Pima County 2016 – 2017 Employee Benefits

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Important updates for 2016 – 2017

Save with the Healthy Lifestyle Premium Discounts
Employee Benefits – Pima County

PIMA COUNTY

PIMA COUNTY EMPLOYEE Wellness PROGRAM

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Aetna Member Services – 1-800-784-3989

Aetna Member Services is available 24/7 – by toll-free phone and online – to help with questions about your medical benefits, network providers, claims and claim payments, qualifying family status changes, address changes and other needs. You also may request a replacement Aetna member ID card (if you lose yours) or additional cards for family members. If you want to speak with someone about your medical plan in your preferred language, call Member Services and ask to speak to a translator.

You can email Aetna Member Services with your questions and requests. Visit **http://www.aetna.com** and log in to your secure Aetna Navigator member website. You'll see "Contact Us" at the top of most pages. Remember, you need to register with Aetna Navigator to use its features. Use the "Log In/Register" link on Aetna's home page.

Welcome to the Pima County Employee Benefits Program

This guide will educate you on the High Deductible Health Plan (HDHP) so you can make the best choices for yourself and your family. It also explains other benefits, services and programs that can help you enjoy better health, save money and protect your financial security.

Meet Aetna

Aetna administers the County's self-insured High Deductible Health Plan (HDHP) with or without a Health Savings Account (HSA). Aetna is one of America's largest and most experienced health insurance companies. Aetna offers:

- ***A large, nationwide provider network*** with more than 560,000 primary care physicians and specialists, and over 5,300 hospitals
- ***Programs and services*** that can help you get healthy and stay well
- ***Online tools*** to help you make the most of your benefits

With Aetna, you have help whenever you need it, with:

- ***Aetna Navigator®***: Visit **http://www.aetna.com** to register for your secure member website, and then log in for information and tools that help you understand and use your plan. A Spanish-translated version of Aetna Navigator is also available.
- ***Aetna Member Services***: You may email Aetna Member Services from Aetna Navigator (use the "Contact Us" link on any page) or call toll free at **1-800-784-3989**.

Read on to learn what is available to you through your medical plan and other Pima County benefits. If you have questions, use the *Contacts* charts at the back of this guide.

Important notices

About this guide: This guide is for Pima County employees who are eligible for benefits. As a new benefits-eligible employee, you may use this guide to learn about your benefits prior to your initial benefits enrollment, to be completed within the first 31 days of your hire date. You may also use this guide during Pima County's annual enrollment period.

More detailed information: Personnel Policy 8-122-Group Insurance contains more details about eligibility, insuring dependents, family status changes and insurance during leaves of absence.

Benefits charts: The benefits summary charts in this guide show many features of the medical and dental plans available to you. Every effort has been made to ensure the accuracy of these charts. However, if there is a question about a benefit or feature, the information in the plans' legal documents, policies or health benefits contracts will prevail.

Pre-existing conditions: Pima County's health plans have no pre-existing conditions limitations.

COBRA coverage: The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and your family to continue medical coverage, as well as dental and vision coverage, after you leave your current employer. You must meet certain qualifications. This extension lasts for a limited amount of time and you must pay all premiums. Check with your Departmental Benefits Representative for details.

Frequently asked questions

Questions about your doctor? We encourage you and your family members to establish a relationship with a primary care physician (PCP) for routine care, although you are not required to select one in either one of the plan options. In many cases, your current doctor will also be a participating doctor with Aetna. If your current doctor does not participate with Aetna, you will need to locate a new PCP. Aetna is always seeking new doctors to serve our members. If you have a particular doctor you would like added to the provider network, please contact Aetna Member Services at **1-800-784-3989**.

How do I receive an Aetna Provider Directory? Visit **http://www.aetna.com** and log in to Aetna Navigator. On the left side of the page click on "Find a Doctor, Dentist or Facility" and then follow the prompts to search.

What if I have an emergency? Aetna provides worldwide coverage for emergency medical services. An emergency is defined as an illness or injury that could result in loss of life or limb.

What is urgent care? Urgent care is required for medical conditions that, if left untreated, could result in serious medical problems. Examples include, but are not limited to, serious cuts, sprains, respiratory infections and urinary tract infections.

What if I leave my company? The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and your family to continue your medical coverage, as well as your dental and vision coverage after you leave your current employer, providing you meet certain qualifications.

This extension is for a limited amount of time, and you must assume payment of all premiums. Check with your Departmental Benefits Representative for details.

How do I contact Member Services? Aetna Member Services is available 24/7 – toll free at **1-800-784-3989** – or online at **http://www.aetna.com** – to help with questions about your medical benefits, network providers, claims and claim payments. If you want to speak with someone about your medical plan in your language, call Member Services and ask to speak with a translator.

You can email Member Services with your questions and requests. Visit **http://www.aetna.com** and log in to Aetna Navigator. You'll see "Contact Us" at the top of most pages. Remember, you need to register with Aetna Navigator to use its features. Use the "Log In/Register" link on Aetna's home page.

What is a High Deductible Health Plan? A High Deductible Health Plan (HDHP) is a self-directed health plan that offers a wide selection of physicians. You have access to preferred (in-network) providers that are contracted with Aetna from which you may receive services at a discounted rate. You have the option to see non-contracted (out-of-network) providers; however, your costs will be higher. You do not need to select a PCP. Members pay a deductible before benefits become payable under this plan. There is a deductible for contracted providers and a separate deductible for non-contracted providers. There are no copays in the HDHP. Members pay the full cost for services (at a discounted rate if in-network) until the deductible has been met. The deductible is waived and claims are paid at 100 percent for in-network preventive health care services based on age, gender and family history. After the deductible has been satisfied, you will pay a fixed percentage (coinsurance) of covered expenses. The deductible and coinsurance count toward your out-of-pocket maximum. Pima County employees can choose an HDHP with or without a Health Savings Account (HSA), an option available for employees ineligible for an HSA.

General medical coverage questions

What will my costs be if I obtain services in-network? The in-network allowed amount is based on the contracted rate between the health providers and Aetna – the member will not be billed the balance or the difference between the billed charges and the contracted rate.

What will my costs be if I obtain services out-of-network? When members choose to go outside of the network in the HDHP, they will be subject to a higher deductible for hospital and other applicable services, and a greater percentage of the service provider's cost. The following summarizes how Aetna's non-network reimbursement methodology will affect you when you choose to use a physician or facility that is not participating in the Aetna network.

Reimbursements for covered health services received by non-network physicians or facilities are determined based on one of the following:

- Fee(s) that are negotiated with the physician or facility
- A percentage of the published rates allowed by Medicare for the same or similar services
- 50 percent of billed charges

The specific reimbursement formula used will vary depending upon the physician and facility providing the service(s) and the type of service(s) received. This reimbursement methodology may increase your financial responsibility for services received from a non-network physician and facility. This change will NOT affect you in the following situations:

- When you receive care from a network physician or facility
- For services received in emergency situations
- For services received by non-network physicians or facilities coordinated and approved in advance at the in-network benefit level by Aetna (prior authorization)

It's also important to remember that the member is responsible for any amount above the allowed amount and billed charges. This difference will not be applied toward the deductible and/or out-of-pocket maximum.

In summary, the member's total responsibility for out-of-network services includes the deductible, coinsurance and the difference between the billed charges and the allowed amount.

For HDHP where a service is not covered by a copayment, how is payment made? Providers will usually ask members of the HDHP if they have met their deductible. If a member says "no," the provider may ask for payment up front. If the member says "yes," or has partially met his or her deductible, the provider might tell the member that they will bill the insurance company and send the member a bill for the additional amounts that are due.

You can also find information on your deductible and out-of-pocket maximum at **http://www.aetna.com**.

How do I know if my physician or service facility is considered in-network? Visit **http://www.aetna.com** or call Aetna's Member Services number on the back of your Aetna member ID card. Search doctors in the Aetna network to find the one that has the right experience, credentials and services to meet your needs.

Can I obtain services out of the service area? Under the HDHP, there is out-of-network benefits coverage. Aetna's network for the HDHP is a national network with access to providers, hospitals and pharmacies. Therefore, you can be outside of the State of Arizona and still take advantage of your in-network benefits. This is a great benefit for those employees who may have eligible dependents who reside outside of Arizona.

Will I have a choice of hospitals? It is always best to verify that the hospital you choose is contracted with Aetna, but most of the hospitals in the Tucson area will be available to you as a preferred provider. If you choose a hospital that does not have a contract with Aetna, your out-of-pocket expenses will increase. Currently, Aetna's network of hospitals includes Carondelet St. Joseph's Hospital, Carondelet St. Mary's Hospital, Northwest Medical Center, Tucson Medical Center, Banner – University Medical Center and others.

What is Coordination of Benefits? If you, or a family member, are covered by more than one health plan (including Medicare Parts A, B or D), Aetna will coordinate its benefits with those of the other plan. The goal of this coordination is to maximize coverage for allowable expenses, minimize out-of-pocket costs and prevent any payment duplication.

Getting Started

Who is eligible for benefits?

Employees

You are eligible for benefits if you are working 20 or more hours per week and are:

- A permanent full-time employee
- A permanent part-time employee
- A permanent probationary employee working full-time or part-time
- An elected official or appointed employee

For purposes of benefits coverage, "employee" does not include seasonal, provisional, intermittent or temporary employees.

Benefits-eligible dependent

An eligible dependent is a legally married spouse, domestic partner, natural born child, stepchild, adopted child of the employee or domestic partner, child who has been placed for adoption with the employee or domestic partner and for whom the application and approval procedures for adoption pursuant to ARS §8-105 or §8-108 have begun, and/or a child for whom the employee or domestic partner has obtained court-ordered guardianship. An eligible child is insurable up to the age of twenty-six (26), regardless of the child's student or marital status or the availability of other employer-based coverage for that child. The employee must supply documentation to support the parent-child relationship and the age of the child. As an example, such documents may include a birth certificate or applicable court order. An enrolled dependent child will continue to be eligible beyond the age of twenty-six (26) provided he/she is incapable of self-sustaining employment by reasons of intellectual disability or physical disability, and is chiefly dependent upon the employee or enrolled domestic partner for support and maintenance.

Benefits eligibility verification

In order to verify dependent eligibility, employees may be required to provide appropriate documentation, such as:

- Marriage license (recorded)
- Birth certificate
- Tax return (most recent year)
- Court documents
- Driver's license (to support joint address)
- Affidavit of Domestic Partnership
- Utility bill

Note: Insuring individuals who are not eligible dependents is a violation of Pima County Personnel Policy 8-122. This means you must repay the County for any associated premiums and paid claims.

Before you enroll

It's important to think about your health care needs before you enroll. Review the type of care and services you and your dependents have received in the past, and consider what you may need in the future.

It can be helpful to talk with your doctor about any tests or procedures you may need in the year to come. Keep in mind that if your doctor does not belong to Aetna's network, you will pay more for your care. Also, remember that qualified medical, dental and vision expenses that you pay out of your own pocket can be reimbursed through your Health Savings Account (if you are enrolled in the HDHP with HSA) or a Health Care Flexible Spending Account if you are enrolled in the HDHP without HSA.

How do I enroll?

To enroll in any of Pima County's benefits, you will enroll online using ADP/HR Outsourced Benefits Administration (OBA) System available through the Employee Self-Service (ESS) portal at **https://portal.adp.com/public/index.htm**. This system streamlines the benefits administration process and reduces the use of paper.

For assistance, please contact your Departmental Benefits Representative or Pima County Benefits.

Pre-tax premium payment plan

Pima County offers employees a choice of paying their share of medical, dental and vision premium costs on a pre-tax or post-tax basis. Under Section 125 of the Internal Revenue Code, employees may make this choice at the time when they first become eligible for benefits or once a year during annual enrollment periods. Deducting your premiums with pre-tax dollars means that the money is deducted from your paycheck before federal, state and Social Security taxes are calculated. Your taxes are reduced because the money used to purchase qualified benefits is not reported on your W-2 as part of your taxable income. Your tax savings may help reduce the cost of your benefits premiums.

You may not make any changes to your medical, dental or vision plan selections, including level of coverage, during the year unless you experience a qualifying family status change. See Personnel Policy 8-122 for a list and definition of a qualifying family status change.

Change in Family Status – 31-day rule

Changes in coverage outside of annual enrollment must comply with federal tax laws. You will need to provide documentation of the event. This rule also applies to situations where employees wish to add or drop County coverage for themselves or their dependents due to gain or loss of alternate coverage.

Any family status change which affects coverage must be reported to the Pima County Benefits Department within 31 days of any of the following events:

- Birth or adoption of a child
- Employee marriage
- Employee divorce
- Court order for support of child
- Child attaining maximum dependent coverage age
- Child getting married
- Death of a dependent on Pima County plan
- Gain or loss of other medical/dental coverage
- Legal guardianship
- Domestic partnership

HDHP

To see how the HDHP pays benefits, turn to the chart on page 13.

The High Deductible Health Plan (HDHP) – with or without a Health Savings Account (HSA)

- **HDHP with HSA**, which combines a medical plan with a Health Savings Account (HSA) you can use to help pay qualified medical expenses* (including prescription drugs)
- **HDHP without HSA**, which provides a medical plan only (for those not eligible for an HSA)

You may choose in-network or out-of-network providers, and referrals are not needed for specialty care. You have to meet an annual deductible, and then pay a percentage (coinsurance) of covered expenses up to the out-of-pocket maximum. On the HDHP, the out-of pocket maximum includes the deductible and pharmacy charges.

About the Health Savings Account (HSA)

Who is eligible?

You are eligible to open an HSA if you:

- Are enrolled in a qualified HDHP
- Don't have other medical coverage (certain exceptions apply)
- Are not enrolled in any part of Medicare or Tricare
- Are not claimed as a dependent on someone else's tax return
- Are not receiving Veterans Affairs (VA) benefits for non-service related treatment – both currently and within the past three months
- Are **not** enrolled in a Flexible Spending Account (FSA), or a dependent of someone who is enrolled. However, you may have a Limited Purpose FSA to use for dental and vision expenses not covered under your medical plan.

*The IRS determines which expenses may be paid from an HSA. For a list see IRS Publication 502. Visit http://www.irs.gov and click "Forms and Publications" or call 1-800-829-3676.

How the HSA works

Employees enrolled in the HDHP with HSA will automatically be enrolled in an HSA with HSA Bank. Here's how it works:

- **Contributions**: You can elect to have a pre-tax set contribution amount deducted from your paycheck. Pima County will fund your HSA twice this year, once in July and again in January. Pima County's contribution will be dependent upon level of coverage at the time of funding. Pima County will fund $500 for individual coverage and $1,000 for family coverage. The maximum contribution (including the County's funds) for 2016 is $3,350 for individual coverage and $6,750 for family coverage. If you are 55 or older, you may contribute an addition $1,000 to the maximum contribution.
- **Payments**: You may use your HSA funds to help pay for qualified expenses with your HSA debit card, which directly accesses money in your HSA account.
- **Growing your account**: You also may pay expenses out of your own pocket and let your account grow for the future. Balances carry over year to year and earn interest. When your account balance reaches $2,000 you will have an option to invest your funds. Log in to **https://myaccounts.hsabank.com/Login** for more information.
- **Tax savings**: An HSA reduces your taxes in three ways: Deposits are free from income tax, you pay no tax on the interest you earn and withdrawals for qualified expenses are free from income tax.
- **Ownership**: You own your HSA. It goes with you if you change jobs. You can even save it to use when you retire.

Learn more

To learn more about the HSA, call HSA Bank at **1-800-357-6246**.

Find in-network providers with DocFind®

Log in to **http://www.aetna.com** and use the "Find a Doctor, Dentist or Facility" link. For more information about the DocFind tool, see page 8.

When You Need Care

Your PCP

You are not required to select a primary care physician (PCP). However, we encourage you and your family to establish a relationship with a PCP. He or she can provide basic and preventive care, and help you find the right specialist when you need one.

Finding and using in-network providers

Save with in-network providers. When you choose in-network providers, your annual deductible is lower. Plus, in-network providers agree to charge discounted rates (negotiated fees) for Aetna members. This means your benefits are based on lower prices for care. Remember, Aetna's network is national. This means you and your covered family members can receive care outside the State of Arizona and still take advantage of in-network benefits.

Use DocFind to locate in-network providers near you. DocFind is the Aetna online provider directory. To use it, log in to **http://www.aetna.com** and click "Find a Doctor, Dentist or Facility." You can search for all doctors, hospitals, pharmacies and other providers near you. You can also see if a specific doctor belongs to the network.

If your doctor is not in the network, he or she can join. Tell your doctor to:

- Go to **http://www.aetna.com** and click on "Health Care Professionals."
- Click "Join the Network" on the left side of the next page.

DocFind also lists hospitals. But it's always best to check with the hospital you choose to be sure it belongs to the Aetna network. Currently, the Aetna network includes these hospital systems: Carondelet St. Joseph's Hospital, Carondelet St. Mary's Hospital, Northwest Medical Center, Tucson Medical Center, Banner – University Medical Center and others.

If you're not sure, call Aetna Member Services at 1-800-784-3989. A customer service representative can tell you whether or not a doctor, facility or other provider belongs to Aetna's network.

When you use out-of-network providers

Under your medical plan, you have out-of-network coverage. However, you pay more for your care when you use out-of-network providers. Your annual deductible is higher and the plan pays a lower share of covered expenses. In addition, your benefits are based on the usual, customary and reasonable rates for a given service. This is the amount most commonly charged for medical services in your area.

If an out-of-network provider charges more than the reasonable and customary amount, you pay the difference – in addition to meeting the deductible and paying your share of costs (coinsurance). This difference does not count toward your deductible or the plan's out-of-pocket maximum.

Looking for independent, objective information when you choose a doctor or specialist?

You may end up asking friends and relatives or picking a name from the telephone book and hoping for the best. When you visit an Aexcel® specialist, you can be confident that you're receiving quality care and the best value for your share of the cost.

Aexcel is a designation for specialists within Aetna's network – who can be found on DocFind – who have met certain clinical and cost-efficiency standards. Specialists who belong to the Aexcel network have shown that they can deliver cost-effective care with fewer complications and repeat procedures. They are chosen according to measures such as patient volume, 30-day hospital readmission rates and complication rates.

Emergency and urgent care

Your medical plan covers emergency care whenever and wherever you receive it – as long as there is a true emergency. This means your illness or injury could result in loss of life or limb if immediate care is not given. In an emergency, dial 911 or go to the nearest hospital emergency room.

When it's not an emergency, but you need care right away, you can go to an ***urgent care center***. Problems an urgent care center can help with include serious cuts, sprains, respiratory infections and urinary tract infections. You can use DocFind at **http://www.aetna.com** to locate urgent care centers near you. Be sure to write down phone numbers, locations and hours, and post where you can find the information quickly.

You can also visit ***walk-in clinics*** for minor problems, such as colds, allergies, rashes and less serious cuts and scrapes. DocFind also lists these facilities, which can be found in certain pharmacies.

Not sure where to go? Call the Informed Health Line at **1-800-556-1555**. The nurse will listen to your problem and help you find the right care. For more about the Informed Health Line, see page 17.

Know your options for medical care

When it's not a life-threatening emergency, there are better, less costly options for the care you need. Use the chart below to know where to go – and when.

Please check with the providers before you go to confirm the hours, location and whether or not they are in the Aetna network.

Service	When to use	Good to know	Resources	
PCP	- Routine and preventive care - Non-urgent problem-related care - Scheduled appointments - Prescriptions	Your PCP knows your health history, can access your medical records and can refer you to specialists.		
Walk-in clinic	- Common illnesses, such as colds, coughs, sore throats - Skin conditions - Flu shots and other vaccines - Camp and sports physicals	Many pharmacy chains now have walk-in clinics staffed by nurses and physician assistants.	***MinuteClinic Diagnostic of Arizona, LLC*** 6895 East Sunrise Drive Tucson, AZ 85750 **(866) 389-2727** **MinuteClinic Diagnostic of Arizona, LLC** 8920 East Tanque Verde Tucson, AZ 85749 **(866) 389-2727** **MinuteClinic Diagnostic of Arizona, LLC** 1900 West Valencia Road Tucson, AZ 85746 **(866) 389-2727** **MinuteClinic Diagnostic of Arizona, LLC** 2601 South Houghton Road Tucson, AZ 85730 **(866) 389-2727** **MinuteClinic Diagnostic of Arizona, LLC** 4365 North Oracle Road Tucson, AZ 85705 **(866) 389-2727**	**MinuteClinic Diagnostic of Arizona, LLC** 3785 West Ina Road Tucson, AZ 85741 **(866) 389-2727** **MinuteClinic Diagnostic of Arizona, LLC** 3832 East Speedway Tucson, AZ 85716 **(866) 389-2727** **Take Care Health Arizona, P.C.** 3910 East 22nd Street Tucson, AZ 85711 **(866) 825-3227** **Take Care Health Arizona, P.C.** 10315 East Broadway Boulevard Tucson, AZ 85748 **(866) 925-4733** **Take Care Health Arizona, P.C.** 2180 West Grant Road Tucson, AZ 85745 **(866) 925-4733** **Take Care Health Arizona, P.C.** 2150 West Orange Grove Road Tucson, AZ 85741 **(866) 825-3227**

Service	When to use	Good to know	Resources	
Walk-in clinic (continued)			**Take Care Health Arizona, P.C.** 7800 North Cortaro Road Tucson, AZ 85743 **(866) 825-3227** **Take Care Health Arizona, P.C.** 6767 East Broadway Boulevard Tucson, AZ 85710 **(855) 925-4733**	**Take Care Health Arizona, P.C.** 4685 East Grant Road Tucson, AZ 85712 **(866) 825-3227** **Take Care Health Arizona, P.C.** 10405 La Canada Drive Tucson, AZ 85737 **(866) 825-3227**
Urgent care facility	For more serious, but not life-threatening, illness and injuries that require immediate care. Examples: - Cuts and other wounds - Sprains and strains - Simple bone fractures - Fever	Some urgent care facilities are open 24 hours a day, others are not. Call to find out – ***before*** you need care! Post the phone number and hours of the closest facility on your fridge or home bulletin board.	**Urgent Care Extra AZ** 3611 North Campbell Avenue Tucson, AZ 85719 **(520) 881-0636** **Concentra Health Services, Inc.** 2005 West Ruthrauff Road Suite 111 Tucson, AZ 85705 **(520) 293-7250** **Concentra Health Services, Inc.** 7119 East Broadway Boulevard Tucson, AZ 85710 **(866) 944-6046** **Concentra Health Services, Inc.** 4600 South Park Avenue Suite 6 Tucson, AZ 85714 **(520) 889-9574** **FastMed Urgent Care** 1400 North Wilmot Road Suite 110 Tucson, AZ 85712 **(520) 884-4999** **FastMed Urgent Care** 2460 North Swan Road Suite 140 Tucson, AZ 85712 **(520) 441-5405**	**FastMed Urgent Care** 7850 North Silverbell Road Suite 132 Tucson, AZ 85743 **(520) 407-5884** **FastMed Urgent Care** 1895 West Valencia Road Tucson, AZ 85746 **(520) 576-5104** **FastMed Urgent Care** 9175 Tanque Verde Road Suite 187 Tucson, AZ 85749 **(520) 407-5699** **FastMed Urgent Care** 2510 East Broadway Boulevard Tucson, AZ 85716 **(520) 232-2072** **FastMed Urgent Care** 5590 East 22nd Street Tucson, AZ 85711 **(520) 232-2047** **La Paloma Urgent Care** 4001 East Sunrise Drive Suite 121 Tucson, AZ 85718 **(520) 209-7000**

Service	When to use	Good to know	Resources	
Urgent care facility (continued)			**NextCare Urgent Care** 5369 South Calle Santa Cruz Suite 145 Tucson, AZ 85706 **(520) 573-7500** **NextCare Urgent Care** 6238 East Pima Street Tucson, AZ 85712 **(520) 290-0022** **NextCare Urgent Care** 9525 East Old Spanish Trail Suite 101 Tucson, AZ 85748 **(520) 731-3666** **NextCare Urgent Care** 4280 North Oracle Road Suite A Tucson, AZ 85705 **(520) 887-0095** **Northwest Medical Center – Continental Reserve Urgent Care** 8333 North Silverbell Road Tucson, AZ 85743 **(520) 202-7700** **Urgent Care Extra AZ** 7066 East Golf Links Road Tucson, AZ 85730 **(520) 514-0344** **Northwest Medical Center – Urgent Care at Orange Grove** 3870 West River Road Suite 126 Tucson, AZ 85741 **(520) 219-6616**	**Rancho Vistoso Urgent Care** 13101 North Oracle Road Oro Valley, AZ 85739 **(520) 818-2000** **Southern Arizona Urgent Care, LLC** 7725 North Oracle Road Suite 131 Oro Valley, AZ 85704 **(520) 544-2273** **NextCare Urgent Care** 501 North Park Avenue Suite 110 Tucson, AZ 85719 **(520) 284-9200** **US HealthWorks Medical Group of Arizona, P.C.** 888 South Craycroft Road Suite 150 Tucson, AZ 85711 **(520) 747-0446** **US HealthWorks Medical Group of Arizona, P.C.** 1661 West Grant Road Tucson, AZ 85745 **(520) 628-4340**
Hospital emergency room (ER)	Life-threatening emergencies, such as: - Chest pain - Loss of consciousness - Severe bleeding - Loss of speech and/or vision - Sudden severe pain		Remember, true emergencies are treated first in the ER. Other cases must wait, sometimes for hours. In addition, you'll likely pay much more for care in the ER than the same care provided by your doctor.	

Your Prescription Drug Benefits

Two ways to fill prescriptions

The High Deductible Health Plan (HDHP) includes prescription drug benefits. You have two ways to fill your prescriptions:

Visit a participating retail pharmacy for up to a 31-day supply of medication. A 90-day supply of medication can be obtained at any CVS pharmacy. You can use DocFind at **http://www.aetna.com** to find retail pharmacies in your area.

Use the mail-order delivery service for up to a 90-day supply of medication. Using Aetna Rx Home Delivery® may save you money on medications you use regularly. When you order by mail, your medication is delivered to your home or any location you choose. You can order refills online, by phone or by mail.

To get started with mail-order delivery service, visit **http://www.aetna.com** and log in. Click "Order Medications" on the left of your home page. You can then use the link to "Start Mail Service." You can order refills here, too.

Questions? Call **1-888-792-3862**.

Paying for your prescriptions

With the HDHP, you must meet the annual deductible first. You then pay a percentage of your medication's cost. Once you reach the plan's out-of-pocket maximum, the plan pays 100 percent of your prescription costs for the rest of the year.

Medical Plan Summary

This brief summary highlights the HDHP. Every effort has been made to ensure the accuracy of this chart. In the event of any discrepancy, the legal documents, policies or certificates pertaining to the various benefits will prevail. Please refer to the schedule of benefits for details. Provisions of the Patient Protection and Affordable Care Act mandates may supersede benefits and out-of-pocket costs.

While accessing DocFind or Aetna Member Services, if you are required to specify a medical plan's network name – please use **"Aetna Choice POS II Open Access."**

Benefits Category	HDHP	
	In-Network	**Out-of-Network**
Overall Features		
Deductible (plan year) Individual/Family	**$2,000/$4,000**	**$4,000/$8,000**
	Deductibles do not cross apply	
Out-of-Pocket Maximum* Individual/Family After Deductible	**$3,000/$6,000**	**$8,000/$16,000****
	Includes deductible Out-of-Pocket Maximums do not cross apply	
Maximum Lifetime Benefit	Unlimited	
Benefits Services		
Physician Office Visit	You pay 10% after deductible	You pay 30% after deductible**
Specialist Office Visit	You pay 10% after deductible	You pay 30% after deductible**
Preventive Care	Plan pays 100%; deductible waived	Not covered
Lab and X-ray	You pay 10% after deductible	You pay 30% after deductible**
Specialized Screenings, MRI, MRA, CAT Scan, Pet Scan	You pay 10% after deductible	You pay 30% after deductible**
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible**
Inpatient Hospital Services	You pay 10% after deductible	You pay 30% after deductible**
Outpatient Rehabilitation Therapy and Chiropractic Services*	You pay 10% after deductible	You pay 30% after deductible**

Benefits Category	HDHP	
	In-Network	Out-of-Network
Benefits Services (cont'd)		
Outpatient Therapeutic Treatments*	You pay 10% after deductible	You pay 30% after deductible**
Vision	One refractive eye exam covered at 100% per plan year	Not covered
Emergency Services		
Ambulance	You pay 10% after deductible	You pay 10% after deductible
Emergency Services	You pay 10% after deductible	You pay 10% after deductible
Urgent Care	You pay 10% after deductible	You pay 30% after deductible**
Pharmacy		
Outpatient Drugs – 31-day supply	You pay 10% after deductible	You pay 30% after deductible**
Mail Order – 90-day supply	You pay 10% after deductible	N/A
Pharmacy Out-of-Pocket Maximum	Plan pays 100% after out-of-pocket maximum has been met	Plan pays 100% after out-of-pocket maximum has been met**

*See Benefits Summary for plan year visit limits.
**You are responsible for paying any difference between the provider's billed charge and the amount we will pay for Eligible Expenses when services are received out-of-network.

Understanding Your Medical Coverage

Our goal is to help you get the proper care for your condition. However, we do not cover expenses for every type of care. Aetna makes decisions on what care to pay for based on a member's medical plan and generally accepted guidelines and policies.

You can refer to the following sources for detailed coverage information available with your medical health plan:

- **Medical Benefits Booklet**: This document includes an exact description of the services and supplies that are covered, those that are excluded or limited and other terms and conditions of your plan's coverage.
- **Aetna Member Services**: Available 24/7 at **1-800-784-3989** or **http://www.aetna.com** (log in to Aetna Navigator).
- **Aetna Clinical Policy Bulletins** (**CPB**): These CPBs are available on **http://www.aetna.com**, and are detailed and technical documents that explain how Aetna makes coverage decisions. They spell out what Aetna medical, pharmacy and behavioral health technologies and services may or may not be covered. A "search" function is available to help users more easily access plan information. To review frequently asked questions about CPBs, please access: **http://www.aetna.com/faqs-health-insurance/health-care-professionals-cpb-faqs.html**.

Your Dental Benefits

Summary of Dental Benefits

Pima County offers two dental care insurance options to its employees for Fiscal Year 2016 – 2017: a Dental Maintenance Organization (DMO) administered by the Employer's Dental Services and a Self-Funded Indemnity Plan, Pima County Dental administered by Ameritas Life Insurance Corp. Carefully review the Dental benefits comparison chart on page 16 to determine which plan works best for you and your family.

What is a DMO?

A DMO is similar to a Health Maintenance Organization (HMO) in that there are no deductibles or claim forms to file and dental treatment is on a prepaid basis. There is no maximum dollar limit; all necessary treatment can be rendered in a plan year. These types of plans provide treatment and services based on copayments that apply when a contracted general dentist performs work. You do not have to pay a certain amount (i.e., deductible) before benefits "kick in."

For answers to questions regarding the DMO plan, please call the number below or visit **http://www.mydentalplan.net/**.

Employers Dental Services (Group #12567)
Customer Services: (520) 696-4343
P.O. Box 36600
Tucson, AZ 85740-6600

What is an Indemnity Plan?

An Indemnity Plan pays your dental provider directly or reimburses you for your qualified dental expenses regardless of who provides the services. Some dentists are on a Preferred Provider list and have agreed to charge plan members a lower amount. Reimbursement amounts are limited to the industry's UCR (usual, customary and reasonable) rates. The advantage of an indemnity dental plan is the freedom to choose your own dentist, especially when the specific dentist desired is not a choice on another plan. Once the deductibles are met for the plan year, the plan pays a percentage of the dentist's charges to an annual maximum and the employee is responsible for paying the balance.

For answers to questions about the Pima County Dental Plan, please call the number below for an online provider directory or visit **http://ameritas.com**.

Ameritas Group (Group #010-301261)

Phone: 1-800-487-5553
Fax: (402) 467-7336
P.O. Box 82520
Lincoln, NE 68501-2520

Review the following Dental benefits comparison chart for the highlights of the two plan options. You will enroll online at the ADP/HR Outsourced Benefits Administration (OBA) System now available through the Employee Self-Service (ESS) portal. The link is available on the Pima County Benefits website at **http://www.pima.gov/hr/EmployeeBenefits/index.htm**.

Remember: Most out-of-pocket costs for health care (medical, dental and vision) are considered eligible expenses for a Flexible Spending Account or Health Savings Account. See the Flexible Spending Account and Health Savings Account section for more information.

Dental benefits comparison

This summary is not intended to be a complete benefits description.

Benefits	Pima County Dental	Employer's Dental Service
Plan type	An indemnity dental plan allows the freedom to choose your own dentist, especially when the specific dentist desired is not a choice on another plan. Once the deductibles are met, the plan pays a percentage of the dentist's charges.	A Dental Maintenance Organization with no deductible or maximum benefits limit. Must select from a list of contracted dentists. Copay does not apply to specialty services, but EDS specialists will give up to a 25% discount off their normal fees.
Deductible	$50 per person, per calendar year, not to exceed $150 per family. Diagnostic and Preventive Services deductible waived.	No deductible
Yearly limits	$2,000 per calendar year per member	No limit
Lifetime limits	No limit	No limit
Office Visits		
Routine	80% UCR covered not subject to deductible	$5.00
Problem focused	80% UCR covered not subject to deductible	$20.00
X-rays	80% UCR covered not subject to deductible	No charge
Preventive		
Routine cleaning, adult/child	80% UCR covered not subject to deductible	$5.00
Sealant per tooth	80% UCR covered not subject to deductible	$13.00
Restorative		
Fillings	80% UCR covered	Amalgam 1 surface: $13.00 / Resin 1 surface: $32.00
Inlay, metallic, one surface	50% UCR covered	$235.00
Crown, porcelain, ceramic substrate	50% UCR covered	$465.00
Endodontics		
Pulp cap, direct	80% UCR covered	$7.00
Root canal, molar	80% UCR covered	$305.00
Root amputation/root	80% UCR covered	$100.00
Prosthodontics		
Complete upper denture	50% UCR covered	$575.00
Partial denture, resin	50% UCR covered	$490.00
Crown, resin, metal base	50% UCR covered	$465.00
Denture adjustments	50% UCR covered	$33.00
Orthodontics		
Treatment	50% UCR covered. No lifetime limit.	25% discount for all orthodontics
Choice of dentists	All dentists. Preferred dental provider network listing is available.	See Online Provider Directory at **http://www.mydentalplan.net/**

Definition: UCR is the usual, customary and reasonable fees that are charged by a dentist for a service that is considered the dentist's usual fee, is within the customary range of usual fees charged by dentists as determined by HIIA, MDR or similar provider of UCR schedules, and/or is justifiable (i.e., reasonable) considering the special circumstances of the particular case involved. Please refer to the Pima County Dental Plan booklet for plan detail information. This Summary of Benefits is a brief outline and does not constitute a contract or policy.

Wellness Programs and Services from Aetna

Pima County and Aetna offer you resources to help you and your family live healthier.

Informed Health Line – 1-800-556-1555

The Informed Health Line is a toll-free service staffed by trained registered nurses that's available 24/7, 365 days a year. You can call when you have a health concern or question. While the nurses aren't authorized to diagnose or prescribe medications, they can answer questions, help you decide where to seek care and help you take care of a health problem until you can get to the doctor.

Aetna Health Connections℠ – Health Management Program

If you have a chronic health/medical condition, you know what a challenge it can be to take care of yourself and stay healthy. With Aetna Health Connections, you have expert help and personal support. The program provides information, answers and advice from trained nurses on more than 35 diseases and health/medical conditions, including diabetes, asthma, osteoporosis, heart disease and others.

You'll talk with a nurse at times that fit your schedule. You'll learn how to:

- Manage your health/medical condition and your risks for other health/medical conditions
- Work better with your doctor
- Make healthy changes
- Know more about your medications and treatment

Only your doctor can decide on the best care for you. But, your program nurse can help with tips, ideas and answers.

Get started: If you're eligible for Aetna Health Connections, a nurse may call to invite you to join. Or, you can put in a request to join through Aetna Navigator. Log in at **http://www.aetna.com** and under the Health Programs tab on your home page, click "Health management program." Or call toll-free at **1-866-269-4500**.

Healthy Lifestyle Coaching (HLC) Tobacco Free

Healthy Lifestyle Coaching Tobacco Free is for members who want to stop using tobacco products like cigarettes, cigars and chewing tobacco. Certified tobacco cessation coaches help participants quit tobacco dependence and achieve better health. Employees and family members (over 18 years of age) may refer themselves by calling toll free to 1-866-213-0153.

Participants select a coaching method like either one-to-one sessions, or a 6-week online group coaching method (30 minutes per group session). One-to-one coaching consists of weekly 20-minute sessions for up to a year with a coach. In addition, participants have access to a variety of online tools.

Participants enrolled in HLC Tobacco Free may opt to receive 8-weeks of Nicotine Replacement Therapy (NRT) to support their tobacco cessation efforts. The coach will offer the participant the 8-week supply during the 2nd coaching call. The NRT products are over-the-counter gum, lozenges and patches, which are shipped directly to the members' homes.

Aetna Discount Program

As an Aetna member, you can take advantage of discounts on:

- Vision care, including eyeglasses and contacts
- Hearing care, including exams and hearing aids
- Natural products and services, such as acupuncture, massage therapy and nutritional supplements
- Fitness memberships and equipment
- Weight-management programs, including Jenny Craig® and Nutrisystem®
- Dental care supplies, such as toothbrushes, toothpastes and mouth rinses
- Books and DVDs on health-related topics

Get started: To learn more about your discounts and get started using them, log in to Aetna Navigator at **http://www.aetna.com**. On your home page, click on "Coverage & Benefits" and you'll see the link for "Discounts."

GetNHealthy with Aetna℠

This is a program for children ages 3 to 18 years whose body mass index (BMI*) is too high for their age. Participants get help to reach and maintain a healthy weight through:

- ***Counseling***. The program covers four nutrition and four weight-management counseling sessions with the child's pediatrician or family doctor. Kids and parents learn about healthier food choices, portion control and exercise.

*BMI is calculated using height and weight. It is a good indicator of whether or not a child is overweight or obese.

- ***A dedicated website***. At **http://www.getnhealthyaetna.com**, kids and parents can watch videos, get answers to frequently asked questions, find tips on food and fitness, link to "cool stuff" and learn more about childhood obesity.

Get started: To join, visit **http://www.getnhealthyaetna.com**.
Important: Children who have had bariatric surgery (i.e., stomach stapling) are not eligible for GetNHealthy with Aetna.

Employee Assistance Program (EAP)

Administered by Aetna, the EAP offers confidential counseling and other resources to help with a wide range of personal problems and work-life issues. This program is offered to all Pima County employees at no cost. Pima County's EAP offers up to five free confidential counseling sessions, per issue, each year.

When you call the toll-free EAP number, a trained professional will talk with you, assess your needs and refer you to the best available resource for help. The EAP toll-free line is staffed by trained EAP Master-licensed counselors. They can direct you to care providers within a national network that includes more than 71,000 providers, as well as resources within your community.

***Contact the EAP*:** You can contact the EAP at **1-888-AETNA-EAP** (**1-888-238-6232**), 24 hours a day, 365 days a year. You can also visit **http://www.mylifevalues.com** for wellness and mental health information, tools and lookups.

The EAP also offers these additional services:

- *Child care and parenting services*, such as help with adoption, arranging before- and after-school care and finding dependable child care near you
- *Education services*, to assist with college and continuing education needs and requests, distance learning and extra-curricular activities
- *Adult care services* that address caregiver issues and concerns, home meal delivery, respite care, estate and retirement planning, and geriatric care management
- *Health and wellness services* for men, women, children and seniors, including help with diet/nutrition, holistic medicine and medication
- *Financial/Legal services*, to assist with credit and debt management, mortgages and loans, divorce, elder law, living wills and government programs
- *Daily life services,* such as consumer information, automotive services, pet care and moving/relocation services

Aetna's Online Tools and Resources

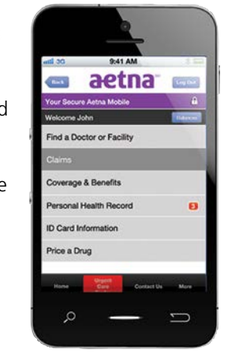
Aetna Navigator

Aetna Navigator is your secure member website. The website is personalized and packed with health and benefits information. To use all of its features, you'll need to register. Just visit **http://www.aetna.com**, click "Log In/Register," then follow the instructions. A Spanish version of the Aetna Navigator website is also available.

Once you're registered, you'll have a home page where you can:

- Review benefits and claim information
- Email Aetna Member Services
- Find network doctors, hospitals and other health care providers with DocFind
- Manage your health and health care with online tools
- Review your online Personal Health Record (PHR)
- Find the latest health and wellness information

Plus, when you're on the go, Aetna goes along with you. The ***Aetna Mobile*** feature lets you use your smartphone to access **http://www.aetna.com** and find in-network providers, view claims, check prescription costs, view your Aetna member ID card, contact Aetna by phone or email, and much more. You can download the free Aetna Mobile app from the App Store℠ or Google Play™.*



Get help to navigate Aetna Navigator

Look for "Ask Ann" in the top right on any page. Ann provides answers and directions for finding what you need on the website.

*Google Play is a trademark of Google, Inc. The App Store is a trademark of Apple, Inc.

Member Payment Estimator

Just as with other important purchases, it can help to know and compare health care costs in advance, when possible. One of the online tools on Aetna Navigator that can help you do this is the Member Payment Estimator.

With the Member Payment Estimator you can search for and compare actual costs for common procedures and treatments. You start by selecting a family member covered by your plan, and then you pick a medical service. You can ask for a list of providers who perform the service or enter the name of a specific provider. The tool will then show the cost estimate for your service. Log in to Aetna Navigator to get started.

Find it: You can link to the Member Payment Estimator right from your Aetna Navigator home page. Look in the "Your Health Costs" box for the link.

Hospital Comparison Tool

It's a fact that hospitals have different levels of experience and expertise with certain procedures and conditions. With the Hospital Comparison Tool, you can see how your local facilities measure up. The tool lets you enter a procedure or condition (such as knee surgery or maternity) and see how hospitals compare in terms of the number of patients treated each year, complication rates, mortality rates and length of stay.

To use the tool, log in to Aetna Navigator at **http://www.aetna.com**. On your home page, click the "Care & Treatment" tab and look for "I want to… Compare Hospital Quality Information."

You can also click "Cost Details" and get a breakdown that includes:

- Your member rate for the service when you use an in-network provider
- The amount your plan will pay in benefits
- The amount you'll pay out of pocket

What's more, the tool works in real time so it knows where you are with your medical plan. Your cost estimate will show how much of the deductible you've met, plus your plan's coinsurance and limits.

iTriage® – a free mobile app

iTriage is an app that helps you to know more about your health – and health care. It lets you look up symptoms and conditions, find the right care and services, learn about medications and make informed decisions. It features a nationwide directory of health facilities, gives turn-by-turn directions and even provides hospital emergency room wait times. Get it free at Google Play or the App Store.

Wellness Programs and Services from Pima County

Visit the Pima County Human Resources website at **http://www.pima.gov/hr**, select "Benefits" and then click on "Wellness" to learn more about all of the programs and services available to you. This website is your place to take action and get started on a healthier life.

Wellness and fitness discounts

As an employee, you and your family will be able to save on local gym memberships, such as LA Fitness®, the YMCA and Platinum Fitness.

More discounts are available at a variety of local gyms, wellness providers and online wellness-related stores. Visit the wellness website for details.

Health screenings and services

Onsite mammograms and health screenings are offered throughout the year at various worksites. Your Pima County medical plan covers the full cost for age-appropriate screenings.

Health information

Employee Wellness offers monthly health e-newsletters and quizzes, online presentations and links to valuable health resources. Visit the wellness website every month for new information.

Health management

As a Pima County employee, you have help to manage health conditions and reach your goals. Programs and resources, such as health coaching, diabetes programs and Weight Watchers® at work, are available to you. Visit the wellness website to learn more and get started with these and other programs.

Fitness and educational classes

- Free and low-cost fitness classes are available at several worksites during the year. These include yoga, Zumba® and weight training.
- Wellness workshops are also offered throughout the year. Topics include stress management, nutrition, work-life balance and fitness. Programs that focus on specific issues and conditions are also offered.

Seasonal Fitness Challenge Program

When you're active each day, you feel better. Now, you can win prizes and save money, as well. With the Seasonal Fitness Challenge, you'll log exercise minutes and submit them to be entered in a drawing for gift cards. Plus, your minutes can help lower your medical plan premium.

Healthy Lifestyle Premium Discounts

When you take certain healthy actions, you can save money on your medical insurance premium (up to $35 per pay period) for plan year 2016 – 2017. These actions include being tobacco free, completing the online health assessment, getting a preventive exam or taking part in additional wellness programs.

Healthy Lifestyle Activities

1. **Be tobacco free for at least the past three months**.

   To qualify for the Healthy Lifestyle Premium Discount, you must have not used tobacco for the past three months. Tobacco use includes cigars, cigarettes, chewing tobacco, pipe tobacco, electronic cigarettes or any other tobacco product.

2. **Complete a confidential 20-minute health assessment at least once per year**.

   Complete an online health assessment each year at **http://www.aetna.com**. At the heart of Healthy Lifestyle Activities, the online health assessment is your first step to identifying your potential health risks – with an emphasis on you. Knowledge is power – get the facts you need to make informed health and lifestyle decisions. Health assessments need to be taken at least once per year.

3. **Schedule your annual physical and/or health screening(s) with your primary care physician or provider**.

   Take a preventive health screening or exam each year. Your medical benefits include coverage for preventive care services from your primary care provider to help you stay healthy and detect problems early. Pima County covers preventive care services at 100 percent.

   Preventive health exam or screening services that earn your Healthy Lifestyle premium discount include:

   - Biometric screening lab panel
   - Mammography preventive exam
   - Annual physical
   - Well-woman exam
   - Well-man exam
   - Colon cancer screening

4. **Earn a total of 100 points by participating in one or more Healthy Lifestyle Activities**.

   Earn at least 100 points by participating in one or more Healthy Lifestyle Activities. Adopt and maintain a healthy lifestyle by choosing from a variety of programs that puts you in control. Programs include stress and weight management, nutrition and physical activity.

   For a listing of the Healthy Lifestyle Activities, visit the wellness website.

Health Care Terms

Health insurance has its own language. We want to make it easy for you to understand. Here are some basic definitions:

Medical Benefits Booklet: A document that outlines and summarizes what is covered by a particular health benefits plan.

Coinsurance: This means you and your health plan share expenses. Each pays part of a covered expense.

Covered expense: The amount allowable for payment of a health benefit under your insurance plan.

Deductible: The amount you pay out of your own pocket before your insurance starts paying benefits.

Eligible expense: Any health care expense that may be reimbursed from a Flexible Spending Account, according to IRS regulations.

Eligible expenses for non-network radiologist, anesthesiologists, pathologists and emergency care physicians: Services covered at the network level of deductible, coinsurance and/or copayment with the amount payable under the plan determined as follows:

- ***For emergency services***: The amount payable will be based on the highest of the median network contracted rate, the non-network rate or the amount payable under the Medicare program (not to exceed the provider's billed charge).
- ***For non-emergency services***: The amount payable will be based primarily on the percentage of published rates allowed by the Medicare program.

Explanation of Benefits (EOB): A statement that summarizes a member's health service charges and claims over a set period of time.

Health Savings Account (HSA): An account that eligible individuals can establish with a bank, insurance company or other IRS-approved trustee, to pay for certain medical expenses with a member's pre-tax or taxable contributions and/or the employer's nontaxable contributions to the HSA.

Medical Claim Form: The form that is used to request payment from your health plan for covered services or supplies. Either you or your provider file the claim.

Medically necessary: This means needed for and appropriate for the diagnosis, care or treatment of the disease or injury involved. Under the medical plan, benefits are not paid for services that don't meet medically necessary criteria.

Network, in-network providers: A group of doctors, hospitals and other health care professionals with whom Aetna has negotiated the best prices.

Non-network, out-of-network providers: Doctors, hospitals and other health care professionals with whom Aetna has not negotiated the best prices.

Out-of-pocket cost: The portion of a health service cost that is the member's responsibility and is not paid by insurance (examples: copayment, coinsurance, deductible).

Out-of-pocket maximum: The most you would have to pay in a single year out of your own pocket for covered services.

Precertification: Precertification is required before receiving certain covered health services. Generally, in-network providers are responsible for obtaining prior authorization. Out-of-network providers are not responsible for prior authorization. This means you must contact Aetna before receiving certain services from an out-of-network provider. Depending on the type of service, coverage may be reduced by 50 percent of eligible expenses or no benefits will be paid if you don't meet prior authorization requirements. Please refer to the Medical Benefits Booklet for a complete listing of services, limitations and exclusions, and a description of all terms and conditions of coverage.

Qualified Medical Expense: A medical expense that may be paid from a Health Savings Account, as determined by the IRS.

Referral: When your primary care physician recommends that you see a specialist, you are not required to get a referral for specialty care when you use in-network providers. However, a specialist's office may require a referral from your primary care physician.

Important: For a complete list of terms and definitions, please refer to the Medical Benefits Booklet. Need more help with your medical questions? Call Aetna Member Services at **1-800-784-3989**.

Ancillary Benefits Available Only to Active Employees

Flexible Spending Accounts, Pre-Tax Parking, Pre-Tax Bus Pass – SunGo Smart Card

Pima County's Flexible Spending Accounts are administered by Application Software, Inc. (ASI); **http://www.asiflex.com**; **1-800-659-3035**; Fax: **1-866-381-9682**

Flexible Spending Accounts and Pre-Tax Parking give employees an opportunity to save tax dollars. Participants can earmark money for certain qualified out-of-pocket expenses to be deducted from each paycheck prior to the calculation of taxes. These plans are governed under Internal Revenue Code Sections 125 and 132. The insurance-eligible employee (whether carrying insurance through the County or not) can elect to set aside money into one or more of the following four accounts:

Flexible Spending Accounts (FSA)

- You may set aside pre-tax dollars for the Plan Year for either or both of the Health Care or Dependent Care FSA accounts.
- Up to $500 remaining in Health Care or Limited Purpose FSAs may be carried over each year. Any amount remaining in excess of $500 not spent on qualified expenses incurred during the Plan Year (January 1 – December 31) and not filed by March 31 will be forfeited. Be conservative in your estimates to avoid forfeiting money.
- Worksheets to assist with planning are available on the Pima County Benefit website.

Health Care FSA

Eligible expenses include your out-of-pocket costs for medical, dental and vision care. Such costs are prescriptions, office visit copays, dental work, orthodontics, prescription eyeglasses, etc. The annual Health Care FSA contribution is limited to $2,550.

Limited Purpose FSA

Employees enrolled in a High Deductible Health Plan/Health Savings Account will only be eligible to participate in the Limited Purpose FSA. The types of expenses covered under the Limited Purpose FSA include dental and/or vision expenses not paid by your health plan. The annual Limited Purpose FSA contribution is limited to $2,550.

Dependent Care FSA

Eligible expenses include paying someone to take care of a dependent in order for you to work. The dependent care services must be necessary in order for you or, if you are married, for you and your spouse, to work or attend school full time (unless your spouse is disabled). The annual Dependent Care FSA contribution is limited to $5,000.

Pre-Tax Parking

Parking expenses paid through payroll deduction are pre-tax. However, if you make payments directly to a parking lot, not paid by payroll deduction, you may enroll in the pre-tax transportation program and submit claims for reimbursement if you wish to benefit from the tax savings.

Any money left in your pre-tax transportation account at the end of each year will roll over to the next plan year.

What are the benefits of having an FSA or Pre-Tax Parking?

Money contributed to these accounts is not taxed. Deposits are deducted from your gross pay before federal, state (in most cases), Social Security and Medicare taxes are calculated. Lowering your taxable income means you pay less tax and actually increase your spendable income.

The money you set aside for these expenses is reimbursed to you when you submit your receipts and a claim form. You can offset the cost of copayments, prescription drugs, child care costs and parking fees. It's a great way to save 25 percent or more on known, recurring expenses.

What are the costs of having an FSA or Pre-Tax Parking?

The County will pay the biweekly administrative fee of $1.40 for enrolled employees actively at work.

Remember – you must re-enroll in the Health Care, Limited Purpose and Dependent Care FSAs each calendar year.

Enroll online at the ADP website. Pre-Tax Parking accounts and payroll deductions for parking will carry forward from one year to the next, so you don't need to re-enroll each year. This account will continue indefinitely until you change or stop the deduction.

How do I get reimbursed?

To obtain reimbursement for the money that you contributed to your Health Care or Dependent Care FSA or Pre-Tax Parking account, you will need to submit a claim form with a statement of services to Application Software, Inc. (ASI).

Claim forms are available from Human Resources or the Pima County Benefits website and should be submitted to ASI.

Pre-Tax Bus Pass – SunGO smart card

Sun Tran offers a reloadable card, similar to a debit card, for fare payment. Payment will be made through payroll deduction on a pre-tax basis and automatically applied to SunGO cards. For information on the Bus Pass Subsidy program, visit our benefits section at **http://www.pima.gov/hr**.

Legal and Financial Planning Services

Ultimate Advisor®, administered by ARAG® Group, allows you to get professional guidance from experienced attorneys and financial planners quickly and inexpensively.

Participation in this plan offers you paid-in-full legal and financial planning services for covered matters. If you have already enrolled in this program, your enrollment in the plan and level of coverage will remain the same unless you turn in a change or cancellation enrollment form. You may sign up during your first 31 days of employment or wait until the next annual enrollment. This service may not be used for claims against the County.

For the per-pay-period cost of $8.08 for employee only and $10.66 for employee plus family coverage, UltimateAdvisor offers the following benefits:

- Legal Services – telephone, in-office or online Financial and Tax Planning Services
- Identity Theft Services
- Immigration Assistance

With UltimateAdvisor, you have unlimited, toll-free access to telephone attorneys in any state, online availability to legal services, The Law Guide and do-it-yourself Legal Documents. You will also have access to in-office appointments with network attorneys.

For more information on UltimateAdvisor:

- Brochures are available from your Departmental Benefits Representative or at the Annual Enrollment Fair. Enroll online at the ADP/HR Benefits Solutions website.
- Visit **http://members.araggroup.com/pima** to view detailed information on plan benefits, how to use the plan and FAQs.
- Talk with an ARAG Group Customer Care Representative toll free from 7 a.m. to 7 p.m. CT, Monday through Friday at **1-800-247-4184**.
- Email an ARAG Group Customer Care Representative at **service@araggroup.com**. You are in the driver's seat with legal, financial and tax professionals from UltimateAdvisor. Enroll today and get the answers you need.

Life Insurance

Pima County provides $50,000 of Basic Term Life Insurance and $50,000 of Basic Term Accidental Death and Dismemberment (AD&D) Insurance for all benefits-eligible employees. This is at no cost to the employee. Term life insurance provides death benefit protection for as long as you are a benefits-eligible employee of Pima County. Term AD&D Insurance pays an additional death benefit in the event of an accidental death, or a dismemberment benefit in case of accidental loss of a hand, foot or sight.

Can I purchase additional life insurance?

An employee who is covered by the County's Basic Term Life policy also has an option to purchase additional life insurance coverage. If you haven't elected additional Life insurance at one, two, three or four times your annual salary (not to exceed $500,000) in your initial 31 days of employment, or if you would like to increase your level of coverage, you need to complete an Evidence of Insurability form (medical history statement) for any increase in insurance coverage. Premiums are based on your age and wage. You can find out what your premiums will cost by contacting your Departmental Benefits Representative or visiting the Pima County benefits website.

Supplemental biweekly rates per $1,000 of coverage:

- Under age 25 = $0.057
- Ages 25 through 29 = $0.067
- Ages 30 through 34 = $0.084
- Ages 35 through 39 = $0.092
- Ages 40 through 44 = $0.105
- Ages 45 through 49 = $0.158
- Ages 50 through 54 = $0.246
- Ages 55 through 59 = $0.448
- Ages 60 through 64 = $0.694
- Ages 65 through 69 = $1.326
- Ages 70 and over = $2.502

Can I purchase life insurance for my spouse?

Employees with an eligible spouse or domestic partner may elect Spouse Life at the costs listed below. An Evidence of Insurability (EOI) form (medical history statement) will be required for adding or increasing coverage for a spouse or domestic partner.

Volume	Biweekly cost
$10,000	$1.15
$25,000	$2.88
$50,000	$5.77

Can I purchase life insurance for my children?

Employees with eligible dependent child(ren) may elect $10,000 of life insurance per child. The cost is $0.46 per pay period regardless of the number of children insured.

In ADP you are required to list your eligible dependent(s) for who you want life insurance coverage.

Can I purchase Accidental Death and Dismemberment coverage?

Accidental Death and Dismemberment (AD&D) for yourself and your dependents may also be elected. You must have, or have applied for, additional supplemental life insurance in order to add on the additional AD&D. Addition of AD&D during annual enrollment does not require the completion of an Evidence of Insurability form. If elected, your AD&D death benefits are paid to the beneficiary in addition to the life insurance. AD&D death benefits paid because of the death of a family member are paid to you. AD&D dismemberment benefits are paid to the person dismembered.

Voluntary AD&D biweekly rates per $1,000 of coverage:

- Employee only = $0.0347
- Employee and family = $0.0888

When can I change my beneficiaries?

You may change your beneficiaries at any time during the year. Annual enrollment is the opportune time to review and update your policy on an annual basis.

Where can I get brochures?

Brochures are available from your Departmental Benefits Representative, Human Resources or the Pima County Benefits website.

Make sure you complete the online enrollment available on the Pima County Benefits website at **http://www.pima.gov/hr/EmployeeBenefits/index.htm**. Missing information will cause a delay in processing.

Aflac® supplemental benefits

The following supplemental benefits are administered by Aflac and are 100 percent employee funded.

Personal Accident Advantage Plan

An injury, an accident! In a split second it's over, often without warning of any kind. Yet the financial expenses of being injured can linger on for months, even years, in the form of unexpected bills. When a disability stops the paycheck, but not the bills, accident insurance can help replace loss of income. Unintentional injuries are the fifth leading cause of death overall and first among persons in age groups from 1 to 44. On average, there are 13 unintentional-injury deaths and 2,650 disabling injuries every hour during the year.

Aflac's Personal Accident Advantage Plan is designed to pay benefits that help you cover the ongoing expenses at home. Some of the benefits include:

- Emergency treatment
- Accident follow-up treatment
- X-rays
- Initial accident hospitalization
- Major diagnostic exams
- Accident hospital confinement
- Accident specific-sum injuries
- Epidural pain management
- Family lodging
- Transportation
- 24-hour coverage
- Accidental death and dismemberment

Cancer Care/Classic

Since 1990, over 18 million new cancer cases have been diagnosed. In the PacifiCare States, men have a little less than a one in two lifetime risk of developing cancer; for women the risk is a little more than one in three.

Aflac is a pioneer in the cancer insurance industry, selling its first cancer policy in 1958. Since the policy's introduction, Aflac has paid over $19.7 billion in cancer claims. This experience allows Aflac to stay abreast of changes in cancer treatment, so that its policyholders continue to have a choice in their care. For over 11 years, Aflac has given generously to the Aflac Cancer Center and Blood Disorders, Service of Children's Healthcare of Atlanta. The Aflac Cancer Center is recognized as one of the leading pediatric cancer centers in this country.

Aflac's Cancer Care is designed to pay benefits that help you cover the treatment of cancer. Some of the benefits include:

- Annual wellness benefit
- Initial diagnosis benefit
- Hospital confinement benefit
- Medical imaging, radiation, chemotherapy benefits
- National Cancer Institute (NCI) evaluation/consultation benefit
- Second surgical opinion benefit
- Skin cancer, surgical/anesthesia, outpatient hospital surgical benefits
- Egg harvesting and storage benefit
- Continuing care benefits: home health nursing, hospice, reconstructive surgery benefit
- 32 different specified diseases hospital benefit

Hospital Advantage (confinement)

Hospital confinement indemnity insurance is what you need, when you need it. In 2002, the average hospital expense was $1,289.87 per inpatient day. With an average stay of 5.7 days, the average hospital expense per inpatient stay totaled $7,354.60. The Hospital Advantage plan is designed to pay benefits for hospital stays, whether due to an accident or a sickness, making it easier to meet deductibles and out-of-pocket expenses. In 2003, about 35 percent of all hospital emergency department visits in the United States were injury related.

Aflac's Hospital Advantage plan can ease the worry that the HSA may not have enough money to cover out-of-pocket expenses, such as deductibles, copayments and other treatment-related costs. This plan gives policyholders the option of not depleting their HSA, thereby maximizing its benefits and allowing the account to grow for future needs. Some of the benefits include:

- Annual and daily hospitalization confinement benefit
- HSA compatible
- Guaranteed issue
- Rehabilitation unit benefit

Critical Care

An illness or injury can happen to anyone, anytime — and when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's LumpSum Critical Illness insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

Why Aflac Lump Sum Critical Illness may be the right choice for you:

- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness.
- Your dependent children are covered at no additional cost.

- We now offer the option of guaranteed-issue* lump sum critical illness coverage. That means no medical questionnaire is required.
- Benefits include a Subsequent Critical Illness Benefit with no lifetime maximum if you have a recurrence or another critical illness later in life.
- There are no deductibles, copayments, or network restrictions — you choose your own medical treatment provider.

*Subject to eligibility requirements.

Critical Illnesses covered by the Lump Sum Critical Illness policy include:

- Coma
- End-Stage Renal Failure
- Heart Attack
- Hemorrhagic Stroke
- Ischemic Stroke
- Paralysis

Guaranteed Issue Short-Term Disability

Disability income insurance, which complements health insurance, can replace lost income. At age 40, the average worker faces only a 14 percent chance of dying before age 65, but a 21 percent chance of being disabled for 90 days or more. This plan provides you with an income if you become disabled due to sickness or an off-the-job injury.

Tailor this plan to fit your financial security needs with choices of:

- **Monthly benefits**: $500 to $3,000 (subject to income requirements)
- **Benefits periods**: Three or six months
- **Elimination periods (waiting period)**: This is the number of days you will wait before receiving benefits (Off-the-Job Accident/Sickness). **Choices**: 0/7, 7/7, 0/14, 7/14, 14/14, 0/30, 30/30
- **Maternity**: Covers maternity leave after the policy has been in force for 10 months or more. Complications of pregnancy are covered after chosen sickness elimination period.

Davis Vision Plan

The Davis Vision Plan is designed to give you and your covered family members the care, value and service to help maintain good vision and overall health. The plan offers in-network and out-of-network benefits for eye examinations and corrective eyewear. The Davis Collection provides a selection of designer, name brand frames and contact lenses covered, in full, after the copay. Please see the Pima County Employee Benefits website for complete information about rates, benefits and providers.

Arizona State Retirement System's Long-Term Disability

Eligible employees are enrolled in the Long-Term Disability benefit through their participation in the Arizona State Retirement System. Long-Term Disability is a benefit that pays up to 66-2/3 percent of an employee's base pay when he or she is out of work for more than six months due to an injury or illness. The program is administered by Sedgwick®, a company contracted by the Arizona State Retirement System.

For further information, contact Human Resources Benefits **(520) 724-8464** to obtain a booklet and/or the forms necessary to file a Long-Term Disability claim. Arizona State Retirement System does not maintain these forms.

Note: Employees enrolled in the Public Safety Personnel Retirement System, Elected Official Retirement System or the Correction Officers Retirement Personnel System are not covered by a Long-Term Disability program. Information can be obtained on their website at **http://www.psprs.com** or by calling **(602) 255-5575**.

Supplemental Retirement Savings Plan 401(a)

This plan is available to those employees age 40 or older (30 and older if a Public Safety employee). Participation is a one-time, irrevocable election. Participating employees will have the option to elect a percentage of pay or a specific annual amount. Selecting a percentage of pay allows that amount to increase as your income increases, whereas flat amounts will remain the same for the remainder of County employment. Deductions are taken on a pre-tax basis, saving you additional dollars. Various investment options are available.

- **Local representative**: Ron Savageau, office: **(520) 770-1076**, cell: **(520) 664-5980, savager1@nationwide.com**.

Deferred Compensation Plans – 457

In addition to your Retirement Plan, deferred compensation plans are designed to help supplement your retirement. These are Section 457 plans. The County does not match funds or make any contribution. The provider booklets, which have detailed information, contact names and phone numbers, are available at the annual enrollment meetings and at Human Resources. The following three companies offer services to Pima County employees:

ICMA – administered by ICMA – Retirement Corporation.

- **Local representative**: Mary Inorio, **(520) 299-5484**, **minorio@icmarc.org**
- **National contact**: **1-800-669-7400**, **http://www.icmarc.org**

National Association of Counties (NACO) – administered by Nationwide Retirement Solutions® (formerly known as PEBSCO).

- **Local representative**: Ron Savageau, office: **(520) 770-1076**, cell: **(520) 664-5980**, **savager1@nationwide.com**.
- **National contact**: **1-877-677-3678**, **http://www.NRSFORU.com**

Prudential – administered by Retirement Plan Advisors.

- Brady Doe and Trish Dunham
  2030 E. Speedway Blvd., Ste. 220
  Tucson, AZ 85719
  (520) 400-5431
  Pima457@retirementplanadvisors.com
- **National contact**: **1-800-833-5761**, **http://www.prudential.com/online/retirement**

Where to Find General Information for Pima County's Self-Funded Medical Plans (Administered by Aetna)

Benefit plan quick reference guide

Use this quick reference guide to find answers to your medical plan benefits questions quickly and easily.

	Get information from:	
If you need to*:	**http://www.aetna.com secure member website**	**Member Services telephone number on Aetna member ID card**
Verify eligibility	X	X
• Covered dependents	X	X
• Effective dates	X	X
Benefits coverage information	X	X
• Deductible amounts	X	X
Claim information	X	X
• Amount paid	X	X
• Date processed and other details	X	X
• Claim status	X	X
• Amount applied to deductible	X	X
• Out-of-pocket expense information	X	X
• Patient responsibility	X	X
• Mailing address for claim submission	X	X
Replacement ID card	X	X
Search for a doctor or health care professional	X	X
Pharmacy location	X	X
Prescription drug list information	X	X
Learn about medical benefits/medical plan guide Your Medical Benefits Booklet is a legal document that describes your benefits plan coverage in detail. Your Summary Plan Description describes your benefits plan coverage in detail.	**Coverage and Benefits**	X
Find a doctor, dentist or facility DocFind shows you all the doctors in your area who participate in the Aetna network. You generally will have much lower costs if you use a network doctor for your care.	**I want to…**	X
View deductibles and plan amounts A health statement shows claims processed for all covered members, plus remaining balances for deductibles and out-of-pocket expenses. If there are no claims, you will not receive a health statement.	**I want to…**	

*Members can access information regarding precertification requirements through **http://www.aetna.com** and/or by calling Member Services at **1-800-784-3989**.

If you need to:	Get information from: http://www.aetna.com secure member website	Member Services telephone number on Aetna member ID card
Find a form **Medical claim form**: If you receive care from a doctor who does not participate in the Aetna network, you will need to fill out a medical claim form. Aetna network doctors normally take care of claim forms for you. **Prescription claim form**: If you fill a prescription with a pharmacy that does not participate in the Aetna network, you will need to fill out a prescription claim form. Aetna network pharmacies normally take care of claim forms for you.	I want to…	X
Get an ID card Lost your Aetna member ID card? Get a temporary one quickly and easily.	I want to…	X
Order medications You can choose to have your regular prescriptions arrive in your mailbox. Check your Medical Benefits Booklet for copayment amounts that may apply.	I want to…	X

Contacts

If you have questions about:	Contact	Web address and phone
All Benefits General questions about your benefits, such as who is eligible	**Employee Benefits**	**Internet: http://www.pima.gov/hr/employeebenefits** **Phone: (520) 724-8464** **Email: HRBenefits@pima.gov**
Pima County Wellness Program	**Employee Wellness**	**Internet: http://www.pima.gov/hr/health** **Phone: (520) 724-8114** **Email: wellness@pima.gov**
Medical Coverage After you become a member – Questions about coverage or claims Participating providers Health-related questions	**Pima County Self-Funded Medical Plans (administered by Aetna)**	**Internet: http://www.aetna.com** **Phone: Call Aetna Member Services – 1-800-784-3989 HDHP plan information**
Prescription Drug Coverage Included in medical coverage Questions about coverage or claims Find network pharmacies	**Aetna**	**Internet: http://www.aetna.com** **Phone: Call Aetna Member Services – 1-800-784-3989 HDHP plan information**
EAP 24/7 access to: Registered nurses Master's level counselors Legal and financial professionals Community resources	**Aetna Resources For Living**	**Internet: http://www.mylifevalues.com** **Phone: 1-888-Aetna-EAP (1-888-238-6232)**
Health Savings Account	**HSA Bank**	**Internet: www.hsabank.com** **Phone: 1-800-357-6246**
Flexible Spending Account	**Application Software, Inc. (ASI)**	**Internet: http://www.asiflex.com** **Phone: 1-800-659-3035** **Fax: 1-866-381-9682**
Dental	**Employers Dental Service** **Pima County Self-Funded Dental Plan (administered by Ameritas)**	**Internet: http://www.mydentalplan.net** **Phone: (520) 696-4343** **Internet: http://ameritas.com** **Phone: 1-800-487-5553**
Pre-Paid Legal	**Ultimate Advisor, (administered by ARAG Group)**	**Internet: http://www.araggroup.com** **http://members.araggroup.com/pima** **Phone: 1-800-247-4184**
Life Insurance Basic Life Insurance Supplemental Life Insurance Spouse Life Insurance Child Life Insurance	**Human Resources, Benefits**	**Email: HRBenefits@pima.gov** **Phone: (520) 724-8464**
Ancillary Benefits Short-Term Disability Accident Indemnity Cancer Care/Classic Hospital Protector Critical Care	**Aflac**	**Internet: http://www.aflac.com/pimacounty** **Phone: (520) 825-2254**

If you have questions about:	Contact	Web address and phone
Vision	**Davis Vision**	**Internet: www.davisvision.com** **Phone: 1-800-999-5431**
Retirement	**Arizona State Retirement System**	**Internet: http://www.azasrs.gov** **Phone: (520) 239-3100**
	Public Safety Personnel Retirement System	**Internet: http://www.psprs.com** **Phone: (602) 255-5575**
Deferred Compensation – 457	**ICMA – Retirement Corporation**	**Internet: http://www.icmarc.org** **Phone: 1-800-669-7400** **Contact:** Mary Inorio **Phone: (520) 299-5484** **Email: minorio@icmarc.org**
	National Association of Counties (NACO) (administered by Nationwide Retirement Solutions)	**Internet: http://www.NRSFORU.com** **Phone: 1-877-677-3678** **Contact:** Ron Savageau **Office: (520) 770-1076, ext. 1179** **Cell: (520) 664-5980** **Email: savager1@nationwide.com**
	Prudential (administered by Retirement Plan Advisors)	**Contact:** Brady Doe and Trish Dunham **Phone: (520) 400-5431** **Email: Pima457@retirementplanadvisors.com**
Supplemental Retirement Savings Plan (SRSP)	**Administered by Nationwide Retirement Solutions**	**Internet: http://www.AZSRSP.com** **Contact:** Ron Savageau **Office: (520) 770-1076, ext. 1179** **Cell: (520) 664-5980** **Email: savager1@nationwide.com**

About Aetna
Aetna is one of the nation's leading diversified health care benefits companies, serving approximately 37.3 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, medical management capabilities, Medicaid health care management services and health information technology services. Our customers include employer groups, individuals, college students, part-time and hourly workers, health plans, health care providers, governmental units, government-sponsored plans, labor groups and expatriates. For more information, see **http://www.aetna.com**.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Aetna Choice® POS in-network and out-of-network referred benefits are underwritten by Aetna Health Inc. in Arizona. Self-referred benefits are underwritten by Aetna Health Insurance Company (Aetna) in Arizona. For self-funded accounts, benefits coverage is offered by the plan sponsor, with administrative services only provided by Aetna Life Insurance Company (Aetna), 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Health benefits and health insurance plans contain exclusions and limitations.

Aetna Resources For Living℠ is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Resources For Living, LLC. All EAP calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected child, spousal or elder abuse, or abuse to people with disabilities).

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Informed Health Line nurses do not diagnose, prescribe or give members medical advice.

Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate, but before the claim for this service is submitted, or if the doctor or facility performs a different service at the time of your visit.

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