

Important updates
for Pima County 2022/23

Benefits for better living

Employee Benefits & Wellness Guide

www.pima.gov/bewell





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Welcome to the Pima County Employee Benefits and Wellness Program

This guide will help you learn about the benefits, services and programs that may help you enjoy better health, save money and protect your financial security.

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 enrollment, which is to be completed within 31 days of your hire date. You may also use this guide during the Pima County 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 contracts will prevail.

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

Health Care Terms

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

Covered expense: Expenses that would apply to the deductible or be reimbursed according to the terms of your health insurance plan.

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

Eligible expense: Any medical expense that may be reimbursed from a Health Savings Account (HSA) or Flexible Spending Account (FSA), according to IRS regulations. Also called qualified medical expense.

Eligible expenses for non-network radiologists, anesthesiologists, pathologists and emergency care physicians: Services are covered at the network level of deductible and coinsurance, 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 Medicare (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 Medicare.

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

Flexible Spending Account (FSA): An account that lets you use pre-tax dollars to pay for eligible health care expenses for yourself and your eligible dependents. Per IRS regulations, if you are enrolled in the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are not eligible for a General Purpose FSA, but you may qualify for a Limited Purpose FSA.

Health Savings Account (HSA): An account that eligible individuals may establish with a bank, insurance company or other IRS-approved trustee. It's used 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 Benefits Summary Plan Description: A document that outlines and summarizes what is covered by a particular health benefits plan.

Medical claim form: The form used to request payment from your health plan for covered services or supplies. Either you or your provider files the claim.

Medically necessary: This means needed for and appropriate for the diagnosis, care or treatment of the disease or injury involved. Under the health 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: deductible, coinsurance).

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 may be paid if you don't meet prior authorization requirements. Please refer to the **Schedule of Benefits**, which can be found under the benefits page of the BeWell website at www.pima.gov/bewell. Here, you will find 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 (HSA) or Flexible Spending Account (FSA), as determined by the IRS. Also called eligible expense.

Referral: When your primary care provider recommends you see a specialist, you are not required to get a referral for specialty care from in-network providers. However, a specialist's office may still ask you to get a referral from your primary care provider.

Schedule of Benefits: A document that shows what the Aetna health benefits plan covers and how benefits are paid for that coverage.

Important

For a complete list of terms and definitions, please refer to the **Schedule of Benefits** located on the benefits page of the BeWell website at **www.pima.gov/bewell**.

Need more help with your medical questions? Call Aetna Member Services (Concierge) at **1-800-784-3989 (TTY: 711)**.

Tip

A full directory of policies mentioned throughout this guide can be found at **www.pima.gov**. To access, select "Government" in the top navigation. Then, under "Administration" select "County Administrator" then "**Administrative Procedures.**"



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
- A temporary employee

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

Benefits-eligible dependent

A benefits-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 age 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 age twenty-six (26) if he or 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

To verify dependent eligibility, employees may be required to provide **appropriate documentation**, such as:

- Marriage license (recorded)
- Driver’s license (to support joint address)
- Birth certificate
- Affidavit of domestic partnership
- Federal or state tax return (most recent year)
- Utility bill
- Court documents

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 for dependents who are not eligible.

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 may 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 the Aetna network, you will pay more for your care. All qualified medical, dental and vision expenses paid out of your own pocket may be reimbursed through:

- A Health Savings Account (HSA) if you are enrolled in the High Deductible Health Plan (HDHP) with an HSA
- A Flexible Spending Account (FSA) if you are enrolled in the HDHP without an HSA

How do I enroll?

To enroll in any of the Pima County benefits, use the ADP® Portal at <https://online.adp.com/portal/login.html>.

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 they first become eligible for benefits or once a year during an Annual Enrollment period.

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.

Qualifying life event (QLE) — 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 Pima County coverage for themselves or their dependent(s) due to gain or loss of other coverage.

Any qualifying life event that affects coverage must be reported to the Pima County Benefits Department within 31 days of the event. This includes:

- Birth or adoption of a child
- Death of a dependent
- Marriage
- Gain or loss of other coverage
- Divorce or legal separation
- Legal guardianship
- Court order for support of child
- Domestic partnership
- Child attaining age 26
- Dissolution of domestic partnership

See Pima County **Personnel Policy 8-122** for a list and definition of a qualifying life event.

Your Medical Benefits

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

The Pima County **medical and pharmacy** plan offers an HDHP with HSA to help pay for qualified medical expenses (including prescription drugs) and an HDHP without HSA for those not eligible for an HSA. For HSA eligibility requirements, see **IRS publication 969**.

Aetna Group Number: 863646

Aetna Plan Type: Aetna Choice® POS II (Open Access)

Aetna Member ID Number: Use 000 followed by your employee ID number

Aetna Member Services (Concierge): 1-800-784-3989 (TTY: 711)

Aetna Website: www.aetna.com

Medical Biweekly Rates

Level of Coverage	Employee Premiums	County Premiums
Employee Only	\$47.25	\$177.61
Employee + Spouse	\$62.27	\$452.25
Employee + Child(ren)	\$60.92	\$439.36
Employee + Family	\$84.06	\$648.25

Healthy Lifestyle Premium Discounts

Employees may be eligible to receive a discount off of their medical premiums of up to \$35 per pay period. Learn more on page 15 or by visiting the **Healthy Lifestyle Premium Discounts** webpage.

Health plan summary — High Deductible Health Plan (HDHP)

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 contracts pertaining to the various benefits will prevail. For more details, please refer to the Schedule of Benefits, which can be found under the benefits page of the BeWell website at www.pima.gov/bewell. Provisions of the Patient Protection and Affordable Care Act mandates may supersede benefits and out-of-pocket costs.

	In Network	Out of Network
Overall Features		
Deductible (plan year) Individual/Family	\$2,000/\$4,000 ¹	\$4,000/\$8,000 ¹
Out-of-Pocket Maximum ² Individual/Family After Deductible	\$3,000/\$6,000 ²	\$8,000/\$16,000 ²
Maximum Lifetime Benefit	Unlimited	
Benefits Services		
Preventive Care	Plan pays 100%; deductible waived	Not covered
Vision	One refractive eye exam covered at 100% per plan year	Not covered
Physician Office Visit	You pay 10% after deductible	You pay 30% after deductible ³
Specialist Office Visit		
Lab and X-ray		
Specialized Screenings, MRI, MRA, CAT Scan, PET Scan		
Outpatient Surgery		
Inpatient Hospital Services		
Outpatient Rehabilitation Therapy and Chiropractic Services ⁴		
Outpatient Therapeutic Treatments ⁴		
Emergency Services		
Ambulance	You pay 10% after deductible	You pay 10% after deductible ³
Emergency Services	You pay 10% after deductible	You pay 10% after deductible ³
Urgent Care	You pay 10% after deductible	You pay 30% after deductible ³

¹Deductibles do not cross apply.

²Includes deductible. Out-of-pocket maximums do not cross apply.

³You are responsible for paying any difference between the provider's billed charge and the amount Pima County will pay for eligible expenses when services are received out of network.

⁴See your **Summary of Benefits and Coverage** for plan-year visit limits.

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. They offer:

- **A large nationwide provider network** with more than 700,000 primary care physicians and specialists and over 5,700 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 member website:** Visit www.aetna.com to register for your member website, then log in for information and tools that help you understand and use your plan. A Spanish version of the Aetna member website is also available.
- **Aetna Member Services (Concierge):** You can email via the "Contact Us" link on any website page. Or call **1-800-784-3989 (TTY: 711)**, Monday through Friday, 8 AM–6 PM Arizona time.
- **Teladoc®:** Consultations with a Teladoc doctor are always just a call or click away. Visit www.teladoc.com/aetna or call **1-855-TELADOC (1-855-835-2362)**.

Read on to learn more about what is available to you through your health plan and other Pima County benefits.

Aetna member website

The Aetna member website is personalized and packed with health and benefits information. To use all of its features, you will need to register at www.aetna.com. A Spanish version of the website is also available. Once you are registered, you will be able to:

- Review benefits and claims information
- Email Aetna Member Services (Concierge)
- Find network doctors, hospitals and other health care providers
- Manage your health and health care with online tools
- Review your online personal health record (PHR)
- Complete your health assessment
- Find the latest health and wellness information

Group Number: 863646

Plan Type: Aetna Choice POS II (Open Access)

Member ID Number: Use 000 followed by your employee ID number

Member Services (Concierge): 1-800-784-3989 (TTY: 711)

Website: www.aetna.com

Aetna HealthSM app

The Aetna Health app lets you use your smartphone to find in-network providers, view claims, check prescription costs, view your Aetna member ID card, contact Aetna by phone or email, and much more. Download the free Aetna Health app on your smartphone to get started.

Estimate costs

You can search for and compare actual costs for common procedures and treatments. Start by selecting a family member covered by your plan, then choose a medical service. You may access 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 the service.

24-Hour Nurse Line

Call the 24-Hour Nurse Line at **1-800-556-1555 (TTY: 711)**. This service, staffed by trained registered nurses, is available 24/7, 365 days a year. You may call when you have a health concern or question. While the nurses aren't authorized to diagnose or prescribe medication, they can answer questions, help you decide where to seek care and help you take care of a health problem until you get to the doctor.



Teladoc

Talk to a doctor 24/7/365 from anywhere. Teladoc provides access to U.S. board-certified physicians who can help resolve most non-emergency medical issues by phone or online video. The cost is a \$40 copay per consultation.

While Teladoc is not intended to replace your primary care provider, it may be a convenient, affordable option for routine conditions or non-emergency care. You can talk with a doctor who can diagnose, recommend treatment and prescribe medication when appropriate. And the wait time is typically less than 15 minutes. With your consent, Teladoc may also provide a report to your primary care provider about your visit. Call **1-855-TELADOC (1-855-835-2362)** or visit **www.teladoc.com/aetna** to learn more.

Teladoc features:

- 24/7/365 access to doctors
- Accessible by phone, video chat or website
- An option instead of the emergency room or urgent care for a non-emergency issue
- Available on vacation, a business trip or away from home
- May provide short-term prescription refills
- Costs \$40 per consultation

Employee Assistance Program (EAP)

Administered by Aetna, the Employee Assistance Program (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 and family members within their household at no cost. The EAP provides up to 10 free confidential counseling sessions per issue each year. Refer to **Administrative Procedures 23-9: Employee Assistance Program (EAP)** for more details.

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

Get started: For more information, please call **1-888-238-6232 (TTY: 711)** or visit **www.mylifevalues.com**.
Username: **Pima**, password: **County**

Aetna One Choice® care management

Aetna One Choice is a care management solution that offers ongoing nurse support and coaching when you need it most.

Supporting you on your path to better health

Your health — both physical and mental — is everything. Whether you're managing a chronic condition or dealing with other complex health challenges, an Aetna nurse can help. A nurse will work with you to develop an action plan, explain your benefits and answer your health-related questions. And because they are part of a multidisciplinary team, they can guide you to support services and local resources to help you achieve your health goals.

You can also get local support from CVS® HealthHUB™ and MinuteClinic® locations. They're found inside select CVS Pharmacy® and Target stores and offer a wide range of health services for you and your family.

In addition, digital resources include:

- Health assessment
- Health decision-support tools
- Online coaching programs
- Aetna Health Dashboard

Whether through these digital programs or one-to-one nurse support, Aetna One Choice care management is highly personalized. And it's one of the most powerful tools available to support your journey to better health.

Get started: Log in to your Aetna member website at **www.aetna.com** to find a doctor, watch informational health videos, and explore resources like the Cancer Support Center, Maternity Support Center and Joint Pain Support Center.

Access information — whenever, wherever, even on the go! Your member website is fully mobile. Remember, this is your one-stop shop for getting the help you need. And when you download the Aetna Health app, you can access it all from the palm of your hand.

Maternity Program

Your health plan includes the Aetna Maternity Program. It can help you prepare for the exciting changes that pregnancy brings. And it is at no cost to you.

It can help you:

- Make choices for a healthier pregnancy
- Lower your risk for early labor
- Cope with postpartum depression
- Stop smoking
- Lower your health risks

Call **1-800-272-3531 (TTY: 711)** weekdays from 8 AM–7 PM ET, or log in to your member website at **www.aetna.com**.

Cancer Support Center

Whether you're newly diagnosed with cancer, in the midst of treatment or caring for a loved one, Aetna offers support. Your Aetna member website provides education, tips and tools to help you navigate your experience. Check back often. The Cancer Support Center is regularly updated with new information and resources to support you. They also have a special team of cancer support specialists to provide guidance and answer your questions. If you'd like to talk to a specialist, you can request a call from someone on the team.

For more information, log in to your member website at **www.aetna.com**, then scroll down to "Member Resources" and select "Cancer Support Center."

Aetna discount programs

As an Aetna member, you may 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, visit **www.aetna.com**. On your home page, under the "Health & Wellness" section, click "Browse Discounts."



Your Pharmacy Benefit

Your prescription benefits are administered by CVS Caremark®. They can help you get the medications you need, when you need them, whether it is once a month or once a year.

Your plan is based on a combined deductible for medical and prescription claims. This is the total amount you must pay out of pocket before medical and prescription benefits are paid. Your annual deductible is \$2,000 for an individual or \$4,000 for a family in network.

The information below is a brief summary of your prescription benefits, intended to answer your frequently asked questions about the CVS Caremark prescription benefits program.

CVS Caremark: 1-888-202-1654 (TTY: 711)
CVS Specialty® Pharmacy: 1-800-237-2767 (TTY: 711)
CVS Website: www.caremark.com

	CVS Caremark Pharmacy Network (Up to a 30-day supply)	CVS Caremark® Mail Service Pharmacy or a CVS Pharmacy (Up to a 90-day supply)
Generic Medications — Always ask your doctor if there's a generic option available. It could save you money.	10% for medication (after deductible)	10% for medication (after deductible)
Preferred Brand-Name Medications — If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.		
Non-Preferred Brand-Name Medications — Drugs that aren't on your plan's preferred list will cost more.		
Annual Deductible (combined with medical)	\$2,000 for individual coverage/\$4,000 for family coverage	
Out-of-Pocket Maximum (combined with medical)	\$3,000 for individual coverage/\$6,000 for family coverage	
Preventive Drug List	Your plan comes with a Preventive Drug List. Medications on this list are covered at 100%. You can access your Preventive Drug List at www.caremark.com .	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than the doctor or other prescriber indicating "dispense as written," you will pay the difference between the brand-name medication and the generic, plus the brand-name medication cost share.

Managing your prescriptions

You have two ways to fill a prescription with the High Deductible Health Plan (HDHP):

Visit a participating retail pharmacy for up to a 30-day supply of medication. A 90-day supply of medication may also be obtained at any CVS Pharmacy. Visit www.caremark.com to find retail pharmacies in your area.

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

To get started with mail-order delivery service, visit www.caremark.com. You can create an account with CVS Caremark by clicking "Register" at the top of the home page. Questions? Call **1-888-202-1654 (TTY: 711)**.

Paying for your prescription

If you are enrolled in the HDHP with a Health Savings Account (HSA), you may use your HSA funds to pay for the cost of the medication. If you do not have an HSA, you will have to pay for the medication out of pocket. Certain medications may be covered at 100%. Please refer to the Preventive Drug List available at www.caremark.com.

Use Maintenance Choice® to fill your long-term medications

Maintenance Choice offers you choice and savings when it comes to filling long-term prescriptions. You have two ways to save:

CVS Caremark Mail Service Pharmacy

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk with a pharmacist by phone

Any in-network retail pharmacy

- Pick up your medications at your convenience
- Enjoy same-day prescription availability
- Talk with a pharmacist in person

Plus, you can easily order refills and manage your prescriptions anytime at **1-888-202-1654 (TTY: 711)** or by visiting www.caremark.com.

Health Savings Account (HSA)

A **Health Savings Account (HSA)** can be used to set aside pre-tax money to pay for qualified medical expenses.

The IRS determines which expenses may be paid from an HSA. For a list of qualified medical expenses, see **IRS Publication 502**. Visit www.irs.gov and click "Forms & Instructions" or call **1-800-829-3676**.

Who is eligible?

You are eligible to open an HSA if you:

- Are enrolled in a qualified high deductible health plan
- Don't have other medical coverage (certain exceptions apply)
- Are not enrolled in any part of Medicare, TRICARE® or Indian Health Service
- Are not claimed as a dependent on someone else's tax return
- Are not receiving Veterans Affairs (VA) benefits for non-service-related treatments — both currently and within the past three months
- Are not enrolled in a General Purpose Flexible Spending Account (FSA) or a dependent of someone who is enrolled

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
- Withdrawals for qualified expenses are free from income tax

Contributions: You may elect to have a pre-tax contribution amount deducted from your paycheck. Pima County will fund an HSA biweekly amount regardless of your contribution, depending upon your level of coverage at the time of funding.

Level of Coverage	Maximum Contribution	Pima County Biweekly Contributions
Individual Coverage	\$3,650	\$38.46
Family Coverage	\$7,300	\$76.92
55+ Years Catch-up	Additional \$1,000	N/A

County Prorated 2022/23 HSA Biweekly Rates

Level of Coverage	County Portion
Employee Only	\$38.46
Employee + Spouse	\$76.92
Employee + Child(ren)	\$76.92
Employee + Family	\$76.92

HSA funds may not be used to pay for a domestic partner's qualified medical expenses. Per **IRS Publication 969**, a domestic partner is not considered a spouse for federal tax purposes, and the coverage is taxed accordingly.

Ownership: The funds in an HSA, including the Pima County contributions, are yours and can roll over from year to year. If you leave employment, you will keep the funds and still be able to spend them on qualified expenses.

Payments: You may use your HSA debit card to help pay for qualified expenses. Or you can pay out of your own pocket and reimburse yourself through your HSA.

Growing your account: You may also grow your account for the future. Balances carry over year to year and earn interest. When your account balance reaches \$1,000, you will have an option to invest your funds. For more information, visit <https://myaccounts.hsabank.com/login>.

To learn more about HSAs, call HSA Bank® at **1-800-357-6246** or visit www.pima.gov/bewell.



Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) can be used to set aside pre-tax money to pay for qualified expenses, such as:

- Deductibles, coinsurance and copays
- Prescription medications
- Dental expenses
- Vision care
- Dependent care
- Parking

The IRS determines which expenses may be paid from an FSA.

For a list of qualified expenses, see **IRS Publication 969**.

Visit **www.irs.gov** and click "Forms & Instructions" or call

1-800-829-3676.

General Purpose FSA

The General Purpose FSA allows you to:

- Be reimbursed for eligible medical, dental and vision care expenses incurred during the calendar year (January–December)
- Contribute up to a maximum of \$2,850 to your FSA in 2022
- Carry over up to \$570 remaining in your account from one calendar year to the next when you re-enroll during fall Annual Enrollment

Per IRS regulations, if you are enrolled in the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are not eligible for this benefit but may qualify for a Limited Purpose FSA.

Limited Purpose FSA

The Limited Purpose FSA is for those employees who are enrolled in the HDHP with an HSA and are not eligible for the General Purpose FSA. This account allows you to:

- Only be reimbursed for dental and vision care expenses incurred during the calendar year (January–December)
- Contribute up to a maximum of \$2,850 to your FSA in 2022
- Carry over up to \$570 remaining in your account from one calendar year to the next when you re-enroll during fall Annual Enrollment

Note: FSA funds may not be used to pay for a domestic partner's health care expenses. Per **IRS Publication 969**, a domestic partner is not considered a spouse for federal tax purposes.

Dependent Care FSA

With a Dependent Care FSA, you use pre-tax dollars to pay for qualified out-of-pocket dependent care expenses, such as:

- Preschool
- Summer day camp
- Before- or after-school programs
- Child or adult daycare

You can contribute up to \$5,000 to your Dependent Care FSA each calendar year. The money you contribute to a Dependent Care FSA is not subject to payroll taxes, so you end up paying less in taxes and taking home more of your paycheck. **However, you may not roll over any remaining funds at the end of the calendar year.**

Pre-Tax Parking Reimbursement

With Pre-Tax Parking Reimbursement, you may:

- Contribute up to \$280 in pre-tax dollars per month
- Enroll, change or cancel the deductions at any time by visiting the ADP Portal at **<https://online.adp.com/portal/login.html>**

You are not eligible for this benefit if you have signed up for a parking garage through payroll deduction.



Being a Smart Health Care Consumer

Your primary care provider (PCP)

You are not required to select a primary care provider (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.

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, the Aetna network is national. This means you and your covered family members may receive care outside of Arizona and still take advantage of in-network benefits.

Use the provider search tool to find in-network providers near you

The provider search tool is the Aetna online provider directory. To access, visit www.aetna.com and click “Find Care & Pricing” to find all doctors, hospitals and other providers near you. You can also see if a specific doctor is in the network or accepting new patients.

The Aetna member website also lists hospitals. 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 (Concierge) at **1-800-784-3989 (TTY: 711)**. A representative can tell you whether or not a doctor, facility or other provider belongs to the Aetna network.

When you use out-of-network providers

Under your health 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 reasonable and customary 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 in-network deductible or the plan’s out-of-pocket maximum.

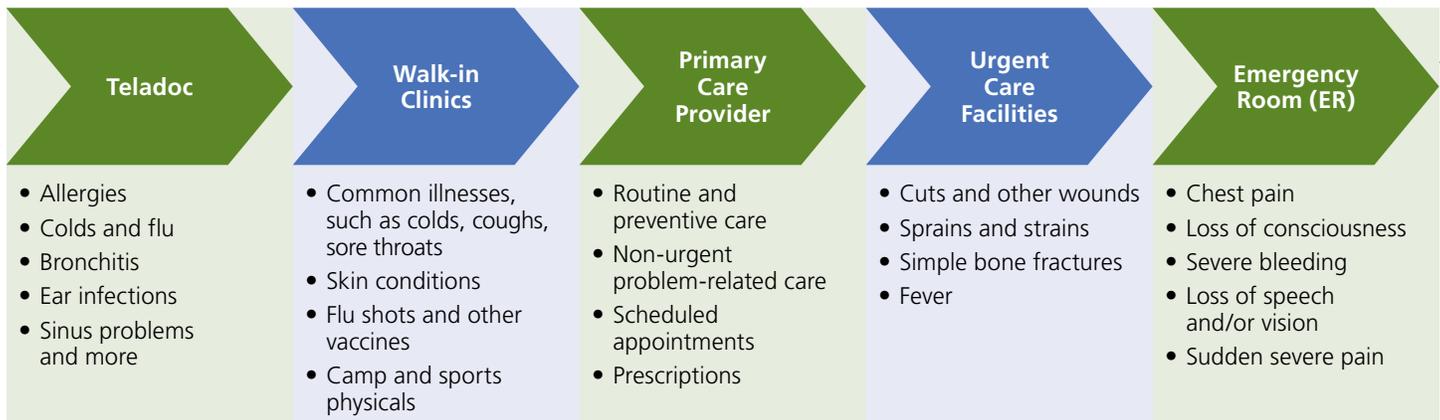
Looking for independent, objective information when you choose a doctor or specialist?

Aexcel® is a designation for specialists within the Aetna network who have met certain clinical and cost-efficiency standards. These specialists are identified in the Aetna online provider directory. Specialists who belong to the Aexcel network have shown that they may 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.



Know your options for medical care

You may not always be able to see your primary care provider (PCP) for care. When it's not a life-threatening emergency, there are other options for the care you need. Use the chart below to know where to go — and when. Before you go, please check with the providers to confirm hours, location, and whether or not they are in the Aetna network.



Not sure where to go?

Call the 24-Hour Nurse Line at **1-800-556-1555 (TTY: 711)**. A nurse will listen to your concerns and help you find the right care.

Good to know

- Your PCP knows your health history, can access your medical records and may refer you to specialists.
- A Teladoc doctor is always just a call or click away. Visit www.teladoc.com/aetna or call **1-855-TELADOC (1-855-835-2362)** for a consultation.
- Many pharmacy chains now have walk-in clinics staffed by nurses and physician assistants.
- 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, or enter the information into your smartphone.
- 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, a walk-in clinic or urgent care center.



Wellness Program and Services from Pima County

The Pima County Employee Wellness Program provides quality programs and activities to encourage and support healthy, active lifestyles. It emphasizes the importance of education, awareness, self-care and behavioral change programs to enhance overall well-being.

Visit www.pima.gov/bewell to learn about all the programs, discounts and services available to you.

Healthy Lifestyle Premium Discounts

The Healthy Lifestyle Premium Discounts program provides tools and services to help you develop and sustain healthy behaviors to improve your quality of life. And Employee Wellness rewards you for making healthy choices, like being tobacco free, participating in healthy lifestyle programs, events and activities, or completing preventive exams/screenings. And Employees are even allowed eight BeWell hours of paid work time per fiscal year to attend these activities. Refer to **Administrative Procedures 23-30: Employee Benefits and Wellness Program "BeWell"** for more information.

Discount #1 — Be Tobacco Free (\$20 per pay period)

To be eligible for Discount #1, you need to have been tobacco free for at least the past three months. Tobacco use includes cigars, cigarettes, chewing tobacco, pipe tobacco, electronic cigarettes or any other tobacco product. Certify tobacco free once per year during fall Annual Enrollment.

Discount #2 — Earn Healthy Lifestyle Activity Points* (up to \$15 per pay period)

To be eligible for Discount #2, you need to earn points by participating in a variety of wellness programs, preventive exams/screenings or wellness events throughout the year.

There are three levels of points to help you earn your discount. Each category is worth \$5 off your biweekly medical premiums, for a total value of up to \$15 per pay period.

*Point limits vary by category.

Level 1 – \$5 total per pay period

Level 2 – \$10 total per pay period

Level 3 – \$15 total per pay period

Visit www.pima.gov/bewell to see the menu of wellness program options, as well as information on reporting periods.

Diabetes and weight management with Virta Health

Virta Health offers a medically supervised, research-backed treatment to reverse type 2 diabetes, prediabetes and obesity without calorie counting, surgery or more medication. This benefit is available free of charge to those members and their covered dependents who qualify.

With Virta's personalized treatment plan, each patient gets medical supervision from a physician-led care team, a one-on-one health coach, diabetes testing supplies, educational tools like videos and recipes, and a private online support community. Virta provides 24/7 monitoring and care — there are no waiting rooms and no lines. And with an easy-to-use mobile and desktop app, Virta can be done from anywhere.

Get started on a life free from diabetes today at www.virtahealth.com/join/pimacounty.



Your Dental Benefits

Summary of dental benefits

Pima County offers two dental plan options:

- A Dental Health Maintenance Organization (DHMO) — administered by **United Concordia Dental/Solstice**, www.solsticebenefits.com
- Pima County Dental — administered by **Delta Dental® of Arizona**, www.deltadentalaz.com

The DHMO plan

With the DHMO plan, you can visit any network general dentist and receive discounted costs on over 500 dental procedures.

For plan year 2022/23, Pima County offers employees the United Concordia Dental/Solstice 550B DHMO plan. Under this plan, you and your family can take advantage of the following benefits:

- No waiting periods
- No deductibles or annual maximums
- No claim forms to submit
- No charge for most diagnostic and preventive services
- Covered cosmetic, orthodontic and implant procedures

Open-access network

Another advantage of the 550B DHMO plan is its open-access network. With this plan, you will not be “assigned” a primary dentist! See any network dentist anytime, anywhere. You have complete freedom to access care from any general dentist in the nationwide DHMO network, with over 46,000 locations.

United Concordia Dental/Solstice DHMO:

Group #95016

Address: **P.O. Box 19199, Plantation, FL 33318**

Customer Service: **1-877-760-2247**

Email: www.solsticebenefits.com/contact-us

Website: www.solsticebenefits.com

Provider Search: www.solsticebenefits.com/provider-search.aspx



Member perks

With the United Concordia Dental/Solstice plan, you can also enjoy access to a suite of wellness programs throughout the year at no additional cost.

They include:

- **Prenatal care and oral cancer screenings:** Get prenatal dental care and oral cancer screenings for a small copay.
- **Prescription Drug Discount Program:** Save on prescriptions at a network of over 65,000 participating local retail pharmacies, mail-service pharmacies for home delivery of long-term medicines not covered by insurance, and even on certain pet medications!
- **Hearing Aid Discount Program:** Enjoy savings of up to 40 percent on hearing aid retail prices, plus get a complimentary hearing screening and exam for \$29. Choose from top hearing aid brands and multiple technology levels and styles.

Member portal

Use the member portal to easily access all your dental and wellness information and manage your dental care.

- Locate network general dentists and specialists.
- Review claims history and current status of claims processing.
- Request ID cards and print temporary ID cards.
- Review plan information.
- Update demographic information, view the latest Oral Health News/Blog and more.

The Delta Dental plan

Delta Dental of Arizona is an indemnity plan with two network options: the Preferred Provider Organization (PPO) and Premier. Both allow members to save money when using services.

- **PPO dentist:** These in-network dentists agree to accept lower reimbursement for services, so members save the most money.
- **Premier dentist:** These in-network dentists also accept lower reimbursement for services, but their discount is not as deep.

Out-of-network dentists have not agreed to discount their rates for services, so members who see an out-of-network dentist will have the highest out-of-pocket costs. Members are responsible for paying the full fee charged by the dentist (with the rate of reimbursement at the 90th percentile of the Usual and Customary Rate (UCR)).

Find a dentist near you

It pays to use Delta Dental network dentists — especially those in the PPO network. Visit www.deltadentalaz.com to find participating dentists in your area. You can also download the free Delta Dental app to find dentists and estimate the cost of common dental treatments using the Dental Care Cost Estimator tool.

Delta Dental of Arizona: **Group #32401**

Address: **P.O. Box 43000, Phoenix, AZ
85080-3000**

Customer Service: **1-800-352-6132**

Email: **customerservice@deltadentalaz.com**

Website: **www.deltadentalaz.com**



Dental benefits comparison

Review the following chart for highlights of the two dental plan options. More information is also available on the Pima County BeWell website at www.pima.gov/bewell. This summary is not intended to be a complete benefits description.

	Delta Dental of Arizona			United Concordia Dental/Solstice — DHMO
Plan Type	An indemnity plan with two network options: Preferred Provider Organization (PPO) and Premier.			A DHMO or dental health maintenance organization that has no deductible or maximum benefit limit. You must select from a list of contracted dentists.
Benefits Coverage	PPO¹	Premier²	Out of Network³	Refer to provider directory at www.solsticebenefits.com
	Refer to provider directory at www.deltadentalaz.com			
Individual/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150	No Deductibles
Annual Maximum Benefit	\$2,000	\$2,000	\$2,000	No Limit
Rate of Reimbursement	PPO fee	Premier R&C	90th Percentile	Copays
Is Patient Responsible for Dentist's Total Billed Charges?	No	No	Yes	No
Orthodontics				
Orthodontia	50%	50%	50%	Limited orthodontic treatments for children/adults: \$1,000/\$1,350 Comprehensive orthodontic treatments for children/adults: \$3,500/\$3,750
Orthodontia Benefit Max	Adult & child unlimited max	Adult & child unlimited max	Adult & child unlimited max	
Preventive Services				
Routine Exam (2 per calendar year)	100%	80%	80%	No Charge
Routine Cleaning (adult/child)	100%	80%	80%	No Charge
X-rays	100%	80%	80%	No Charge for Routine X-rays
Fluoride Treatment	100%	80%	80%	No Charge
Sealant	100%	80%	80%	No Charge
Basic Services				
Fillings	80% ⁴	80% ⁴	80% ⁴	Silver Fillings — No Charge White Fillings — Various Copays
Root Canal, Molar (endodontics)	80% ⁴	80% ⁴	80% ⁴	Molar Tooth — \$225
Periodontics (gum disease)	80% ⁴	80% ⁴	80% ⁴	Various Copays
Major Services				
Crown	50% ⁴	50% ⁴	50% ⁴	\$240 + Lab
Complete Upper or Lower Denture	50% ⁴	50% ⁴	50% ⁴	\$260 + Lab
Partial Denture (resin)	50% ⁴	50% ⁴	50% ⁴	\$260 + Lab
Denture Adjustments	50% ⁴	50% ⁴	50% ⁴	\$10
Implants	50% ⁴	50% ⁴	50% ⁴	\$1,000
¹ In-network dentists with lowest out-of-pocket costs			³ Highest out-of-pocket costs	
² In-network dentists with low out-of-pocket costs			⁴ Deductible applies to these services	

Dental Biweekly Rates

Level of Coverage	Delta Dental of Arizona		United Concordia Dental/Solstice — DHMO	
	Employee	County	Employee	County
Employee Only	\$9.84	\$9.84	\$1.84	\$1.84
Employee + Spouse	\$16.59	\$16.59	\$3.89	\$3.89
Employee + Child(ren)	\$15.65	\$15.65	\$5.40	\$5.40
Employee + Family	\$22.37	\$22.37	\$5.84	\$5.84

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

Your Vision Benefits

The Davis Vision® plan gives you and your covered family members the care, value and service you need to help maintain good vision and overall health. It offers in-network and out-of-network benefits for eye exams and corrective eyewear. The Davis Collection provides a selection of name-brand designer frames and contact lenses covered in full after the copay.

Davis Vision: Group #505290
Phone: 1-800-999-5431
Website: www.davisvision.com
Client Code: 7346

In-network benefits:

- Vision exam — \$10 copay
- Materials — \$10 copay
- Members receive an allowance of up to \$130 for materials, fitting and follow-up exam
- Contact lenses — in lieu of glasses

How to locate a network provider

Visit www.davisvision.com (client code: 7346) and click “Find an Eye Care Professional.”

Vision Biweekly Rates

Level of Coverage	Employee Portion
Employee Only	\$2.81
Employee + Spouse	\$4.46
Employee + Child(ren)	\$5.36
Employee + Family	\$5.97

Mobile app

Download the free Davis Vision app for on-the-go convenience.

- Find an eye care provider based on your current location.
- Quickly check your current or future eligibility status and review your benefits.
- Order glasses from an independent provider.
- View your member ID card.
- Review your current claims and history.
- Utilize online tools, including the frame try-on tool, vision reference library and more.



Life Insurance Benefits

Pima County life insurance is provided through Securian Financial. Refer to **Administrative Procedures 23-22: Health and Life Insurance Enrollment Process** for more information.

Term Life insurance may protect your family’s financial future from the unexpected loss of your life and income during your working years. Life insurance proceeds may be an important tool in helping your family afford final expenses, such as funeral and medical bills, as well as day-to-day financial obligations. Term Life insurance provides death benefit protection for as long as you are a benefits-eligible employee of Pima County.

Accidental Death and Dismemberment (AD&D) insurance provides additional financial protection if an insured’s death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

Basic Term Life insurance coverage

Pima County provides \$50,000 of Basic Term Life insurance and Accidental Death and Dismemberment (AD&D) insurance for all benefits-eligible employees at no cost to the employee.

Supplemental Life insurance

An employee who is covered by the Pima County Basic Term Life policy also has an option to purchase additional life insurance coverage. Supplemental Life insurance is available for benefits-eligible employees for up to eight times the employee’s salary, not to exceed \$1,000,000.

If you do not elect additional life insurance in your first 31 days of employment, or if you would like to increase your level of coverage, you need to complete an Evidence of Insurability (EOI) form. An EOI is a medical history statement that is required for any increase in insurance coverage.

You can find out what your premiums will cost by contacting your Departmental Benefits Representative (DBR) or visiting the Pima County BeWell website at www.pima.gov/bewell.

Employee Supplemental Life	
Age	Monthly Rates per \$1,000
Under 25	\$0.057
25-29	\$0.067
30-34	\$0.084
35-39	\$0.092
40-44	\$0.105
45-49	\$0.158
50-54	\$0.246
55-59	\$0.448
60-64	\$0.694
65-69	\$1.326
70 and over	\$2.502

Voluntary AD&D insurance coverage

Benefits-eligible employees may elect additional AD&D insurance coverage, up to eight times their annual salary, not to exceed \$1,000,000. AD&D coverage may also be elected for employees’ eligible family members. You must be enrolled in Supplemental Life insurance before becoming eligible for this benefit.

Premiums are based on your salary and level of coverage.

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

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

Spouse Life insurance coverage

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

Amount	Biweekly Rates
\$10,000	\$1.15
\$25,000	\$2.88
\$50,000	\$5.77
\$100,000	\$11.54

Child Life insurance coverage

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.

Important Note: If a spouse or child is eligible for employee coverage, he or she cannot be covered as a dependent. In addition, only one employee may cover a dependent child.

Beneficiaries — adding and updating

It is important to elect beneficiaries and make sure they are up to date on all of your Pima County benefits. You may update your beneficiaries at any time during the year. Here are a few reasons you should have beneficiaries:

- It eliminates confusion and saves time. By having a current beneficiary on all your accounts, you leave no doubt as to what you wish to be done with your hard-earned money or insurance proceeds. If you die and have not named beneficiaries, this will delay the transfer of funds. If there are final expenses to be taken care of, the impact could be significant.
- It helps ensure the financial wellness of your loved ones. This is particularly important when it comes to life insurance, where the main purpose is to provide money for a particular purpose, such as to help cover funeral expenses or to replace income. Please keep in mind that the life insurance company will not pay to a beneficiary before they reach age 18. Any amount payable to a minor will be paid to the minor’s legal guardian. Consider establishing a trust or making specific arrangements for minor beneficiaries.

Retirement Plans

Retirement benefits

Retirement plan participation is mandatory for all eligible employees covered by one of the Arizona state retirement plans.

Arizona State Retirement System (ASRS)

Participation in this plan is mandatory for eligible employees who work 40 or more hours per pay period. Retirement benefits are based on years of service and age at the time of retirement.

Employee contribution rates are mandated by the State of Arizona.

ASRS website: www.azasrs.gov

Phone: 520-239-3100

Public Safety Personnel Retirement System (PSPRS)

PSPRS administers the retirement plans for:

- Public Safety Personnel — Commissioned Officers
- Corrections Officers Retirement Plan
- Elected Officials Retirement Plan

Employee contribution rates are mandated by the State of Arizona. For contribution rates, please contact PSPRS.

PSPRS website: www.psprs.com

Phone: 1-877-925-5575

Deferred Compensation Plan — 457(b)

The Pima County Deferred Compensation Plan is offered by Nationwide® under the Arizona State Retirement System (ASRS) Supplemental Salary Deferral Plan (SSDP). This plan allows you to contribute a portion of your salary to supplement retirement savings on a pre- or post-tax basis.

Section 457(b) deferred compensation plans are designed to help you supplement your retirement income. The County does not match funds or make any contributions.

Refer to **Administrative Procedures 23-10: Deferred Compensation Program**, or contact Klark Krauter for more information at:

Email: krautek@nationwide.com

Phone: 520-262-0348

Fax: 1-888-677-6030

Nationwide Direct Access Phone: 1-888-401-5272

Website: www.azsrsp.com

Calendar-Year Minimum	2022 Annual Maximum* (under age 50**)	2022 Annual Maximum* (age 50** and over)
\$0	\$20,500	\$27,000

*The annual maximum is the combination of the pre- and post-tax elections.

**Age is calculated as of the last day of the calendar year.

Leave Benefits

Pima County employees are provided sick time, vacation time, 10 paid holidays and other opportunities to take time away from work when necessary. Refer to **Administrative Procedures 23-38: Leave Administration** for more information.

County-paid benefits

Holidays

Pima County observes 10 holidays.

Sick leave

Sick leave is available to eligible employees. Refer to the Pima County **Personnel Policy 8-106**.

Civic duty leave

This is not deducted from an employee's leave bank.

Annual leave

An eligible employee receiving pay for 40 or more hours per pay period will accrue annual leave as described in the Pima County **Personnel Policy 8-105**.

Bereavement leave

Bereavement leave is not deducted from an employee's leave bank. This leave is to be used for the death of an immediate family member — up to three days if in Arizona, or up to five days if "out of state" is granted.

Family medical leave

The Family and Medical Leave Act (FMLA) is a federal law that allows eligible employees to take a maximum of 12 weeks of leave for qualifying conditions, or 26 weeks to care for a covered service member. Refer to **Administrative Procedures 23-37: Family and Medical Leave Act (FMLA) Leave** for more information.

Parental leave

Employees who are benefits eligible and have been employed with the County for at least 12 months are eligible for up to 12 continuous weeks of 100 percent paid parental leave within the first 12 weeks after the birth or adoption of a child. The benefit will be paid at 100 percent of the employee's regular pay rate in effect at the time the leave begins.

Workers' compensation

Workers' compensation and occupational disease benefits are available for employees. They cover accidental injury, disability, disease or death that occurs as a result of employment and is job related.

Short-term disability

Employer-paid short-term disability through Lincoln Financial Group®

Short-term disability covers a portion of your income when you are recovering from an illness or injury. The short-term disability benefit provides 66.67 percent of your weekly salary up to a maximum of \$1,500 per week. There is a 14-calendar-day elimination period (unpaid) from the date last worked. You must use your leave accruals during this waiting period. You may, but are not required to, use your accruals to supplement the remaining 33.33 percent of your salary. You may receive paid benefits for up to 24 weeks after the elimination period.

Eligibility criteria

Any employee who:

- Is benefits eligible (works 20 or more hours per week)
- Is working in a current benefits-eligible position for 90 days
- Is unable to work due to their own illness, pregnancy or injury
- Is under the care of a licensed physician
- Is unable to perform their job duties
- Has satisfied a 14-calendar-day elimination period

Employees will request this benefit from Human Resources along with any Family and Medical Leave Act (FMLA) leave. Please refer to **Administrative Procedures 23-24: Short-Term Disability Benefit** for complete process details.

Long-term disability

Long-term disability is available through participation in the Arizona State Retirement System (ASRS). This benefit pays an employee when he or she is off of work due to illness or injury for more than six months. It pays up to 66.67 percent of an employee's base pay. Employee and employer contribution rates are mandated by the State of Arizona. Please refer to **Administrative Procedures 23-8: Long Term Disability (LTD) Program** for complete process details.

Voluntary health benefits through Securian Financial

There are three types of employee-paid voluntary benefits available to Pima County employees:

- **Accident insurance** provides a lump-sum cash payment if a member suffers an injury due to an accident covered under the policy.
- **Critical illness** insurance provides a lump-sum cash payment if a member is diagnosed with an eligible condition.
- **Hospital indemnity** insurance provides a predetermined daily benefit during a member's hospital stay.

Premiums may vary depending on your age, level of coverage and tobacco use status. Contact Securian Financial at **1-855-750-1906**, Monday through Friday, 7 AM–6PM.

Learn more by visiting www.securian.com/products-services/employers/group-insurance/group-insurance-products.html.

Additional Benefits

Prepaid legal and financial planning services

Administered by ARAG legal insurance, this benefit is optional and provides paid-in-full legal and financial planning services for employees and their families.

ARAG rates per pay period

Level of Coverage	Employee Portion
Employee Only	\$7.34
Family	\$9.68

Tuition discounts

- 10%+ tuition discounts on select programs
- In-person and online opportunities
- Bachelor, master's and doctorate degrees available

Employee loans

Kashable offers low-cost loans via online application, with instant decision and funds deposited directly to your bank account within three business days of approval. These personal loans can be used for any purpose. And they're a great resource for those looking to tackle high-interest debt or unexpected expenses during financial hardships. Learn more at www.kashable.com/loans.

- Loan amounts up to \$10,000
- Interest rates starting as low as 6% APR
- 6- to 24-month repayment terms
- Repayment through payroll deduction

Recreational discounts

Visit 150 W. Congress, 4th floor to purchase discount tickets to theme parks and local area entertainment venues. A picture ID card is required to purchase tickets. Cash, Visa or Mastercard accepted.

Subsidized bus programs

Only permanent regular employees appointed to full-time, part-time or variable-time status may participate in the program.

Eligible employees can obtain a SunGO Bus Pass through the Human Resources Department and are entitled to one 50-percent-off subsidy offset per month.

Frequently Asked Questions

Questions about your doctor? We encourage you and your family members to establish a relationship with a primary care provider (PCP) for routine care, although you are not required to select one. 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 find a new PCP, or services provided will be subject to out-of-network deductibles and coinsurance. 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 (Concierge) at **1-800-784-3989 (TTY: 711)**.

How do I review the Aetna provider directory? Log in to your member website at **www.aetna.com**. Click “Find Care & Pricing” 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 health problems. Examples include, but are not limited to, cuts, sprains, respiratory infections and urinary tract infections.

What if I leave Pima County employment? The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and your family to continue your medical, dental and/or vision coverages after you leave your current employer, provided you meet certain qualifications. This extension is for a limited amount of time, and you must assume payment of all premiums.

How do I contact Aetna Member Services (Concierge)? Call **1-800-784-3989 (TTY: 711)**. This dedicated customer service line is available to help with questions about your medical benefits, network providers, and claims and claims payments. Translation services are available upon request.

You may also email Aetna Member Services (Concierge) with your questions and requests. Log in at **www.aetna.com** and select “Help.”

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 health care providers. You have access to preferred (in-network) providers that are contracted with Aetna and provide services at discounted rates. You also have the option to see non-contracted (out-of-network) providers; however, your costs will be higher. You do not need to select a primary care provider. Members pay a deductible before benefits are payable under this plan. There is a deductible for contracted providers and a separate deductible for non-contracted providers. There are no copays with the HDHP.

Members pay the full cost for services (at a discounted rate if in network) until the deductible is met. Note that 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 is met, you will pay a fixed percentage (coinsurance) of covered expenses. The deductible and coinsurance count toward your out-of-pocket maximum. Pima County employees may choose an HDHP with or without a Health Savings Account (HSA).

General medical coverage questions

What will my costs be if I receive services in network?

The in-network allowed amount is based on the contracted rate between the health providers and Aetna. You will not be billed for the difference between the billed charges and the contracted rate.

What will my costs be if I receive services out of network?

If you choose to go outside the network, you 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 section summarizes how the Aetna out-of-network reimbursement methodology will affect you when you use a physician or facility that is not participating in the Aetna network.



Reimbursements for covered health services received from out-of-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 an out-of-network physician or facility. This will NOT apply in the following situations:

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

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

In summary, your total responsibility for out-of-network services includes the deductible, coinsurance, and the difference between the billed charges and the allowed amount. In-network and out-of-network deductibles do not cross apply.

With the HDHP, how is payment made? Providers will usually ask HDHP members 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 may tell the member that they will bill Aetna and send the member a bill for the additional amount due.

You can also find information on your deductible and out-of-pocket maximum at www.aetna.com or by calling Aetna Member Services (Concierge) at **1-800-784-3989 (TTY: 711)**.

How do I know if my physician or service facility is in the network? Visit www.aetna.com or call Aetna Member Services (Concierge) at **1-800-784-3989 (TTY: 711)**. Search for doctors in the Aetna network to find one who has the experience, credentials and services to meet your needs.

Can I receive services out of the service area? The Aetna network for the High Deductible Health Plan (HDHP) is a national network with access to providers, hospitals and pharmacies. Therefore, you may be outside 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. However, most of the hospitals in the Tucson area are in the Aetna network. If you choose a hospital that does not have a contract with Aetna, your out-of-pocket expenses will increase.

Currently, the Aetna 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 is 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 is to maximize coverage for allowable expenses, minimize out-of-pocket costs and prevent any payment duplication.



Contact Information

Benefit	Carrier	Contact Information
Benefits and Wellness	Employee Benefits and Wellness	Benefits Phone: 520-724-8464 Benefits Email: hrbenefits@pima.gov Wellness Phone: 520-724-2792 Wellness Email: wellness@pima.gov BeWell Website: www.pima.gov/bewell
Medical	Aetna	Phone: 1-800-784-3989 (TTY: 711) 24-Hour Nurse Line: 1-800-556-1555 (TTY: 711) Website: www.aetna.com
Pharmacy	CVS Caremark	Phone: 1-888-202-1654 (TTY: 711) Specialty Phone: 1-800-237-2767 (TTY: 711) Website: www.caremark.com
EAP	Aetna Resources For Living SM	Phone: 1-888-238-6232 (TTY: 711) Website: www.mylifevalues.com Username: Pima Password: County
Teladoc	Teladoc	Phone: 1-855-835-2362 Website: www.teladoc.com/aetna
Health Savings Account	HSA Bank	Email: askus@hsabank.com Phone: 1-800-357-6246 Website: https://myaccounts.hsabank.com/login
Flexible Spending Account	Application Software, Inc. (ASI)	Email: asi@asiflex.com Phone: 1-800-659-3035 Website: www.asiflex.com
COBRA	Application Software, Inc. (ASI)	Email: cobra@asicobra.com Phone: 1-877-388-8331 Website: www.asicobra.com
Dental (Pima County Dental)	Delta Dental of Arizona	Email: customerservice@deltadentalaz.com Phone: 1-800-352-6132 Website: www.deltadentalaz.com
Dental (DHMO)	United Concordia (Solstice)	Phone: 1-877-760-2247 Website: www.solsticebenefits.com
Vision	Davis Vision	Phone: 1-800-999-5431 Website: www.davisvision.com Client Code: 7346
Prepaid Legal	ARAG — Ultimate Advisor	Phone: 1-800-247-4184 Website: www.araglegalcenter.com Access Code: 10225pc
Life Insurance	Securian Financial	Phone: 1-866-365-2374 Website: www.securian.com
Short-Term Disability	Lincoln Financial	HR Leave Administration Phone: 520-724-8076
Voluntary Benefits	Securian Financial	Email: lifebenefits@securian.com Phone: 1-855-750-1906 Website: www.securian.com
Retirement	Arizona State Retirement System (ASRS)	Phone: 520-239-3100 Website: www.azasrs.gov
Retirement (CORP, EORP & PSPRS)	Public Safety Personnel Retirement System (PSPRS)	Phone: 1-877-925-5575 Website: www.psprs.com
Deferred Compensation — 457(b)	Nationwide	Contact: Klark Krauter Email: krautek@nationwide.com Phone: 520-262-0348 Fax: 1-888-677-6030 Nationwide Direct Access Phone: 1-888-401-5272 Website: www.azsrsp.com
Loan Program	Kashable	Email: support@kashable.com Phone: 646-663-4353 Website: www.kashable.com/loans

About Aetna

Aetna is one of the nation's leading diversified health care benefits companies, serving approximately 39 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. Their 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.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of 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 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. 24-Hour Nurse 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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