

TOWN OF MARANA

CHALLENGE YOURSELF

HUMAN RESOURCES

EMPLOYEE BENEFITS GUIDE
OPEN ENROLLMENT

CONTACTS

Town of Marana Contacts

Human Resources Department
General Info- 382-1903
Mayra Mora

HR Director- 382-1920

Asst. HR Director- 382-1922

Benefits- 382-1922
Jennifer Lindblom

Leaves / Wellness - 382-1925
Nikki Hemphill

Recruit./Class, Comp- 382-1934
Fanni Acosta

Fax- 382-3500
www.maranaaz.gov

Medical Plans (Includes Pharmacy)

Cigna
(Copper, Teal & Heritage plans)
800-244-6224
www.mycigna.com
Group # 3333297

Dental Plans

Delta Dental
(Delta & Delta Plus plans)
800-352-6132
www.deltadentalaz.com
Group # 4559

Employers Dental Services
800-722-9772
www.mydentalplan.net
Group # 2937
Plan # 700N

Vision Plan

Superior Vision Services
800-507-3800
www.superiorvision.com

Flexible Spending Accounts (Health & Dependent Day Care)

Discovery Benefits
866-451-3399
www.discoverybenefits.com

Life & Short Term Disability Plans

The Hartford Group
STD Questions & Claims
866-945-7801

Life Insurance Questions
888-863-1124

Life Insurance Claims
800-289-9140
www.thehartfordatwork.com
Policy # 853656

Retirement

*Arizona State Retirement
System*
520-239-3100 or 800-621-3778
www.azasrs.org

*Public Safety Personnel
Retirement System*
(PSPRS, CORP, EORP)
602-255-5575
www.psprs.com

Supplemental Retirement

(457 Deferred Compensation)
ICMA-Retirement Corporation
800-669-7400
www.icmarc.org
Plan # 304110

Long Term Disability

Sedgwick CMS
(ASRS participants)
800-495-9301

The Hartford
(PSPRS, CORP & EORP
participants)
866-945-7801

Submit a claim- Call HR
382-1925
www.thehartfordatwork.com
Policy # 853656

Employee Assistance Program

Jorgensen Brooks Group
888-520-5400
www.jorgensenbrooks.com

Supplemental Insurance

Aflac
888-992-3522
520-235-5742 Helen Hargardt
www.aflac.com

Legal Assistance

LegalShield
800-654-7757
Group #28485
www.legalshield.com

INTRODUCTION

Welcome to Open Enrollment 2015

This guide describes the voluntary benefits available to you, as a benefit eligible employee, effective July 1, 2015. Throughout the guide you will find summaries of the benefits offered, plan comparison charts, and contact information for the vendors and the Town of Marana's Human Resources department. You will also learn about additional tools and resources you can use through the various vendors' websites. This guide will help you understand your benefits. Detailed plan descriptions and additional supplemental information about each of these programs are posted on our intranet site: www.maranaaz.gov.

CHALLENGE YOURSELF!

The theme for FY 2016 is **Challenge Yourself**. Throughout the coming year we want to encourage you to think outside the box each day and make and attain new goals. **Challenge Yourself** to do, be, and try something new that you find uplifting, rewarding and motivating. Part of your physical well-being is all around wellness; emotionally, physically, and mentally. What new knowledge, behavior, or experience will positively enhance your life?

To help with our theme, we will have opportunities during the coming year to share our goals (anonymously if desired) and to have events and activities geared towards helping us reach our goals and/or encourage ourselves to find/make our own opportunities.

Examples of ways we can challenge ourselves:

- ✓ Take a class
- ✓ Start a new hobby
- ✓ Make time for an existing hobby
- ✓ Compete in a race, marathon
- ✓ Participate in a charity run/walk (Susan G Komen, March of Dimes, etc)
- ✓ Learn a language
- ✓ Hike the Tortolita Trails
- ✓ Learn more about_____.
- ✓ Take a financial education class
- ✓ Pay off my bills
- ✓ Become a mentor to someone
- ✓ Learn a new skill
- ✓ Help someone in need

This year I would like to _____!

If you would like to share your challenge, please send it to Human Resources, attention: Jennifer Lindblom or via email at jlindblom@maranaaz.gov. If you wish to remain anonymous, please indicate on your submission.

INTRODUCTION

The following plans are available for you to elect, change, or waive coverage during Open Enrollment (Complete list of all benefits is located at the end of this guide or on the intranet at: <http://www.maranaaz.gov/DocumentCenter/View/20357>).

<u>Benefit</u>	<u>Paid by Employer (ER)</u>	<u>Paid by Employee (EE)</u>	<u>Is coverage automatic or voluntary?</u>
Medical	x	x	Voluntary
Dental	x	x	Voluntary
Vision		X	Voluntary
Supplemental Life Buy-Up (employee, spouse, child)	Basic Life and AD&D	X	Voluntary for buy-up
Short Term Disability Buy-Up (to 70%)	Basic STD 60%	X	Voluntary for buy-up
Flexible Spending Accounts		X	Voluntary
Health Savings Account (HSA)	Town contributions begin upon employee enrollment in the HSA	Voluntary ¹	Employees enrolled in Heritage Plan must opt to set up an HSA
457 Deferred Compensation ¹		X	Voluntary
Aflac ^{1,2}		X	Voluntary
Legal Shield ¹		X	Voluntary

¹You may elect, change or waive enrollment in the following plans at any time during the year; you do not need to wait for Open Enrollment or have a qualifying event: 457 Deferred Compensation, HSA EE contribution, Aflac (after-tax), and Legal Shield.

²You may change or waive Aflac pre-tax plans only during Open Enrollment or a qualifying event. There are no new enrollments in the pre-tax Aflac plans.

Except as noted above, all elections made during open enrollment will remain in effect until the next open enrollment, unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days of the event. A list of Qualifying Events can be found on the HR intranet page, or call HR.

WHAT I NEED TO DO

Before You Enroll:

- Log into Munis Self Service <https://marana.munisselfservice.com>
 - Review your current benefit elections (use the worksheet on the next page).
- Review this guide book and the resources online to help decide which plans are the right ones for you and/or your family this year. [Please take note of the plan changes effective this year.](#)
- Attend an **Open Enrollment Information Session**
 - Wednesday May 13th 1 pm-2 pm MOC Community Room
 - Thursday May 14th 10 am-11 am MMC Council Chambers
 - Tuesday May 26th 10 am-11 am MMC Council Chambers
 - Wednesday May 27th 2 pm-3 pm MOC Community Room
- Attend the **Open Enrollment Fair** on **Wednesday May 20th 10 am-2 pm at the MMC.** Meet the vendors and ask questions about the plans to help finalize your decisions.
- Plan/prepare to provide the Social Security Number for all dependents on your plans. To be in compliance with the Affordable Care Act in 2015, you are required to provide the SSN of all persons covered on the health plans.
- Log into Employee Self Service (ESS) and make your elections.
- Review and submit your final selections.
- Print or save a copy of your confirmation statement.

BENEFIT CHANGES FOR 2015-2016 PLAN YEAR

Premiums

- Small premium increase (about 2%) to Cigna medical plan premiums
- Premium Reduction (about 5%) for the current Delta Dental Plan
- Small premium increase (about 3%) to the Employers Dental Services (EDS) plan
- No premium changes for vision, life, or short-term disability

Medical Plans

MD Live services added

- Phone or video chat with a health care provider for minor conditions from the comfort of your home or work/office.
- Available 24/7/365 for non-urgent care
- Get the care you need, including prescriptions, when you need it.

Healthy Pregnancies Healthy Babies

This is not a new program, just a reminder that it is available through your medical plan enrollment. Contact Cigna to sign up.

- Earn rebates when you enroll-
 - \$150 when you enroll before end of first trimester
 - \$75 when you enroll before end of second trimester
- Resources to promote a healthy pregnancy
- 24/7 support

Copper and Teal Plans

- Pharmacy copays will now count toward the out of pocket maximum for Copper and Teal Plans (they already count toward the deductible on the HDHP plan)

The High Deductible Health Plan (HDHP)

- Has been renamed the '**Heritage Plan**'
- The deductible has increased to \$1300 for single and \$2600 for family coverage, as required under the Patient Protection Affordable Care Act (PPACA).

Dental Plans

Delta Dental

We've added an additional dental plan under the Delta Dental Network called the '**Delta Plus Plan**' (in addition to the current Delta Dental Plan). **Delta Plus** offers the following:

- Increased annual maximum from \$1500 to \$2500
- Increased coverage for major dental services from 50% to 60%
- Increased orthodontia coverage maximum from \$1000 to \$2000 (including adult orthodontia)
- Implant coverage
- TMJ coverage under major dental services (\$1000 lifetime max)

Special Note for Dependents

For compliance with the Patient Protection Affordable Care Act, you are required to provide the SSN of all persons covered on the health plans.

ELIGIBILITY

Eligible Employees

Full-time and part-time employees who work 20 or more hours per week are eligible for benefits.

- ✓ Eligibility begins on the first of the month following 30 days of employment in a benefit eligible position
- ✓ Employees who average 30 hours per week, in a non-benefit eligible position, may be offered medical benefits the following plan year in accordance with the provisions of the Patient Protection and Affordable Care Act.

Eligible Dependents*

During Open Enrollment you may add the following dependents to your plans

- ✓ Your legal spouse (not divorced or legally separated)
- ✓ Your child (natural, step, legally adopted, legal guardianship) under the age of 26 (disabled children over age 26 may also be eligible for coverage)
 - Medical, dental, and vision- Coverage extends to the end of the month in which s/he turns age 26 (regardless of student, marital, residency or financial dependency)
 - Supplemental Life Insurance- Covers unmarried dependent children up to age 26.
 - FSA/HSA- Coverage is for tax-eligible dependents

Continuing Eligibility through COBRA

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, amended by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, provides that covered employees and their qualified beneficiaries may continue health insurance coverage under the Town of Marana's health plan when a "qualifying event" would normally result in the loss of eligibility. The Town shall follow all applicable federal and state laws in determining what constitutes a qualifying event. See the list of Qualifying Events on the HR intranet page.

Dependent Eligibility Audit

Your documentation may be audited to determine dependent eligibility according to the plan requirements. Supporting documentation for dependent eligibility may include: marriage license, birth certificate, court documents for guardianship, adoption, etc.

Qualifying Events

During the plan year, you and/or your dependents may experience a qualifying event that affects your benefit enrollment status. Qualifying events may entitle you to make changes to your benefit elections outside of the annual open enrollment. Please **contact human resources within 31 days of a qualifying event if you wish to make changes to your benefit elections.**

A list of qualifying events can be found on the HR intranet page.

HOW TO ENROLL

To complete your Open Enrollment elections, for benefits effective July 1, 2015, you will need to login to Employee Self Service (ESS).

Go To Employee Self Service (ESS)

<https://marana.munisselfservice.com>

or

go to the intranet and access the ESS link

- www.marana.com
- Under 'Helpful Links' click on '**Employee Login**'
- Enter the username: **intranetuser**
- Enter the password: **employee**
- Click on **Employee Self Service** on the left

Login to ESS/Making Your Elections

1. Click on the **Login** button (upper right corner)
2. Sign in with **username/password**
 - a. Username (the first initial of your first name followed by your last name).
 - b. Password (if you forgot your password, please contact HR to reset it).
3. Click on **Employee Self Service** (left side menu)
4. Click on **Benefits**
 - a. The first screen shows your current elections. **Do Not Attempt To Make Changes From This Screen.**
5. Click on **Open Enrollment** (left side menu)

6. Under the column marked '**New Election**' you will select '**Decline Benefit**' or '**Make New Election**' for each plan listed.

**FSA and HSA elections must be re-elected each year.

Adding New Dependents

- Click on '**Add New Dependent**' (within each benefit plan)
 - Enter your dependents information (SSN is required this year, be sure to add the SSN if it is missing for your current dependents).
- After creating the new dependent you can select his/her name from the dependent drop down list for each plan and select '**Add Coverage**'
- Click **OK**

Submitting Your Elections

After all of your elections are made (for each plan listed):

- Click '**Continue**'
- Review your elections for accuracy
 - Make any corrections if needed
- Click on '**Submit Choices**'
- **Print** or **Save** your confirmation statement

Note: *Elections are not finalized until you click on 'Submit Choices'.* **Enrollment deadline is May 31st 2015.**

Contact your department liaison or human resources if you need any additional assistance.

PER PAY PERIOD PREMIUMS EFFECTIVE 7/1/15-6/30/16

Medical Per Pay Period Premiums (26 pay periods)

PROVIDER	Tier	Employee Premium	Town Premium	Total Premium	Town HSA Contribution
CIGNA Copper Plan	Emp only	\$29.40	\$222.81	\$252.20	-
	Emp+Spouse	\$123.77	\$405.86	\$529.63	-
	Emp+Child(ren)	\$93.08	\$386.11	\$479.20	-
	Family	\$184.50	\$572.12	\$756.63	-
CIGNA Teal Plan	Emp only	\$2.96	\$197.97	\$200.93	-
	Emp+Spouse	\$51.64	\$370.29	\$421.93	-
	Emp+Child(ren)	\$44.85	\$336.91	\$381.76	-
	Family	\$91.48	\$511.30	\$602.77	-
CIGNA Heritage Plan	Emp only	\$2.76	\$160.06	\$162.83	\$25.00
	Emp+Spouse	\$47.98	\$293.98	\$341.95	\$50.00
	Emp+Child(ren)	\$42.22	\$267.16	\$309.38	\$50.00
	Family	\$81.72	\$406.79	\$488.51	\$50.00

Dental Per Pay Period Premiums (26 pay periods)

PROVIDER	Tier	Employee Premium	Town Premium	Total Premium
Delta	Emp only	\$1.92	\$14.07	\$15.99
	Emp+Spouse	\$7.97	\$26.68	\$34.65
	Emp+Child(ren)	\$6.39	\$25.58	\$31.98
	Family	\$12.15	\$38.48	\$50.63
Delta Plus	Emp only	\$4.48	\$14.07	\$18.55
	Emp+Spouse	\$13.51	\$26.68	\$40.19
	Emp+Child(ren)	\$11.51	\$25.58	\$37.09
	Family	\$20.24	\$38.48	\$58.72
Employer Dental Services (EDS)	Emp only	\$.66	\$4.80	\$5.46
	Emp+Spouse	\$2.39	\$7.98	\$10.38
	Emp+Child(ren)	\$2.40	\$9.61	\$12.01
	Family	\$3.53	\$11.21	\$14.74

Vision Per Pay Period Premiums (26 pay periods)

PROVIDER	Tier	Employee Premium
Superior	Emp only	\$2.21
	Emp+Spouse	\$4.37
	Emp+Child(ren)	\$4.28
	Family	\$6.52

PER PAY PERIOD PREMIUMS EFFECTIVE 7/1/15-6/30/16

Employee and Spouse* Supplemental Life Insurance Premiums (26 pay periods)

Employee's Age* (as of 7/1/15)	Rate per \$1,000 Coverage/pay period
24 AND UNDER	0.0369
25-29	0.0323
30-34	0.0415
35-39	0.0600
40-44	0.0877
45-49	0.1523
50-54	0.2585
55-59	0.4200
60-64	0.5631
65-69	0.8862
70-74	1.5600
75+	2.6031

Amount of Coverage / \$1,000= Factor
Factor x Rate= bi-weekly cost

$$\frac{\text{Elected Coverage}}{\$1000} = \text{Factor} \times \text{Rate (age chart)} = \text{Bi-Weekly Cost}$$

Example:

- I'm 47 yrs old, my rate is 0.1523 and I elect \$90,000.
- $\$90,000/\$1,000=90 \times 0.1523= \13.71
- \$13.71 is my per pay period cost

*Spouse's Life Insurance rate is based on the employee's age (not the spouse's age).

Please refer to the enrollment limits on pg. 23 for employee and spouse coverage.

Child Supplemental Life Insurance Premiums (26 pay periods)

Coverage	Rate per \$1,000 Coverage/pay Period	Bi-Weekly Cost
\$2,000	0.0305	\$0.061
\$4,000	0.0305	\$0.122
\$6,000	0.0305	\$0.183
\$8,000	0.0305	\$0.244
\$10,000	0.0305	\$0.305

Short Term Disability Buy-Up Insurance Premiums (26 pay periods)

Employee Cost/Pay Period				
\$0.0807 per \$10 of your weekly benefit*				
*Weekly Benefit=70% of your weekly earnings (not to exceed \$2000)				
Example: Annual earnings= \$40,000				
$\$40,000/52=769.23 \times 0.70=\$538.46/10=53.85 \times 0.0807= \4.35 (bi-weekly cost)				
_____	/52=	_____	x .70=	_____
Annual Earnings		Weekly Earnings		Weekly Benefit (max. \$2,000)
				/10=

				x0.0807=

				Bi-Weekly Cost

MEDICAL PLAN INFORMATION

Medical Plan Options

The Town of Marana offers three medical plan choices through **Cigna**: the **Copper Plan**, the **Teal Plan**, and the **Heritage Plan** (a high deductible plan with a Health Savings Account).

All three plans are Open Access PPO plans. You do not need to have a primary care physician and do not need to obtain a referral before seeing a specialist. All three plans also offer free preventive/wellness care (no co-pays or co-insurance). There are some differences between the plans noted in the comparison charts.

The Copper Plan

This plan offers in-network and out-of-network benefits. In-network providers will give you the greatest cost savings and out-of-network providers will have the highest out-of-pocket costs. The Copper plan has the highest premiums but also the lowest deductibles.

The Teal Plan

This plan provides in-network benefits only, which means only physicians, facilities or other health care professionals who belong to the Cigna network. You have the freedom of visiting any doctor nationwide as long as they are in the Cigna network.

The Heritage Plan, also offers only in-network benefits but it also includes a Health Savings Account feature which is partially funded by the Town through bi-weekly contributions. Employees who elect this option must apply for the HSA account if they wish to be eligible for Town contributions to the HSA. Employees can also contribute money on a pre-tax basis to help offset the plan deductible or roll it over for use for medical care in future years. Changes in employee contributions can be made at any time during the year by contacting HR.

Choosing the Best Plan for You

1. Assess the costs you expect in the coming year. This includes premiums (pg. 8), co-pays and co-insurance (pg.13).
2. Use the comparison charts (pg. 13) to evaluate the difference between the plans, understanding your and your family's needs while comparing plan information.
3. Determine if your doctor/specialist is contracted with the Cigna network (www.cigna.com use 'Find a Doctor' link).
4. Use the tools on www.mycignaplans.com to calculate the potential costs on the different plans. You can also call Cigna for additional information at: (800)244-6224 or create/log into your Cigna account at www.mycigna.com
 - Open Enrollment ID: **Marana 2015**
 - Open Enrollment Password: **cigna**

My Cigna

My Cigna (www.mycigna.com) is an online tool that allows you to manage your account in the following ways:

- **Choose** doctors and create a list of nearby hospitals and pharmacies.
- **Verify** plan details such as coverage, copays and deductibles.
- **Find** information and estimate costs for medical procedures and treatments.
- **Find** personalized health and wellness recommendations.
- **Learn** about health conditions, treatments and medications.
- **Keep** track of medical conditions, medications, surgeries, immunizations and emergency contacts

MEDICAL PLAN INFORMATION

The Heritage Plan- Did You Know?

1. The **Heritage Plan** is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).
 - The Health Savings Account (HSA) is a special savings account where an employee can set aside pre-tax money to be used for health related expenses.
2. The Heritage Plan offers financial advantages in the following ways:
 - No cost for Preventive/Wellness Care- including preventive prescriptions
 - Contributions made into the corresponding HSA account are pre-tax (lowers your taxable income)
 - Lowest premiums
 - Lower coinsurance than the Teal plan, same as the Copper plan
 - The higher premium you would be if enrolled in the Copper or Teal plan can be contributed into your HSA account instead (to help build up your savings account).
3. The difference in deductibles between the Teal Plan and the Heritage plan is less than the amount the Town is contributing into the HSA plan (meaning the Town contributions offset the difference, and then some).

The Health Savings Account (HSA)- Did You Know?

1. The **Health Savings Account (HSA)** can be used to pay for health related expenses (deductible, co-pays, co-insurance, non-covered health expenses or services) for you and your dependents.
2. The account belongs to the employee, even after your employment with the Town ends
 - It's a great way to set aside pre-tax money for your future health needs
3. The Town contributes money into your account, at no cost to you
4. You can contribute pre-tax money into the account for greater tax savings (reduces your taxable income)
 - Monies deposited in your HSA are yours, you do not lose them when you separate employment (this includes the contributions the Town made into your HSA account).
5. There is no use-it-or-lose-it rule, the monies keep accumulating for your future health related needs
6. Monies in your HSA accrue tax-free interest

Am I Eligible for the HSA?

- To be eligible for the HSA plan you must:
- Be enrolled in the Heritage Plan (HDHP)
 - Cannot be covered under another plan that is not a HDHP (i.e. a dependent on someone else's plan if it's not a high deductible plan, or if your spouse has an FSA plan)
 - Cannot be claimed as a dependent on another person's tax return
 - Cannot open a new HSA or contribute to an existing HSA once you become eligible for Medicare

MEDICAL PLAN INFORMATION

How to Open Your HSA

If you enroll in the Heritage Plan you will want/need to set up your HSA account. You will need to complete this step in order for the Town's contribution to be deposited into your account, even if you choose not to contribute any additional monies.

To set up your account you will need to submit a banking application through JP Chase Bank and then complete the customer identification process (CIP).

Completing your banking application:
<https://preenroll.healthcare.cigna.com/healthcare/preenroll/app/bank/welcome.do>

Enrollment ID: MARANA2015

After you complete the HSA application, you will complete the customer identification process (CIP).

Annual Contribution Limits

(Employee and Town contributions combined)

Employee: \$3,350

Family: \$6,650



Additional information regarding the Heritage Plan will be available on the Benefits intranet site. Representatives from CIGNA will also be attending the Open Enrollment Fair to answer any questions you may have regarding the medical plans offered.

The Town of Marana is committed to providing employees with medical benefit choices that fit the needs of our employees and their dependents. There is a direct connection between how you use your coverage and how much you pay for services out-of-pocket. Please use the comparison charts on the following pages to help you understand more about our plans.

MEDICAL PLAN COMPARISON CHARTS

	COPPER PLAN		TEAL PLAN	HERITAGE PLAN
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible³	\$200 per person \$400 per family	\$400 per person \$800 per family	\$750 per person \$1,500 per family	\$1,300 individual \$2,600 family
Annual Out-of-Pocket Maximum	\$1,250 per person \$2,500 per family	\$2,500 per person \$5,000 per person	\$4,500 per person \$9,000 per family	\$4,500 individual \$9,000 family
Office Visits	Preventive PCP Specialist	\$0 \$15 copay \$25 copay	Not covered ¹ 40% after deductible 40% after deductible	\$0 \$15 copay \$45 copay
Chiropractic Services	\$15 PCP copay \$25 Specialist copay	40% after deductible	\$15 PCP copay \$45 Specialist copay	10% after deductible
Emergency	ER Urgent Care Ambulance	\$125 copay \$50 10% after deductible	\$125 copay 40% after deductible 40% after deductible	\$150 copay \$75 copay 30% after deductible
Emergency Post-Stabilization Services		10% after deductible	40% after deductible	30% after deductible
Inpatient & Outpatient Hospital		10% after deductible	40% after deductible	30% after deductible
Maternity Services		10% after deductible	40% after deductible	30% after deductible
Physical, Occupational and Speech Therapy Services		10% after deductible	40% after deductible	30% after deductible
TMJ and Related Services		10% after deductible	40% after deductible	30% after deductible
Private Duty Nursing		Not Covered	Not Covered	Not Covered
Pharmacy – Retail		Not Covered	Not Covered	Not Covered
	Generic Preferred Non-Preferred	\$10 copay \$40 copay \$75 copay	Not Covered	Not Covered
Pharmacy – Mail (90-day supply)	Generic Preferred Non-Preferred	\$20 copay \$80 copay \$150 copay	Not Covered	Not Covered
				After Deductible ² \$10 copay \$40 copay \$75 copay
				After Deductible ² \$20 copay \$80 copay \$150 copay

¹ **Mammograms** and other specialty tests covered at 40%

² **Deductible** waived for preventive drugs on the Heritage Plan

³ **Family Deductibles: Copper and Teal Plans**- each family member is subject to their own deductible; however, all family members are combined to meet the family deductible. **Heritage Plan**, the individual deductible applies only to single coverage. The entire family deductible must be satisfied before the co-insurance is effective for plans that include coverage for any dependents.

CIGNA ONLINE

Cigna has many online features/resources that will give you 24/7 access to your profile and claims. You will also have access to a variety of tools to help you manage your healthcare.

Not Yet Enrolled in a Medical Plan?

You can view Cigna's non-member tools and resources at www.cigna.com

- Find a doctor (see if your doctor is on the Cigna network)

You can get information specific to the Town of Marana's plans at www.mycignaplans.com

- Plan summaries, FAQs, details about the high deductible plan and HSA account, drug list, etc.
- **Enrollment code:** Marana2015
- **Password:** cigna



myCIGNAPlans

Log in to myCIGNAPlans

Log in for benefit planning tools to help you with your enrollment choices.
Please use the ID and Password provided by your employer with your enrollment information

Open Enrollment ID:

Open Enrollment Password: 

Already a Cigna Member?

Create/log in to your own personal profile at www.mycigna.com.

- Get copies of your Explanation of Benefits (EOB)
- Request new ID cards or print a temporary card
- Track your deductible balance
- Estimate health care costs by doctor, facility, procedure (find the best choice for you)
- 24 hour Nurse Line
- **Access MD LIVE**
 - Copper and Teals plans, same cost as a visit to your PCP
 - Heritage Plan- \$38 until your deductible is met, then just pay the co-insurance

Use the Cigna Mobile App

Same great tools you have on mycigna.com, but from the touch of your phone.

Forgot your card? Question about your coverage?

- Access your ID card
- Look up a treatment, procedure, medication and find out information, costs, etc.
 - Is there a lower cost generic?
 - Is there a lower cost alternative facility?



Your Health Has Met Its AppSM

Introducing the simple, personalized myCigna Mobile App.
Download it today!

DENTAL PLAN INFORMATION

Dental Plan Options

The Town of Marana offers three dental plan options: **Delta** plan, **Delta Plus** plan and **Employers Dental Service (EDS)** plan.

Delta plan and **Delta Plus** plan are both administered through the Delta Dental network. Employees are free to choose to see any dentist they wish, even out-of-network (with reduced benefits). Participating dentists will file their claims for you! Visit www.deltadentalaz.com to view in-network dentists. Both plans offer the following:

- In-network preventive care covered 100% (out-of-network 80%) and is not subtracted from your annual maximum
- Three cleanings per year (one may be exchanged for a deep cleaning every five years)
- No deductible for preventive care
- Basic Dental services (fillings, root canal therapy, oral surgery, extractions) covered at 80%
- No waiting periods
- Composite fillings

The new **Delta Plus** plan offers enhanced coverage, beyond the original Delta plan. These enhancements include:

- Annual maximum increased from \$1500 to \$2500
- In-network Major Dental Services increased from 50% to 60%
- Orthodontia services include adult orthodontia
- Orthodontia lifetime max increased from \$1,000 to \$2,000 per person
- Coverage for implants

EMPLOYERS DENTAL SERVICE (EDS) is a pre-paid dental plan that offers employer groups and individuals quality, affordable dental plan options. Under the EDS Plan you must use the services of a participating dentist contracted with EDS. You pay a discounted fee for services. To view the contracted dental providers visit www.mydentalplan.net.

Plan Highlights

- No Deductibles
- No claim forms
- No yearly maximums
- Orthodontic benefits for children and adults
- Coverage for pre-existing conditions except procedures in progress
- Emergency benefits 24 hours a day
- Prescription drug discounts (cannot be used in conjunction with any medical plan)
- Vision Care discounts

Choosing the Best Plan for You

When reviewing the plans, you should take into account the following:

1. Assess the costs you expect in the coming year. This includes premiums (pg. 8), co-pays and co-insurance (pg. 16).
2. Use the comparison charts on pg. 16 to evaluate the difference between the plans, understanding your and your family's needs.
3. Determine if your dentist is contracted with the Delta Dental network (<http://www.deltadentalaz.com/provider-search>) or if you are comfortable with an EDS dentist.
4. Refer to the plan descriptions for more detailed information on the services covered.

DENTAL PLAN COMPARISON CHARTS

The following chart compares some of your coverage and costs on the three different dental plans available.

	DELTA PLAN		DELTA PLUS PLAN		EDS
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Annual Deductible Individual Family	\$50 \$150	\$100 \$300	\$50 \$150	\$100 \$300	\$0
Annual Benefit Maximum (per person)	\$1,500		\$2,500		\$0
Preventive Dental Services (cleanings 3x/year, exams, x-rays)	\$0	20%	\$0	20%	Refer to Schedule of Benefits
Basic Dental Services (fillings, root canal therapy, oral surgery, extractions)	20%		20%		Refer to Schedule of Benefits
Major Dental Services (periodontal surgery, crowns, on lays, bridges, dentures, repairs)	50%		40% Includes implants	50% Includes implants	Refer to Schedule of Benefits
Orthodontic Services	50% (8-19 years) \$1,000 lifetime max per child (banding must begin prior to age 17)		50% (adults and children) \$2,000 lifetime max per person		25% discount off normal and customary fees
TMJ Services	Not Covered		\$1,000 lifetime maximum (covered as Major Dental Services)		25% discount off TMD Dentist's office fees

Please refer to the plan documents for more detailed information on the services and coverage provided on each plan

DENTAL ONLINE

Delta and Delta Plus Plans

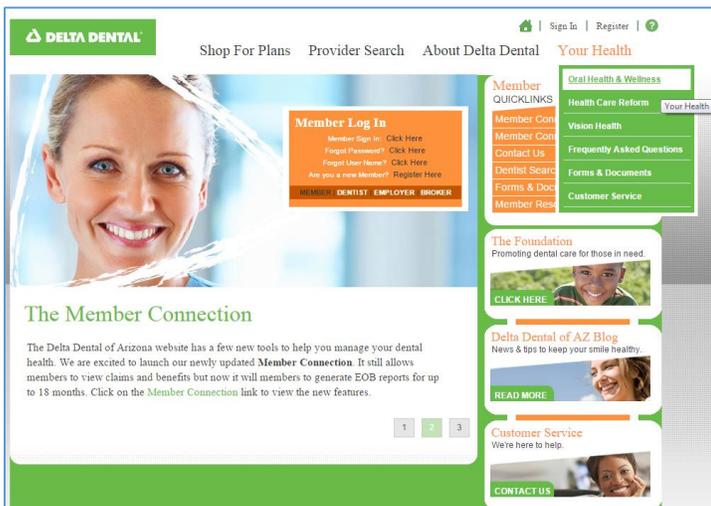
Visit www.deltadentalaz.com to create your ID and password. If you are a new member, please wait until your benefits are in effect (July 1, 2015) to set up your profile.

As a member of Delta Dental you can do the following online:

- Find a dentist in the Delta Dental Network
- View your Benefit Handbook
- View your claims
- Download/print your ID card
- Sign up for electronic statements
- Read articles and tips for oral health on the Delta Dental of Arizona blog:
www.deltadentalazblog.com
- Assess your risk for dental diseases with the Oral Health Assessment Tool:
www.mydentalscore.com/deltadental

Delta Dental Mobile App

- Access your ID card
- View coverage and claims
- Find a dentist

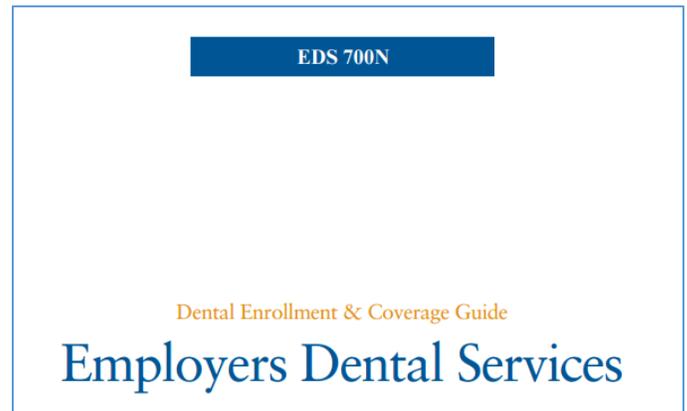


Employer Dental Services (EDS)

Visit

<https://www.mydentalplan.net/myaccount.htm> for assistance/forms for the following services:

- Emergency Care Reimbursement
- ID Cards
- Find a Dentist
- Choosing/changing/referring a dentist
- View the Dental Enrollment and Coverage Guide (EDS Plan 700N)
- Review prescription and vision care discount programs



VISION PLAN INFORMATION/ONLINE

Vision Plan

The Town of Marana offers a vision plan through **Superior Vision**. The benefit is voluntary and the premium is paid in full by the employee. The plan offers cost savings on out-of-pocket expenses.

Superior Vision

Employees are free to choose any eye care provider they wish, even out-of-network (with reduced benefits). Participating eye care providers will file your claim for you. Visit <https://www.superiorvision.com/> to find a participating provider. The plan offers the following:

- Annual eye exam
- Annual contact lens fitting exam
- Eyeglass lenses or contact lenses every 12 months
- Frames every 24 months

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. The discounts range from 5%-50% and are the best possible discounts available to Superior Vision.

Discount Features*

Some providers offer discounts on the amount you pay over the plan's allowance. Find providers who accept discounts in the Provider Directory.

Discounts on Covered Materials

- Frames- 20% off amount over allowance
- Lens options- 20% off retail
- Progressives- 20% off amount over retail lined trifocal lens, including lens options

Discounts on Non-Covered Exams and Materials

- Exams, frames and prescription lenses- 30% off retail
- Lens options, contacts, other prescription materials- 20% off retail
- Disposable contact lenses: 10% off retail

*Plan discount features are not insurance and are subject to change without notice.

Superior Vision Online

Visit <https://www.superiorvision.com/member> to create a username or log in if you already have a profile. As a Superior Vision member you have the following features available to you online:

- Review your benefits
- Locate a provider
- Order contact lenses
- Order eyewear
- Reimbursement Claim form
- Access to the Learning Center

SUPERIOR VISION
See yourself healthy.

Customer Service
Group Plan: 800.507.3500
Health Plan: 800.579.6901
P.L. Medicare, Medicaid, CHIP
Health Insurance Exchange

Home Members Providers Benefits Managers Brokers Learning Center

DISCOVER HEALTHY EYES AND VISION

Vision Resources at Your Fingertips

- Eye Health**
Take care of your eyes by living a healthy lifestyle and taking a proactive interest in your eyes and vision.
- Your Eyewear**
Selecting your eyewear can be a fun process that allows you to express who you are by choosing the color of your frames and a frame style that flatters your face shape.
- Vision Care Resources**
Additional vision care resources are available to help you understand industry terms and definitions, find out about your risks for vision problems, and learn more about healthy eyes and vision.

Your Eye Exam
Your annual comprehensive eye exam can identify vision issues, including cataracts, glaucoma, and macular degeneration, as well as identify systemic diseases such as diabetes, hypertension and high cholesterol.

Learn About Spring Eye Care Tips

VISION PLAN CHART

Services Frequency		In-Network	Out-Of-Network
COPAYS			
Exam		\$10 copay	
Materials (frames and lenses)		\$25 copay	
Contact Lens Fitting		\$25 copay	Not Covered
Exams			
Comprehensive Exam (Ophthalmologist (MD))	Every 12 months	\$10 Copay	Plan pays up to \$34 retail
Comprehensive Exam Optometrist (OD)			Plan pays up to \$26 retail
LENSES AND FRAMES			
Single Vision	Every 12 months	\$25 copay	Plan pays up to \$29 retail
Bifocal			Plan pays up to \$43 retail
Trifocal			Plan pays up to \$53 retail
Lenticular			Plan pays up to \$84 retail
Progressives			Covered up to providers retail price for trifocals
Frame - Standard	Every 24 months	Plan pays up to \$125	Plan pays up to \$65 retail
CONTACT LENSES			
Contact Lens Fitting Standard	Every 12 months	\$25 copay (out-of-network not covered)	
Contact Lens Fitting Specialty		Plan pays up to \$50	
Medically Necessary Contacts		Covered in Full	Plan pays up to \$210 retail
Elective Contacts (not medically necessary)		Plan pays up to \$120	Plan pays up to \$100 retail

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Account Options

Flexible Spending Accounts (FSA's) allow you to use pre-tax money to pay for necessary health and dependent care expenses, reducing your taxable income and, therefore, decreasing your taxes. Elections cannot be changed during the plan year unless you experience a qualifying event. **Our FSA provider is Discovery Benefits**

All pre-tax funds that are not used for eligible expenses incurred during the plan year will be forfeited. This is mandated under the IRS "use it or lose it" rule. To avoid forfeiture, you should plan carefully. **You have from July 1, 2015 through June 30, 2016 to use account funds.**

Contribution Limits

Annual Limits	Minimum	Maximum
Health Care	\$100	\$2550
Dependent Care	\$100	\$5000 (\$2500 if married filing separately)

Health Care FSA

Used for your own, your spouse and your eligible dependents' non-reimbursed expenses including medical, dental, vision, copays and prescription drugs. Visit www.discoverybenefits.com for a complete list of qualified expenses.

NOTE: Employees electing the Heritage plan with the HSA cannot enroll in the Health Care FSA.

Benefits Debit Card for Health FSA

- The benefits debit card is free and can be used to pay your eligible medical expenses.
- You can pay for medical, dental and vision prescriptions, copays, deductibles, etc. instead of spending cash, writing checks or

using other credits cards, with virtually no need to submit receipts.

- The debit card may only be used in conjunction with your Medical FSA and not your Dependent Care FSA. You do not need to elect to receive the benefits debit card, you will automatically receive one if you elect a medical flexible spending account. It is your option to use it. Employees with an existing card will have their balance updated.
- If you choose not to use the card, you may complete and submit a reimbursement request form with the receipt/statement attached. You will be mailed a reimbursement check or funds can be direct deposited at no expense to you.

Dependent Care FSA

Used for daycare expenses for dependents up to the age of 13. It may also be used for care of a spouse/dependent of any age who requires daily living assistance.

Ineligible Expenses

Some expenses may not be eligible for reimbursement under current IRS regulations. For a complete list of ineligible expenses, see IRS Publication 502 "Medical and Dental Expenses," visit the IRS website: www.irs.gov. Discovery Benefits may need to review a receipt to determine if the expense was eligible, they will send you a receipt reminder. If you don't respond, Discovery Benefits will deactivate the debit card after 72 days and ineligible expenses will be reported as taxable income on your W-2. To avoid the need for review of receipts, use your card at participating merchants that utilize the Inventory Information Approval System (IIAS). Be sure to retain your receipts.

FLEXIBLE SPENDING ACCOUNTS/ONLINE

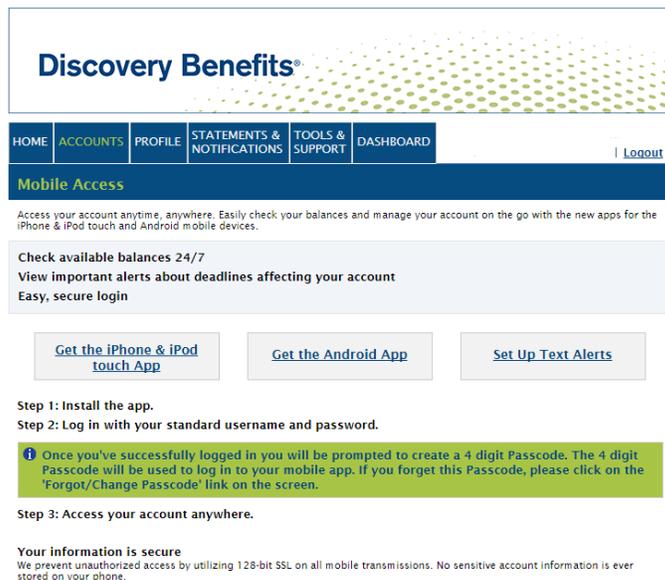
Discovery Benefits Online

Visit www.discoverybenefits.com to create a personal login or to access your account, if your online profile has already been set up. As a participant of Discovery Benefits FSA plans you can access the following online features:

- Access forms
- Check your balances
- Verify payment status for a claim
- View your debit card activity
- Submit claims
- View authorized/eligible expenses
- Access the Medical Necessity Form
- View Plan Summaries
- Use the online calculator to estimate your FSA needs

Discovery Benefits mobile App

Access your account, view balances and submit claims anytime.



	Health Care	Dependent Care
Minimum Contributions	\$100 annually	\$100 annually
Maximum Contributions	\$2550 annually	\$5000 annually \$2,500 if married filing separately
Use of Account	Pre-tax money to pay for health related expenses for you and your dependents (even if not enrolled in your plans)	Pre-tax money to pay for dependent care expenses for children under age 13 or an older child or spouse who is disabled and requires assistance for daily living while you are at work.
Example of Eligible Expenses	<ul style="list-style-type: none"> • Copays/coinsurance • Deductibles • Dental fees/orthodontia • Eye glasses, exams, LASIK, contact lenses and solutions. 	<ul style="list-style-type: none"> • Services from a daycare facility • Babysitting services while you work • Day Camp
What's not covered	<ul style="list-style-type: none"> • Premiums • Items listed as not eligible by IRS 	<ul style="list-style-type: none"> • Private school tuition/kindergarten • Overnight camps, and any care when you are not working
Restrictions	See IRS Publication 502 or go to http://www.discoverybenefits.com/participants/eligible-expenses/eligible-expenses-overview	See IRS Publication 503 or go to http://www.discoverybenefits.com/participants/eligible-expenses/eligible-expenses-overview

SHORT TERM DISABILITY PLAN/ONLINE

Short Term Disability

The Town provides basic Short-term Disability Insurance through **The Hartford** at no cost to the employee. The coverage provides income replacement if you are sick or injured (non-occupational) and cannot work.

All benefits eligible employees are automatically enrolled in the Short Term Disability plan, at no cost to you. The coverage is equal to 60% of your weekly earnings, capped at \$1,000 weekly maximum benefit.

Short-term Disability Buy-Up Option

You may purchase additional Short Term Disability coverage that will “buy-up” your benefit an additional 10%, to 70% of your weekly earnings, capped at \$2,000 weekly maximum benefit.

The cost to buy up your coverage is based on your annual earnings, and the STD rate of \$0.0807 is calculated for every \$10.00 of your weekly benefit. Refer to the tables on pg. 9 for additional information and assistance with the calculations for your buy-up per pay period cost.

Elimination Period

There is a 14 day waiting period, benefits commence on the 15th day of disability for non-work related accidents and illness.

Duration of Coverage

Benefits will continue until the 26th week of disability (includes the elimination period).

Evidence of Insurability

If you are not currently enrolled in the STD Buy-Up Option, you may do so during an annual enrollment period; however, you will be required to provide Evidence of Insurability (EOI).

When to file a claim

If you are unable to perform the essential duties of your job due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy, and as a result, you are earning less than 20% of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre-disability weekly earnings. Hartford will determine if your claim is a compensable claim.

You can file your claim by calling:

1-866-945-7801
Policy #: 853656

Hartford Online

You can now download The Hartford 'My Benefits' mobile app and manage your claims online.

Through the app, you can do the following:

- Initiate a short term disability claim
- Check the status of your claim and review benefit payment history
- View the contact information for your claim handler
- Enroll in direct deposit and update banking information



LIFE INSURANCE AND AD&D

The Town of Marana provides benefit eligible employees, their spouses and eligible dependent children with life insurance, at no cost to the employee.

Employee Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Coverage level (no cost to you):
1x your annual earnings rounded up to the next \$1,000 if not already a multiple of \$1,000.

The maximum coverage: \$150,000.

Dependent Basic Life Insurance (Spouse and/or Child(ren))

Coverage level (no cost to you):
\$2,000 (for each eligible dependent).

Supplemental Life Insurance

Employee Supplemental Life

Employees may purchase additional life insurance, in increments of \$10,000, without Evidence of Insurability (EOI). Increases in excess of \$10,000 will require an EOI.

Coverage may not exceed the lesser of 3x your annual earnings or \$500,000.

Your cost is based on your age as of July 1 (the first day of the plan year).

*Guarantee issue is: \$100,000. Coverage in excess of the guarantee issue will require Evidence of Insurability (EOI).

Spouse Supplemental Life

Employees may purchase additional spouse life insurance, in increments of \$5,000, without Evidence of Insurability (EOI). Increases in excess of \$5,000 will require an EOI.

Coverage may not exceed the lesser of 50% of the employee's total life insurance coverage (basic life + supplemental life) or \$100,000.

Your cost is based on the employee's age as of July 1 (the first day of the plan year).

*Guarantee issue is \$30,000. Coverage in excess of the guarantee issue will require Evidence of Insurability (EOI).

You may not elect coverage for your spouse if he or she is an active member of the armed forces of any country or international authority, or is already covered as an employee under this policy.

Note: Employee and Spouse Life Insurance benefits reduce by 35% at age 65 and by 50% at age 70 (of the original amount elected).

Child(ren) Supplemental Life

Employees may purchase additional child(ren) life insurance for your eligible children (up to Age 26) in increments of \$2,000 up to \$10,000.

You may not elect coverage for your child if he/she is an active member of the armed forces of any country or international authority.

Adult child(ren) over age 26 may be eligible if they are totally disabled.

Please refer to the charts and formulas on pg. 9 to help you determine the bi-weekly cost for each of the benefits as listed earlier in this guide.

MY BENEFITS PACKAGE

As a benefit eligible employee with the Town of Marana, your full Benefits Package includes the following plans. The hi-lighted plans are provided by the Town, at no cost to you and no enrollments needed to participate.

Benefit	Paid by Employer (ER)	Paid by Employee (EE)	Is coverage automatic or voluntary?	When can I make Changes?*
Medical	X	X	Voluntary	OE or QE
Dental	X	X	Voluntary	OE or QE
Vision		X	Voluntary	OE or QE
Supplemental Life Buy-Up (employee, spouse, child)	Basic Life and AD&D	X	Voluntary for buy-up	OE or QE
Short Term Disability Buy-Up (to 70%)	Basic STD 60%	X	Voluntary for buy-up	OE or QE
Flexible Spending Accounts		X	Voluntary	OE or QE
Health Savings Account (HSA)	Town contributions begin upon EE set up of Health Savings Account	Voluntary ¹	Employees enrolled in Heritage Plan must opt to set up an HSA	You can change your employee contribution at any time after account is set up.
Retirement Plans: ASRS and PSPRS, CORP, EORP	X	X	Automatic upon eligibility	N/A
457 Deferred Compensation ¹		X	Voluntary	You can enroll or change your contribution anytime
Long Term Disability ASRS- Sedgwick PSPRS/CORP/EORP- The Hartford	Sedgwick and The Hartford	Sedgwick	Automatic upon eligibility	N/A
Employee Assistance Program (EAP)	X		Automatic	N/A
Personal Leave	X		Automatic	N/A
Sick Leave	X		Automatic	N/A
Vacation Leave	X		Automatic	N/A
Holidays	X		Automatic	N/A
Legal Shield ¹		X	Voluntary	Anytime
Aflac ¹		X	Voluntary	Pre-tax plans-only during OE After-tax plans: anytime

*OE- Open Enrollment QE- Qualifying Event

¹You may elect, change or waive enrollment in the following plans at any time during the year; you do not need to wait for Open Enrollment or have a qualifying event: 457 Deferred Compensation, HSA EE contribution, Aflac (after-tax), and Legal Shield.

²You may change or waive Aflac pre-tax plans only during Open Enrollment or a qualifying event. There are no new enrollments in the pre-tax Aflac plans.

More information about your benefits can be found on the intranet at: <http://www.maranaaz.gov/366/Human-Resources>

NOTES

Your healthcare rights are important to the Town of Marana. Notifications regarding these rights are found on the intranet and are available from Human Resources. Please read these notifications and be aware of your rights. If you have any questions, contact Human Resources.

The following notifications are found on the intranet at: <http://www.maranaaz.gov/1381/Compliance-Notifications>

- [HIPAA Privacy Reminder and Special Enrollment Rights](#)
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
- [Prescription Drug Coverage and Medicare](#)
- [Women's Health and Cancer Rights Act \(WHCRA\) Notice](#)

To access the intranet you can use the link above (if viewing this online) or following the navigation below:

- www.maranaaz.gov
- Scroll to the bottom and click on 'Employee Login'
- Enter the username: **intranetuser**
- Enter the password: **employee**
- Click on **Human Resources**
- Click on **Benefits**
- Click on **Compliance Notifications** (in the menu on the left)

The information in this brochure is intended as only a summary of the benefits provided by each carrier/vendor. In the event that a discrepancy exists between the carrier/vendor contracts and plan documents and this brochure, the actual contract/ plan documents shall govern.

NOTES

NOTES

TOWN OF MARANA

HUMAN RESOURCES

Employee Benefits Guide FY 2016