.30

Voluntary Accidental Death & Dismemberment (VAD&D)

If you are an active employee, you may elect Voluntary 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 – 15% of employee's VAD&D coverage amount; or
- Spouse and Child(ren) – 40% of employee's VAD&D coverage amount for the spouse and 10% 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).

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 an FSA because the money deposited into the HSA belongs to you and you don't lose it if you don't spend it. You can use your HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses.

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.

In addition to contributions you make to the HSA, the County will make monthly contributions based on your enrollment tier as follows:

- Employee Only $21.22
- Emp + Spouse $62.08
- Emp + Child(ren) $57.00
- Emp + Family $85.02

Please Note: The IRS limits the total amount that can be contributed to an HSA on an annual basis.
In 2016, those limits are:
Employee: $3,350
Family: $6,750
(If you are 55 or older, you can also make a $1,000 catch-up contribution)

Flexible Spending Accounts

The County offers you the opportunity to participate in a flexible spending account (FSA) plan which is administered by 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 FY16-17 is **$2,550**. **(Employees enrolled in the HDHP/HSA can sign up for a limited purpose FSA. This allows you to use the FSA for dental and vision benefits only.)**
2. Dependent Care Reimbursement – Employees may also elect to participate in the Dependent Care Flexible Spending Account which allows you to pay for dependent care expenses with tax-free dollars for eligible dependents. Maximum amount in FY16-17 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 consistent with that life event. Qualified 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 timely 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

Open Enrollment begins April 25 and closes on May 20, 2016. Changes in your benefit elections will not be accepted after that date. This is intended as a reference only; please refer to your Summary Plan Document for more detailed coverage information.

Contact Information

Benefit	Phone Number	Information	Website
Medical - AmeriBen IEC/Group	855.350.8699	Medical claims, coverage questions, eligibility and ID cards.	www.myameriben.com
Prescriptions – Navitus Health Solutions	866.333.2757	Prescription claims and coverage questions.	www.navitus.com
Utilization Review– American Health Group	800.847.7605	Precertification for medical necessity and Case Management	N/A
Life and AD&D – Securian*	800.392.7295	Life Insurance	www.ochinc.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 – VSP	800.877.7195	Vision claims, coverage questions and in-network providers	www.vsp.com
Flexible Spending Account – AmeriBen	855.350.8699	Account balance, covered expenses, reimbursed forms on-line claims submission.	www.myameriben.com

*Note: Securian is administered by Ochs, Inc. who handles all administration of the Life benefit.