

MESSAGE TO EMPLOYEES

Dear Navajo County Employee:

Sixteen months ago Navajo County migrated to a self-insured health benefit model to better manage the relentless increase in health care costs in recent years. We are happy to report that the rate increase for the 2016 health benefits premiums is 3.4% over the previous year and well under the national average of 8.3%. Navajo County Staff and a team of health insurance experts have reviewed and analyzed the health benefits program on a plan by plan basis comparing the projected costs to actual costs. The findings show that the Silver (co-pay plan) and the 1500 High Deductible Health Plan (HDHP) were over the projected cost by 20% or more, which would require double-digit rate increases for these two plans. The 2500 HDHP performed very well against projected costs. The Silver Plan and \$1500 High Deductible Health Plan (HDHP) had 49% of our employees enrolled in them, but spent 72% of all medical costs. In light of these numbers, we will be offering only one health plan for Plan Year 2016, the 2600 High Deductible Health Plan.

We encourage you to read this guide throughoutly in order to understand the benefits available to you and your family members in this upcoming plan year. Along with our transition to offering solely the 2600 High Deductible Health Plan, we will continue to offer the following benefits:

- Aetna, Choice Point of Service II Medical Network (Meritain)
- Summit Healthcare Network/High Desert Health Care
- Humana Pharmacy Solutions
- Ameritas Dental Benefits
- *NEW Avesis Vision Benefits
- MetLife Employer Paid Life and AD&D
- MetLife Voluntary Life
- MetLife Supplemental Insurance
- Nationwide Retirement Solutions
- Employee Wellness Program
- Flexible Spending Accounts (FSA)
- Health Savings Accounts (HSA)
- Teladoc
- Employee Assistance Program (EAP) (Aetna)
- Employee Health Care Toolkit (includes education, referral and program information)

Take
CHARGE
of your health

Take time to read and become familiar with your plan options and if you have questions, please feel free to contact Human Resources at 524-4040.

Welcome

to your benefits

BENEFIT PLAN ELIGIBILITY

New Hires:

Full-time employees become eligible to participate in the employee benefit plans the first of the month following date of hire. Employees must enroll themselves and their dependents in the employee benefit plans during their initial enrollment opportunity period. Employees who do not enroll in benefits by the established enrollment deadline must wait until the next Annual Open Enrollment period to enroll in benefits.

Annual Open Enrollment:

Each year during annual open enrollment, you have the opportunity to make new benefit elections for the up coming year. Changes to your medical plan benefits are allowed only during the annual open enrollment period which ends November 20, 2015 for a January 1, 2016 effective date. Assistance with your open enrollment will be available November 12, 2015 through November 20, 2015. If you waive or terminate coverage at open enrollment, you will not be able to enroll in any benefits plans until open enrollment in the fall for an effective date of January 1, 2017. Employees who enroll in one of our benefit plans may make changes to their plans if and only if there is a qualifying change in family status as described below. Therefore, it is very important to consider your benefit plan options and coverage elections during this annual open enrollment period.

Per IRS rules, employees cannot make any benefit plan changes such as adding or terminating coverage for yourself or your dependents between 1/1/2016 and 12/31/2016 unless you have a qualifying change in family status. If you have a qualifying change in family status and wish to drop, add or make any changes to your coverage, **you must request this change within 31 days of the qualifying event** (e.g. within 31 days of marriage or divorce, within 31 days of a baby's date of birth) by logging in to the online enrollment portal and requesting the necessary change. Please be advised that Human Resources will require hard copy proof (i.e. certified copy of birth, or marriage certificate)

YOU MUST NOTIFY YOUR HR REPRESENTATIVE WITHIN 31 DAYS OF ANY OF THE FOLLOWING QUALIFYING EVENTS

- Marriage
- Divorce
- Adoption
- Death
- Legal separation
- Birth
- You, your spouse, or dependent starts/ends employment affecting eligibility for benefits

ONLINE ENROLLMENT

You can easily access the online enrollment system to view benefits information and make changes to beneficiaries, etc. Visit <https://www.cbizesc.com/navajocounty>. The user id: First Initial of First name, First Initial of Last Name, Last 4 digits of the employee's social security number. The password is the employee's birthdate, no dashes, in the MMDDYYYY format. For example, John Smith, with a birthdate of January 1, 1995 and a social security number ending in 1234 would have a username of JS1234. His password would be 01011995.

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FLEXIBLE SPENDING ACCOUNTS (FSA)

MEDICAL Reimbursement Plan: You may contribute up to \$2,500 per calendar year for out of pocket qualified medical/dental/vision/pharmacy expenses for yourself, your spouse or eligible dependents. Some over the counter (OTC) products may be reimbursed with a prescription only.

LIMITED PURPOSE Reimbursement Plan: If you contribute or plan to contribute to an HSA you can open a Limited FSA, which will only allow reimbursement for dental and vision expenses.

DEPENDENT CARE Reimbursement Plan: You may deposit up to \$5,000 per Plan Year (\$2,500 if married, filing separately) to pay for qualified dependent day care expenses. The expenses are for the care of a child under the age of 13 years, or a dependent who is not capable of self care. You are reimbursed only up to the amount you have contributed at any given time.

If you have a balance at the end of the Plan Year it cannot be returned to you.* IRS Rule: **USE IT or LOSE IT.**

NOTE: You may not use money in the account for reimbursement of your domestic partner's expenses.

*You can carry forward \$500.00.

HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled in the High Deductible Health Plan, you are eligible to enroll in a HSA. You must establish the account through Health Equity. You may open a Health Savings account at any bank you choose however the direct deposit and employer match will only be available through Health Equity. Each calendar year the IRS sets the contribution limits for single and family amounts that can be contributed to your HSA. Your contribution is tax free, earns interest and you can invest your HSA contributions according to the financial institution.

Who can have an HSA? Any eligible employee can contribute to an HSA if they:

- Have coverage under an HSA-qualified "high deductible health plan" (HDHP)
- Have no other first-dollar medical insurance coverage
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

Contributions to your HSA can be made by you, Navajo County or both. The total contributions are limited annually. In 2016, the annual limits will be \$3,350 individual and \$6,750 family. Annual catch-up contributions for employees age 55+ is \$1,000 in addition to the \$3,350 individual / \$6,750 family limits. Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free. Navajo County will contribute up to \$1,200 per year for coverage on the **HDHP 2,600** medical plan. Navajo County will contribute \$600.00 to your HSA in January 2016. Navajo County will contribute an additional \$600.00 distributed equally per pay period beginning July 2016.

Using your HSA

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. This includes most medical care and services, and dental and vision care and also includes certain over-the-counter drugs. Did you know other HSA-qualified expenses include:

- | | | | |
|--|--------------------|--------------------|-----------------|
| • Ambulance expenses | • Crutches | • Home health care | • Prenatal Care |
| • Orthodontia | • Eyeglasses | • Hearing aids | • Acupuncture |
| • Lodging (away from home for outpatient care) | • Orthopedic shoes | • Chiropractor | • Body Scan |

Go to www.irs.gov/publications/p502 for a complete listing of qualified medical expenses.

Generally, you **cannot** use HSA money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage
- Qualified long-term care insurance
- Medicare premiums and out-of-pocket expenses including deductible, co-pays, and coinsurance.

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent children. You can pay for expenses for your spouse and dependent children even if they are not covered by your HDHP. Please note that medical expenses for a domestic partner are not considered by the IRS as qualified health care expenses. Any amounts used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% tax penalty. Examples include:

- Medical expenses that are not considered “qualified medical expenses” under federal tax law (e.g. cosmetic surgery)
- Medicare supplement insurance premiums
- Expenses that are not medical or health-related

After you turn age 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

NAVAJO COUNTY P.U.S.H. PROGRAM



People United Supporting Health

Wellness

The Navajo County PUSH program is committed to the health and wellness of our employees. As such, the PUSH team has developed a wellness calendar that incorporates different healthy lifestyle programs that employees are able to participate in. Benefit enrolled employees can also participate in Meritain’s wellness program through Aetna’s member online web access to www.myMeritain.com. Here you will have access to a variety of wellness initiatives to meet your health and wellness needs.

January Weight Loss Lottery	February Weight Loss Lottery	March POP/Men’s Health
April Hydration Challenge	May Mental Health Awareness	June Health Fair/Biometrics Step Up Challenge
July Step Up Challenge	August Step Up Challenge	September MOM/Women’s Health
October Flu Shots	November Nutritional Challenge	December To be determined

Employee Gym

Navajo County employees and dependents over 16 years of age are able to utilize our on site gym in Holbrook and Show Low City gym free of charge after completing a brief orientation. Employees located in the Winslow area are able to get a discounted rate at SNAP fitness.

On site Summit Health Care Facility

Navajo County and Summit Healthcare will continue their partnership to provide you with convenient quality healthcare for you and your loved ones at our High Desert Health Care facility which is located at the Holbrook complex. You can make an appointment by simply calling 928-524-4495 or logging onto <https://athenonet.athenahealth.com>.

MEDICAL AND PRESCRIPTION DRUG PLAN (MERITAIN & HUMANA)

Navajo County is continuing its partnership with the Aetna network and Meritain as the third party administrator through which your medical claims will be paid. Our prescription drug plan coverage will be administered through Humana. It is important for you to utilize providers within the AETNA network to obtain the lowest out of pocket cost. You will pay substantially more if you choose to see a provider that is not in the AETNA network. Please visit the AETNA website, aetna.com/docfind/custom/mymeritain, or call them at (866)300-8449 to find in-network providers.

Did you know you can find a variety of healthcare tools and resources at www.meritain.com? Your member website, myMERITAIN, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

With myMERITAIN you can :

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOB).
- Review your benefit plan document.

Visit www.meritain.com for complete details. To register, you'll need to enter the following information and submit:

- Member ID (located on your member ID card)
- Group ID (located on your member ID card)
- First name (employee, spouse or dependent)
- Last name (employee, spouse or dependent)
- Zip code
- Email (personal address)
- Date of birth (mm/dd/yy)

Plan Name	\$2,600 HDHP
Plan Year Deductible	\$2600/\$5000
Out of Network Deductible	\$7500/\$15000
Coinsurance	80%
Plan Year Out-of-Pocket Maximum	\$3500/\$7000 Includes Ded
Preventive Care Services	\$0
Emergency Room	80%
Outpatient Surgery	80%
Pay Period Cost	2600 Plan
Employee	\$26.40
Employee + Spouse	\$104.43
Employee + Child(ren)	\$86.75
Employee + Family	\$132.18

HUMANA PHARMACY

How Humana Pharmacy works

With the Humana Pharmacy, you can order all your maintenance medicines through Humana’s mail delivery pharmacy. A maintenance medicine is one you take regularly like medicine for birth control, high cholesterol, asthma, or diabetes. You can use your Humana network pharmacy for antibiotics and other short-term medicines. Because you’ll need some time to get your new maintenance prescriptions to Humana Pharmacy, you’ll have a limited number of times to use your pharmacy. After that limit, you’ll pay more if you choose to fill at your pharmacy.

What are some of the benefits of using Humana Pharmacy?

Savings for you

You generally will pay less at our pharmacy than at a retail pharmacy when you order a 90-day supply of your maintenance medicine. Standard shipping is free.

Ease and Convenience

You can skip drives to the pharmacy and long waits in line – you choose where we mail your medicine and supplies.

Experienced Pharmacy Team

Humana Pharmacy has 400 pharmacists ready to assist you by phone and review your prescriptions for safety and accuracy.

Timely Reminders

You can receive timely refill reminders by email, phone call, or text message.

You can download the Humana Pharmacy mobile app so you can quickly:

- Scan to refill prescriptions
- View your prescriptions
- Check your order status
- Track your shipment

Text “RSAPP” to 239355 (BeWell) to download. Message and data rates apply. Reply STOP to cancel, HELP for help. App for iPhone and Android devices is also available in the AppStore and GooglePlay.



To contact Humana Pharmacy:

Online:	HumanaPharmacy.com
24-hour automated phone:	1-855-255-9315
TTY:	711
Customer Care hours:	Monday - Friday 8:00AM-11:00PM ET Saturday 8:00AM - 6:30 PM ET
Mailing address:	PO Box 745099 Cincinnati, OH 45274-5099

FORMULARY LISTS

The ACA mandated \$0 cost formulary list is included at the end of this booklet.

The Preventative formulary list that bypasses the deductible can be found on the Navajo County internal web:

<http://internal.navajocountyaz.gov/>

MEDICAL AND PRESCRIPTION DRUG PLAN - \$2,600 HDHP PLAN

	Tier 1 Summit Network	Tier 2 Aetna Network	Tier 3 Non-Contracted
Network Deductible (Individual ♦ Family)	\$2,600 ♦ \$5,000*	\$2,600 ♦ \$5,000*	\$7,500 ♦ \$15,000*
	All services are provided at co-insurance member share after deductible		
Coinsurance - paid after deductible until out of pocket maximum	80% / 90% / 100% ♦ 0%	80% ♦ 20%	50% ♦ 50%
Network Out-of-Pocket Maximum (Individual ♦ Family) Deductible and medical copays apply	\$3,500 ♦ \$7,000	\$3,500 ♦ \$7,000	\$15,000 ♦ \$30,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care <i>Office visits, lab, x-ray, mammograms, colonoscopies (restrictions apply) No deductible</i>	100% Covered	100% Covered	50% after deductible
Office Visit - Non-Preventive Primary Care	80%	80%	50%
Office Visit - Non-Preventive Specialist	80%	80%	50%
Office Visit - Non-Preventive Chiropractic	90%	80%	50%
Lab			
Physician's Office	100%	80%	50%
Freestanding Facility	100%	80%	50%
Outpatient Hospital	100%	80%	50%
X-Ray (Excluding Specialty Scans)			
Physician's Office	100%	80%	50%
Freestanding Facility	100%	80%	50%
Outpatient Hospital	100%	80%	50%
Specialty Scans (MRI ♦ PET ♦ CT)			
Freestanding Facility	100%	80%	50%
Outpatient Hospital	100%	80%	50%
Inpatient Hospitalization	100%	80%	50%
Durable Medical Equipment (DME)	80%	80%	50%
Emergency Room			
Emergent Care	80%	80%	80%
Non-Emergent Care	80%	80%	50%
Urgent Care	80%	80%	50%
Prescription Drugs	Deductible must be met first		
Retail (deductible applies) Generic Name Brand Formulary Name Brand Non-Formulary Specialty Drug	25% copay, up to \$10 30% copay, up to \$20 30% copay, up to \$45 50% copay, up to \$90	25% copay, up to \$10 30% copay, up to \$20 30% copay, up to \$45 50% copay, up to \$90	25% copay, up to \$10 30% copay, up to \$20 30% copay, up to \$45 50% copay, up to \$90
90- Day Mail Order (deductible applies)	Generic \$25 Formulary \$50 Non-Formulary \$112.50	Generic \$25 Formulary \$50 Non-Formulary \$112.50	Generic \$25 Formulary \$50 Non-Formulary \$112.50

TELADOC

As an employee of Navajo County you are automatically enrolled in Teladoc®. This membership lets you talk to U.S. board-certified doctors who can resolve many of your medical issues through phone or video consults. Remember to register before you need them, it's quick and easy, just give them a call or log on to register.

Please visit the Teladoc website at www.teladoc.com or call the Teladoc Member Services number at (800) 835-2362.



EAP PROGRAM

Navajo County employees and household members are automatically enrolled and can confidentially address and resolve personal and workplace challenges through the Employee Assistance Program. The EAP offers counseling on all aspects of life at no cost to you, including:

Personal Counseling

- Relationship difficulties
- Emotional/psychological concerns
- Alcohol and drug abuse
- Personal and life improvement
- Childcare
- Eldercare
- Grief

Legal/Financial Services

You can receive legal and financial guidance from qualified professionals, including a free initial consultation for each issue. Typical financial matters include credit counseling, debt and budgeting assistance, tax planning, and retirement and college planning.

- Free online will
- Reduced rate for continued services
- Detailed wills and trust preparation
- Identity theft consultation
- Mediation services
- Website forms and information

Online Worklife Resources

From your worklife website, you and your households can receive information and resources for a variety of concerns including childcare, eldercare, adoption, daily living issues and other issues they may encounter.



DENTAL PLAN – (AMERITAS)

Navajo County will continue to offer a group dental plan and we are happy to report that there is no rate increase. To find a dentist in the AMERITAS network, please visit the AMERITAS Website at www.ameritasgroup.com or call the AMERITAS Member Services number at (800) 487-5553. Please refer to the AMERITAS brochure for more detailed information on the dental plan options. A brief summary of the dental benefits is as follows:

Ameritas Dental Coverage

Annual Maximum	\$1,500
Deductible - Waived for preventive	\$50 single / \$150 family
Preventive	100%
Basic	80%
Major	50%
Orthodontia Coinsurance	50%
Orthodontia Maximum	\$1,500



Dental Only Contribution	Monthly Contribution	Per Pay Period
Employee	\$ 3.93	\$ 1.96
Employee + Spouse	\$ 15.26	\$ 7.63
Employee + Child(ren)	\$ 16.77	\$ 8.38
Employee + Family	\$ 19.75	\$ 9.88

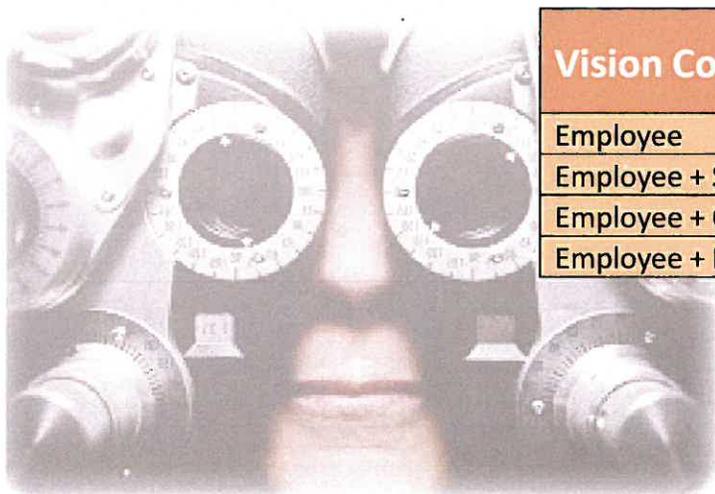
SAMPLE PROCEDURE LISTING

Type 1 (Preventive)	Type 2 (Basic)	Type 3 (Major)
Routine exam	Sealants	Onlays
Bitewing X-rays	Restorative amalgams, composites	Crowns (1 in 5 years per tooth)
Full Mouth/Panoramic X-rays	Endodontics (nonsurgical and surgical)	Crown repair
Periapical X-rays	Periodontics (nonsurgical and surgical)	Implants
Cleaning	Denture Repair	Prostodontics
Fluoride for Children 18 and under	Simple and Complex Extractions	
Space Maintainers	Anesthesia	

VISION PLAN – (AVESIS)

Navajo County offers a voluntary vision plan. Before you enroll in the Avesis plan, Visit the Avesis website at www.avesis.com to find a provider in the Avesis network or call the Avesis Member Services number at (800) 828-9341,

	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 Months
Glasses	Materials copay	\$25	See Frame and Lenses
Frames	<ul style="list-style-type: none"> \$50 wholesale allowance (approximately \$100-\$150 retail value) 	Subject to \$25 materials copay	Every 24 Months
Lenses	<ul style="list-style-type: none"> Single vision, bifocal, trifocal, lenticular lenses 	100% after materials copay	Every 12 Months
Lens Options	<ul style="list-style-type: none"> Level 1 progressive lenses Level 2 progressive lenses 	100% 100%	Every 12 Months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance 	Member pays balance over \$130	Every 12 Months



Vision Contribution	Monthly Contribution	Per Pay Period
Employee	\$ 10.04	\$ 5.02
Employee + Spouse	\$ 18.98	\$ 9.49
Employee + Child(ren)	\$ 20.68	\$ 10.34
Employee + Family	\$ 26.61	\$ 13.31



Voluntary benefits, through MetLife are available to you and have these important features:

Complements your core benefits – provides immediate, additional income for your initial out-of-pocket expenses (i.e. high deductibles and coinsurance)

Portability – if you terminate your employment, you may continue your coverage with no increase in premiums. Benefits are paid directly to you, unless you specify otherwise. MetLife policies help cover unexpected medical bills, co-payments, deductibles, out-of-pocket expenses and more. Below are the MetLife voluntary plan options:

- | | |
|--|--|
| Short Term Disability - (Post tax deduction) | Voluntary Life - (Post tax deduction) |
| Accident - (Pre tax deduction) | Critical Illness - (Pre tax deduction) |
| Hospital Indemnity - (Pre tax deduction) | |

Short-Term Disability

Navajo County is proud to offer Short term disability coverage which will pay you up to 60% of your salary should you ever not be able to work due to illness or injury. You are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your pre-disability earnings at your own occupation. Benefits begin after 7 days of injury or onset of illness (including pregnancy). Benefits continue for as long as you are disabled up to a maximum duration of 25 weeks of disability.

If you enroll for coverage during your initial open enrollment period, you select the amount of weekly benefit that is right for you. Choose any weekly benefit amount in increments of \$50 per week, subject to a minimum of \$100. The maximum benefit amount is 60% of your gross weekly earnings or \$1,000, whichever is less, (rounded down to next \$50 increment).

If you do not enroll during open enrollment period you can still purchase coverage but you will be limited to a \$100 weekly benefit amount at the next annual enrollment and will be limited to increasing your weekly benefit coverage by \$50 each year.

Accident

Group Accident Insurance complements your medical coverage by helping to ease the financial impact of an accident. It provides you with a payment to use as you see fit and can help with any of the out of pocket expenses you may incur as a result of an accident, such as insurance deductibles, copays, transportation to/from medical centers, childcare and more.

Hospital Indemnity

With an average cost of \$10,000 per hospital stay in the U.S., it's easy to see why having Hospital Indemnity insurance may make good financial sense. Just think about the possibility of having a hospital stay due to an accident or illness:

- Your child gets hurt on the school playground
- You experience chest pains while exercising and are admitted to the hospital to be checked and monitored
- Your spouse undergoes an emergency appendectomy

Critical Illness

Critical illnesses can happen at any age and more often than you may think. The odds of you or a family member suffering a critical illness are actually quite surprising. MetLife's Critical Illness insurance provides a lump-sum payment if you or a covered family member is diagnosed with one of 22 medical conditions. When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment of your choice of either \$15,000 or \$30,000 in Initial Benefits upon diagnosis. The Total Benefit Amount available to you is 3 times the Initial Benefit Amount you select, either \$45,000 or \$90,000, in the event that you suffer more than one Covered Condition. Payment(s) you receive will be made in addition to any other insurance you may have and may be spent as you see fit.

VOLUNTARY LIFE COVERAGE PLAN PREMIUMS

The County offers employees the opportunity to purchase additional term life insurance, including coverage for spouses and child(ren), through Metlife. This life insurance benefit is paid, in addition to the basic life insurance provided by the County. You will pay the premiums for the voluntary supplemental term life insurance through payroll deductions.

- You are eligible to enroll in coverage that is the lesser of 5 times your pay or \$750,000 in \$10,000 increments.
- The guarantee issue amount for your own coverage is \$150,000. (Only available during initial eligibility period).
- If you enroll in this benefit **after** your initial eligibility period, you will be required to complete a Personal Health Application for any amount elected.
- Coverage for your spouse is available up to your own supplemental life benefit in \$5,000 increments to a maximum of \$200,000. Coverage is calculated by employees age.
- The guarantee issue amount for a spouse is \$30,000. (Only available during initial eligibility period).
- Dependent children (15 days to age 19 or to age 26 if enrolled as a full-time student) may be covered in the amounts of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000

Semi-Monthly Premium for Employees and Spouse:

Coverage Levels	Age Bracket										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.25	\$0.35	\$0.40	\$0.50	\$0.75	\$1.15	\$2.15	\$3.30	\$6.35	\$10.30	\$10.30
\$15,000	\$0.38	\$0.53	\$0.60	\$0.75	\$1.13	\$1.73	\$3.23	\$4.95	\$9.53	\$15.45	\$15.45
\$20,000	\$0.50	\$0.70	\$0.80	\$1.00	\$1.50	\$2.30	\$4.30	\$6.60	\$12.70	\$20.60	\$20.60
\$25,000	\$0.63	\$0.88	\$1.00	\$1.25	\$1.88	\$2.88	\$5.38	\$8.25	\$15.88	\$25.75	\$25.75
\$30,000	\$0.75	\$1.05	\$1.20	\$1.50	\$2.25	\$3.45	\$6.45	\$9.90	\$19.05	\$30.90	\$30.90
\$40,000	\$1.00	\$1.40	\$1.60	\$2.00	\$3.00	\$4.60	\$8.60	\$13.20	\$25.40	\$41.20	\$41.20
\$50,000	\$1.25	\$1.75	\$2.00	\$2.50	\$3.75	\$5.75	\$10.75	\$16.50	\$31.75	\$51.50	\$51.50
\$60,000	\$1.50	\$2.10	\$2.40	\$3.00	\$4.50	\$6.90	\$12.90	\$19.80	\$38.10	\$61.80	\$61.80
\$70,000	\$1.75	\$2.45	\$2.80	\$3.50	\$5.25	\$8.05	\$15.05	\$23.10	\$44.45	\$72.10	\$72.10
\$75,000	\$1.88	\$2.63	\$3.00	\$3.75	\$5.63	\$8.63	\$16.13	\$24.75	\$47.63	\$77.25	\$77.25
\$100,000	\$2.50	\$3.50	\$4.00	\$5.00	\$7.50	\$11.50	\$21.50	\$33.00	\$63.50	\$103.00	\$103.00
\$150,000	\$3.75	\$5.25	\$6.00	\$7.50	\$11.25	\$17.25	\$32.25	\$49.50	\$95.25	\$154.50	\$154.50
\$200,000	\$5.00	\$7.00	\$8.00	\$10.00	\$15.00	\$23.00	\$43.00	\$66.00	\$127.00	\$206.00	\$206.00
\$300,000	\$7.50	\$10.50	\$12.00	\$15.00	\$22.50	\$34.50	\$64.50	\$99.00	\$190.50	\$309.00	\$309.00
\$400,000	\$10.00	\$14.00	\$16.00	\$20.00	\$30.00	\$46.00	\$86.00	\$132.00	\$254.00	\$412.00	\$412.00
\$500,000	\$12.50	\$17.50	\$20.00	\$25.00	\$37.50	\$57.50	\$107.50	\$165.00	\$317.50	\$515.00	\$515.00

	Dependent Child Coverage				
Coverage Amount	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
Price	\$0.07	\$0.14	\$0.28	\$0.35	\$0.70

GROUP LIFE COVERAGE

Basic life and accidental death and dismemberment insurance is provided to all full-time eligible employees through MetLife. This benefit will provide you with peace of mind, and your family and/or beneficiaries, with financial security in the event of your death.

If your death is due to accidental causes, your beneficiary will receive an additional amount through the AD&D benefit. The AD&D benefit is equal to your life insurance coverage amount. AD&D also provides a limited benefit in the event of certain accidental injuries resulting in dismemberment, but not death.

Navajo County will continue to provide Life insurance for Employees and their Dependents at no additional cost to the employee at the following levels.

Employee: \$50,000
Dependent Spouse: \$2,000

RETIREMENT PLANS

Arizona State Retirement System (ASRS) – Required for full-time, part-time, and temporary employees who work more than 20 hours a week and 20 weeks or longer
www.azasrs.gov (800) 621-3778

Corrections Officers Retirement Plan (CORP) – For Adult Detention Officers

Administrative Office of the Courts (AOC-CORP) – For Probation Officers and Juvenile Detention Officers
www.psprs.com (877) 925-5575

Public Safety Retirement Plan (PSPRS) – For POST Certified Sheriff's Deputies
www.psprs.com (877) 925-5575

Elected Officials Retirement Plan – For all Elected Officials
www.psprs.com (877) 925-5575

Nationwide Retirement Solutions

To help you prepare for a financially fit retirement, Navajo County offers a deferred compensation plan through Nationwide to help supplement the State retirement systems. You can start at any time with a \$10 minimum deduction per pay period. (The standard annual maximum contribution limit is \$17,500.) You may also make changes at any time to the amount you wish to contribute. All assets are invested and grow for you on a tax deferred basis. The options are; Pre-tax 457 Deferred Compensation, and Roth 457 Plan

Note: If you are 50 years of age or older, you may contribute a catch up amount not to exceed \$23,000 in a calendar year.

LEGAL NOTICES

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights act of 1998, Benefits under the Policy are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving Benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending Physician:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on Benefits are the same as for any other covered health service.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

Continuation of Benefits (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental, and vision coverage – and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months.

Before an employee's benefits coverage ends, the Human Resources department provides the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of medical, dental and vision coverage is also available for qualified beneficiaries up to 36 months when one of the following qualifying events occurs:

Death of a covered employee;	Divorce or legal separation;
Employee becomes eligible for Medicare;	Dependent child reaches 26

Qualified beneficiaries are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and dependent child(ren).

Please note: It is the responsibility of you, the employee, or qualified beneficiary to notify your HR department of qualifying events, such as divorce, legal separation or dependent child reaching the maximum allowable age to remain on your benefit plans so that COBRA notification can be sent.

Health Insurance Portability and Accountability Act (HIPAA)

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect on April 14, 2003. To obtain a copy of Providence's Notice of Privacy Practices, contact your HR department.

\$0 Preventive Medication Coverage - effective January 1, 2016

Humana is committed to meeting your unique healthcare needs. Listed below are medicines available to you at no cost.* This list may not apply to all healthcare plans and may change over time. To understand your plan's prescription drug benefit, sign in to Humana.com. You can also call a Humana Customer Service representative at the phone number on the back of your Humana member ID card. Some restrictions may apply.

The second column of the chart lists drug names in alphabetical order. Brand name drugs are listed in UPPER CASE and generic drugs are listed in lower case.

* You must have a prescription from your doctor for us to process a claim for preventive medicines or products under your pharmacy plan. This includes over-the-counter items.

Drug Name

Aspirin

adult low dose asa ec 81 mg tb aspir ec 81 mg tablet
 aspirin 325 mg coated tablet
 aspirin 325 mg lite-coat tab
 aspirin 325 mg tablet
 aspirin 81 mg chewable tablet
 aspirin 81 mg tablet chew
 aspirin adult 81 mg chew tab aspirin coated 325 mg tablet
 aspirin ec 325 mg tablet aspirin ec 81 mg tablet
 aspir-low ec 81 mg tablet
 aspir-trin ec 325 mg tablet
 bayer aspirin 325 mg caplet or tablet
 BAYER ASPIRIN 81 MG CHEW TAB
 child aspirin 81 mg chew tab child aspirin 81 mg tab chew
 cvs aspirin 325 mg caplet or tablet
 cvs aspirin 81 mg chewable tab
 cvs aspirin ec 325 mg tablet
 cvs aspirin ec 81 mg tablet
 cvs child aspirin 81 mg chw tb
 cvs child aspirin chew tab
 ECOTRIN EC 325 MG TABLET
 ecotrin ec 81 mg tablet
 ecpirin ec 325 mg tablet
 eq aspirin 325 mg tablet
 eq aspirin 81 mg chewable tab
 eq aspirin ec 81 mg tablet
 eql aspirin 325 mg tablet
 eql aspirin 81 mg chewable tab
 eql aspirin adt 81 mg tab chew
 eql aspirin ec 81 mg tablet
 gnp aspirin 325 mg tablet
 gnp aspirin 81 mg chewable tab
 gnp aspirin ec 325 mg tablet
 gnp aspirin ec 81 mg tablet
 gnp child aspirin 81 mg chw tb
 gnp lite coat asa 325 mg tab
 halfprin ec 81 mg tablet
 hm aspirin 325 mg tablet
 hm aspirin 81 mg chewable tab
 hm aspirin ec 325 mg tablet
 hm aspirin ec 81 mg tablet
 hm low dose aspirin ec 81 mg
 kro aspirin 325 mg tablet
 kro aspirin 81 mg chewable tab
 kro aspirin ec 325 mg tablet
 kro aspirin ec 81 mg tablet
 lite coat aspirin 325 mg tab
 low dose aspirin ec 81 mg tab
 miniprin ec 81 mg tablet
 pub aspirin 325 mg tablet
 pub aspirin 81 mg chewable tab
 pv aspirin 325 mg tablet
 pv aspirin 81 mg chewable tab
 pv aspirin ec 325 mg tablet

pv aspirin ec 81 mg tablet
 pv child aspirin 81 mg chw tab
 qc aspirin 325 mg tablet
 qc aspirin 81 mg chewable tab
 qc aspirin ec 325 mg tablet
 qc child aspirin 81 mg chw tab
 qc lo-dose aspirin ec 81 mg tb
 ra aspirin 325 mg tablet
 ra aspirin 81 mg chewable tab
 ra aspirin ec 325 mg tablet
 ra aspirin ec 81 mg tablet
 sb aspirin 325 mg tablet
 sb aspirin ec 325 mg tablet
 sb aspirin ec 81 mg tablet
 sb child aspirin 81 mg chw tab
 sm aspirin 325 mg tablet
 sm aspirin 81 mg chewable tab
 sm aspirin ec 325 mg tablet
 sm aspirin ec 81 mg tablet
 sm child aspirin 81 mg chw tab
 soba aspirin 325 mg tablet
 soba aspirin ec 325 mg tablet
 st. joseph aspirin 81 mg chew
 st. joseph aspirin ec 81 mg tb
 v-r aspirin ec 325 mg tablet
 v-r aspirin ec 81 mg tablet

Breast Cancer Risk Reduction
 raloxifene hcl 60 mg tablet (MM)
 tamoxifen 10 mg tablet (MM)
 tamoxifen 20 mg tablet (MM)

Contraceptive

aftera 1.5 mg tablet
 AIMSCO DEVICE
 altavera (28) 0.15 mg-0.03 mg tablet (MM)
 alyacen 1/35 (28) 1 mg-35 mcg tablet (MM)
 alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet (MM)
 amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack (MM)
 amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack (MM)
 amethyst 90 mcg-20 mcg tablet (MM)
 apri 0.15 mg-0.03 mg tablet (MM)
 aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet (MM)
 ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack (MM)
 aubra 0.1 mg-20 mcg tablet (MM)
 aviane 0.1 mg-20 mcg tablet (MM)
 azurette (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet (MM)
 balziva (28) 0.4 mg-35 mcg tablet (MM)
 BEYAZ 3 MG-0.02 MG-0.451 MG (24) TABLET (MM)
 briellyn 0.4 mg-35 mcg tablet (MM)
 camila 0.35 mg tablet (MM)
 camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack

(MM)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack (MM)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet (MM)
chateal 0.15 mg-0.03 mg tablet (MM)
CONCEPTROL 4% VAGINAL GEL
CONDOMS-PREM LUBRICATED
cryselle (28) 0.3 mg-30 mcg tablet (MM)
cyclafem 1/35 (28) 1 mg-35 mcg tablet (MM)
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet (MM)
dasetta 1/35 (28) 1 mg-35 mcg tablet (MM)
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet (MM) daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack (MM) deblitane 0.35 mg tablet (MM)
delyla (28) 0.1 mg-20 mcg tablet (MM)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE (MM)
desogestrel-ethinyl estrad tab (MM) desogestr-eth estrad eth estra (MM)
drospirenone-eth estradiol tab (MM)
DUREX AVANTI BARE CONDOM
econtra ez 1.5 mg tablet
elinest 0.3 mg-30 mcg tablet (MM) ELLA 30 MG TABLET
emoquette 0.15 mg-0.03 mg tablet (MM)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet (MM)
enskyce 0.15 mg-0.03 mg tablet (MM)
errin 0.35 mg tablet (MM)
estarylla 0.25 mg-35 mcg tablet (MM)
fallback solo 1.5 mg tablet
falmina (28) 0.1 mg-20 mcg tablet (MM)
FANTASY DEVICE
FC2 FEMALE CONDOM
FEMCAP 22 MM VAGINAL DEVICE FEMCAP 26 MM VAGINAL DEVICE FEMCAP 30 MM VAGINAL DEVICE
gianvi (28) 3 mg-20 mcg tablet (MM) gildagia 0.4 mg-35 mcg tablet (MM) gildess 1 mg-20 mcg tablet (MM) gildess 1.5 mg-30 mcg tablet (MM)
gildess 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet (MM) gildess fe 1 mg-20 mcg (21)/75 mg (7) tablet (MM) gildess fe 1.5 mg-30 mcg (21)/75 mg (7) tablet (MM)
gynol ii 3 % vaginal gel
heather 0.35 mg tablet (MM) IMPLANON 68 MG IMPLANT
gildess 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet (MM) gildess fe 1 mg-20 mcg (21)/75 mg (7) tablet (MM) gildess fe 1.5 mg-30 mcg (21)/75 mg (7) tablet (MM)
gynol ii 3 % vaginal gel
heather 0.35 mg tablet (MM)
IMPLANON 68 MG IMPLANT
introvale 0.15 mg-30 mcg tablets,3 month dose pack (MM)
jencycla 0.35 mg tablet (MM)
jolessa 0.15 mg-30 mcg tablets,3 month dose pack (MM)
jolivette 0.35 mg tablet (MM)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet (MM)
junel 1/20 (21) 1 mg-20 mcg tablet (MM)
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet (MM)
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet (MM)
kariva (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet (MM)
kelnor 1/35 (28) 1 mg-35 mcg tablet (MM)
KIMONO CONDOMS(NON-LUBRICATED) KIMONO MAXX CONDOMS
KIMONO MICROTHIN AQUA LUBE CONDOM KIMONO MICROTHIN CONDOMS
KIMONO MICROTHIN LARGE CONDOMS KIMONO TEXTURED CONDOMS
kurvelo 0.15 mg-0.03 mg tablet (MM)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet (MM)
larin 1/20 (21) 1 mg-20 mcg tablet (MM)
larin fe 1 mg-20 mcg (21)/75 mg (7) tablet (MM)
larin fe 1.5 mg-30 mcg (21)/75 mg (7) tablet (MM)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet (MM)
lessina 0.1 mg-20 mcg tablet (MM)
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet (MM)

levonor-eth estra 0.09-0.02 mg (MM)
levonor-eth estrad 0.1-0.02 mg (MM)
levonor-eth estrad 0.15-0.03 (MM)
levonorgestrel 0.75 mg tablet
levonorgestrel 1.5 mg tablet
levonorg-eth estrad eth estrad (MM)
levora-28 0.15 mg-0.03 mg tablet (MM)
LILETTA 18.6 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE (MM) LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET (MM)
LO MINASTRIN FE TABLET CHEW (MM)
LOESTRIN 24 FE TABLET (MM)
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet (MM)
loryna (28) 3 mg-20 mcg tablet (MM)
low-ogestrel (28) 0.3 mg-30 mcg tablet (MM)
luteria (28) 0.1 mg-20 mcg tablet (MM)
lyza 0.35 mg tablet (MM)
marlissa 0.15 mg-0.03 mg tablet (MM)
medroxyprogesterone 150 mg/ml (MM)
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet (MM)
microgestin 1/20 (21) 1 mg-20 mcg tablet (MM)
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet (MM) microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet (MM) MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET (MM) MIRENA 20 MCG/24 HR (5 YEARS) INTRAUTERINE DEVICE (MM)
mono-linyah 0.25 mg-35 mcg tablet (MM)
mononessa (28) 0.25 mg-35 mcg tablet (MM)
my way 1.5 mg tablet
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet (MM)
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET (MM)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet (MM)
necon 1/35 (28) 1 mg-35 mcg tablet (MM)
necon 1/50 (28) 1 mg-50 mcg tablet (MM)
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet (MM)
necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet (MM)
NEXPLANON 68 MG SUBDERMAL IMPLANT
next choice one dose 1.5 mg tablet
nikki (28) 3 mg-20 mcg tablet (MM)
nora-be 0.35 mg tablet (MM)
norethind-eth estrad 1-0.02 mg (MM)
norethindrone 0.35 mg tablet (MM)
norethin-estradiol-ferr 1-0.02 mg (MM)
norethin-estra-fe 0.8-0.025 mg (MM)
norgestimate-eth estradiol tab (MM)
norg-ethin estra 0.25-0.035 mg (MM)
NORINYL 1+50 (28) 1 MG-50 MCG TABLET (MM)
norlyroc 0.35 mg tablet (MM)
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet (MM)
nortrel 1/35 (21) 1 mg-35 mcg tablet (MM)
nortrel 1/35 (28) 1 mg-35 mcg tablet (MM)
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet (MM)
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL (MM)
ocella 3 mg-0.03 mg tablet (MM)
ogestrel (28) 0.5 mg-50 mcg tablet (MM)
opcicon one-step 1.5 mg tablet
orsythia 0.1 mg-20 mcg tablet (MM)
ORTHO ALL-FLEX DIAPHRAGM 65MM, 70 MM, 75 MM, 80 MM
ORTHO ALL-FLEX FITTING SET
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET (MM)
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE (MM)
philith 0.4 mg-35 mcg tablet (MM)
pimtrea (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet (MM)
pirmella 0.5/0.75/1 mg-35 mcg tablet (MM)
pirmella 1 mg-35 mcg tablet (MM)
portia 0.15 mg-0.03 mg tablet (MM)

previfem 0.25 mg-35 mcg tablet (MM)
 QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK (MM)
 quasense 0.15 mg-30 mcg tablets,3 month dose pack (MM)
 reclusen (28) 0.15 mg-0.03 mg tablet (MM)
 SAFYRAL 3 MG-0.03 MG-0.451 MG (21/7) TABLET (MM)
 sharobel 0.35 mg tablet (MM)
 SKYLA 14 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE (MM)
 sprintec (28) 0.25 mg-35 mcg tablet (MM)
 sronyx 0.1 mg-20 mcg tablet (MM)
 syeda 3 mg-0.03 mg tablet (MM)
 tarina fe 1 mg-20 mcg (21)/75 mg (7) tablet (MM)
 tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet (MM)
 TODAY CONTRACEPTIVE SPONGE 1,000 MG VAGINAL CONTRACEPTIVE SPONGE
 tri-estarylla 0.18/0.215/0.25 mg-35 mcg(28) tablet (MM)
 tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet (MM)
 tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet (MM)
 trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet (MM)
 tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet (MM) tri-
 sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet (MM) trivora (28)
 50-30 (6)/75-40(5)/125-30(10) tablet (MM)
 Trustex Latex Condom Trustex Lubricated Condoms (Non-, Lubricated, Ria
 Condoms)
 Trustex-Ria Lubricated/Spermicide Condom Trustex-Ria Non-Lubricated Condoms
 Vaginal Contraceptive Film 28 %
 vaginal contraceptive foam 12.5 %
 VCF CONTRACEPTIVE FILM 28 % VAGINAL
 velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet(MM)
 vestura (28) 3 mg-20 mcg tablet (MM)
 viorele (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet (MM)
 vyfemla (28) 0.4 mg-35 mcg tablet (MM)
 wera (28) 0.5 mg-35 mcg tablet (MM)
 WIDE-SEAL DIAPHRAGM VAGINAL-60, 65, 70, 75, 80, 85, 90, 95 MM
 wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet (MM)
 xulane 150 mcg-35 mcg/24 hr transdermal patch (MM)
 zarah 3 mg-0.03 mg tablet (MM)
 zenchent (28) 0.4 mg-35 mcg tablet (MM)
 zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet (MM)
 zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet (MM)
 zovia 1/35e (28) 1 mg-35 mcg tablet (MM)
 zovia 1/50e (28) 1 mg-50 mcg tablet (MM)

Fluoride

FLUORABON 0.25 MG/0.6 ML DROPS (MM)
 FLUOR-A-DAY TAB CHEW
 (MM) (.25, .5, 1 MG)
 FLUOR-A-DAY 2.5 MG/ML DROPS (MM)
 fluoride tablet chew (MM) (0.25, .5, 1 MG)
 fluoride 1 mg tablet chewable (MM)
 fluoritab 0.125 mg/drp drops (MM)
 fluoritab 0.5 mg tablet chew (MM)
 FLUORITAB 1 MG TABLET CHEW (MM)
 flura-drops 0.25 mg/drop (MM)
 ludent fluoride tb chw (MM) (0.25, .5, 1 MG)
 neutral sodium fluoride (MM)
 PREVIDENT DENTAL RINSE (MM)
 sodium fluoride 0.5 mg(1.1 mg)
 sodium fluoride 0.5 mg(1.1 mg) (MM)
 sodium fluoride 0.5 mg/ml drop (MM)
 sodium fluoride 1 mg (2.2 mg) (MM)

Iron

child ferrous sulfate 15 mg/ml children's iron 15 mg/ml drops
 FER-IN-SOL 15 MG/ML DROPS
 fer-iron 15 mg/1 ml drops
 FEROSUL 220 MG/5 ML ELIXIR
 FERRETTS IPS LIQUID
 FERRETTS IRON 18 MG TABLET CHW
 ferrous sulf 15 mg iron/ml drp
 ferrous sulf 220 mg/5 ml elix
 ferrous sulf 300 mg/5 ml liq
 ICAR 15 MG TABLET CHEW
 ICAR 15 MG/1.25 ML SUSPENSION
 iron 15 mg/ml drops
 iron chews 15 mg tablet chew
 IRONUP 15 MG/0.5 ML DROPS
 MYKIDZ IRON 10 SUSPENSION
 NOVAFERRUM 15 MG/ML DROPS
 wee care 15 mg/1.25 ml sus

Prenatal/Folic Acid

CLASSIC PRENATAL 28 MG-0.8 MG TABLET
 CLASSIC PRENATAL TABLET
 cvs folic acid 0.4 mg tablet
 cvs folic acid 800 mcg tablet
 cvs prenatal multi + dha sftgl
 cvs prenatal vitamin(s) tablet
 daily prenatal 28 mg-800 mcg-440 mg oral pack
 eql folic acid 400 mcg tab eql prenatal formula tablet
 folic acid .4 mg, .8 mg, 400 mcg, 800 mcg tablet
 folic acid 1,000 mcg tablet
 folic acid 20 mg capsule
 gnp daily prenatal combo pack
 gnp folic acid 400 mcg tablet
 gnp prenatal vitamins tablet
 hm folic acid 400 mcg tablet
 gnp daily prenatal combo pack
 gnp folic acid 400 mcg tablet
 gnp prenatal vitamins tablet
 hm folic acid 400 mcg tablet
 hm one daily prenatal combo pk
 KPN 9 MG IRON-267 MCG TABLET
 KPN PRENATAL TABLET
 MAXINATE 20 MG-0.8 MG TABLET
 MAXINATE 20 mg-0.8 mg tablet
 ONE A DAY PRENATAL DHA PACK
 one daily prenatal 28 mg-800 mcg-440 mg oral pack
 P-D NATAL PLUS-FOLIC ACID TAB
 PERRY PRENATAL 13.5 MG-0.4 MG CAPSULE
 PERRY PRENATAL CAPSULE
 prenatal 27 mg-0.8 mg tablet
 prenatal 28 mg-0.8 mg tablet
 prenatal complete 14 mg-400 mcg tablet
 prenatal formula 28 mg-0.8 mg tablet
 prenatal formula tablet
 hm one daily prenatal combo pk
 prenatal multi + dha (algal oil) 27 mg iron-800 mcg-250 mg capsule prenatal multi +
 dha softgel
 prenatal tablet
 prenatal vitamin 27 mg-0.8 mg tablet
 prenatal vitamin formula tb
 prenatal vitamin tablet

prenatal vitamins tablet
prenatal vitamins with minerals 28 mg-0.8 mg tablet
prenatal with iron tablet
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET
PreQue 10 15 mg iron-0.5 mg-25 mg tablet
PREQUE 10 TABLET

Smoking Cessation / OTC

cvs nicotine 14 mg/24 hr patch
cvs nicotine 2 mg chewing gum / lozenge
cvs nicotine 4 mg chewing gum / lozenge
cvs nicotine 7 mg/24hr patch
cvs nts 21 mg/24hr patch
eq nicotine 14 mg/24hr patch
eq nicotine 2 mg chewing gum / lozenge
eq nicotine 21 mg/24hr patch
eq nicotine 4 mg chewing gum / lozenge
eq nicotine 7 mg/24hr patch
eql nicotine 2 mg chewing gum
eql nicotine 4 mg chewing gum / lozenge
gnp nicotine 2 mg chewing gum / lozenge / mini lozenge
gnp nicotine 4 mg chewing gum / lozenge / mini lozenge
hm nicotine 14 mg/24hr patch
hm nicotine 2 mg chewing gum / lozenge
hm nicotine 21 mg/24hr patch
hm nicotine 4 mg chewing gum / lozenge
hm nicotine 7 mg/24hr patch
kro nicotine 14 mg/24 hr patch
kro nicotine 2 mg chewing gum / lozenge
kro nicotine 21 mg/24hr patch
kro nicotine 4 mg chewing gum / lozenge
kro nicotine 7 mg/24hr patch
ldr nicotine 2 mg chewing gum
ldr nicotine 4 mg chewing gum
nicoderm cq 14 mg/24hr patch
nicoderm cq 21 mg/24hr patch
nicoderm cq 7 mg/24hr patch
nicorelief 2 mg gum
nicorelief 4 mg gum
NICORETTE 2 MG CHEWING GUM / LOZENGE / MINI LOZENGE
NICORETTE 4 MG CHEWING GUM / LOZENGE / MINI LOZENGE
NICORETTE 4 MG LOZENGE / MINI LOZENGE
nicotine 14 mg/24 hr patch
nicotine 2 mg chewing gum / lozenge / mini lozenge
nicotine 21 mg/24hr patch
nicotine 22 mg/24hr patch
nicotine 4 mg chewing gum / lozenge / mini lozenge
nicotine 7 mg/24hr patch
nicotine transdermal system
pc nicotine 2 mg chewing gum
pub stop smoking aid 2 mg lozg
pub stop smoking aid 4 mg lozg
pv nicotine 14 mg/24 hr patch
pv nicotine 2 mg chewing gum
pv nicotine 21 mg/24 hr patch
pv nicotine 4 mg chewing gum
pv nicotine 7 mg/24 hr patch
quit 2 mg chewing gum / lozenge
quit 4 mg chewing gum / lozenge
ra nicotine 14 mg/24hr patch
ra nicotine 2 mg chewing gum / lozenge / mini lozenge
ra nicotine 21 mg/24hr patch
ra nicotine 4 mg chewing gum / lozenge / mini lozenge
ra nicotine 7 mg/24hr patch

sm nicotine 14 mg/24hr patch
sm nicotine 2 mg chewing gum / lozenge
sm nicotine 21 mg/24hr patch
sm nicotine 4 mg chewing gum / lozenge
sm nicotine 7 mg/24hr patch
sw nicotine 2 mg chewing gum / lozenge
sw nicotine 4 mg chewing gum / lozenge
buproban 150 mg tablet
bupropion hcl sr 150 mg tablet
CHANTIX 0.5 MG TABLET
CHANTIX 1 MG CONT MONTH BOX / MONTH PAK
CHANTIX 1 MG TABLET
CHANTIX STARTING MONTH BOX / MONTHPAK
NICOTROL CARTRIDGE INHALER
NICOTROL NS 10 MG/ML SPRAY
ZYBAN SR 150 MG TABLET

Vitamin D

calcidol drops
calciferol 8,000 unit/ml drops
cvs children's vit d 400 unit
cvs vitamin d 400 unit/ml drop
cvs vitamin d3 1,000 unit sfgl
cvs vitamin d3 400 unit sftgl
D3 + K2 DOTS 1,000 UNITS TAB
delta d3 400 unit tablet
DRISDOL 8,000 UNITS/ML DROPS
d-vi-sol 400 units/ml drop
d-vita 400 unit/ml drop
ergocalciferol 8,000 units/ml
gnp vit d3 400 unit tab chew
gnp vitamin d 1,000 unit tab
gnp vitamin d 400 unit tablet
hm vitamin d 1,000 unit tablet
hm vitamin d 400 unit tablet
JUST D 400 UNITS/ML DROP
kids vitamin d3 tab chew
pv vit d3 1,000 unit tab chew
pv vit d3 400 unit tab chew
pv vitamin d 1,000 unit tablet
pv vitamin d 400 unit tablet
pv vitamin d3 1,000 units sfgl
pv vitamin d3 400 unit softgel
ra vitamin d3 1,000 unit tab
sm vitamin d 400 unit tablet
sm vitamin d3 1,000 unit tab
sv vitamin d3 1,000 units
sfgl sv vitamin d3 400 unit softgel
vitamin d 1,000 unit tablet / softgel
vitamin d 400 unit softgel / tablet
vitamin d 400 unit/ml drop
vitamin d2 400 unit tablet
vitamin d3 1,000 unit gummies
vitamin d3 1,000 unit tab chew / tablet / capsule / softgel
vitamin d3 400 unit softgel / unit chew / tablet
vitamin d3 400 unit/5 ml liq
vitamin d3 400 unit/ml drop
vitamin d3 800 unit gummy
vitamin d-400 tablet

Contact information

WHO	WHAT	PHONE	WEBSITE / E-MAIL
Navajo County	Human Resources	(928) 524-4040	human.resources@navajocountyaz.gov
CBIZ Claims Advocate Angela Schlosser	Claim questions, review & resolution	(520) 321-7503	aschlosser@cbiz.com
Aetna/Meritain	Medical Benefits, ID Cards	(866) 300-8449	Claims: mymeritain.com Docfind: aetna.com/docfind/custom/mymeritain
HealthEquity	Health Savings Accounts	(866) 346-5800	www.HealthEquity.com/HSAlearn
Humana	Prescription Coverage	(855) 255-9315	humanapharmacy.com
Ameritas	Dental Benefits	(800) 487-5553	ameritasgroup.com
Avesis	Vision Benefits	(800) 828-9341	www.avesis.com
Met Life	Voluntary & Group Life Benefits	(800) 438-6388	Metlife.com/mybenefits
EAP	Employee Assistance Program	(888) 238-6232	mylifevalues.com Username: Navajo Password: ARFL
Teladoc	24 Hour Telephonic Medical advice	(800) 835-2362	www.teladoc.com
CBIZ	Online Enrollment System		https://www.cbizesc.com/navajocounty

About This Booklet: We encourage you to read this summary thoroughly in order to understand the benefits available to you and your family members. This booklet highlights important features of Navajo County's employee benefit plans and should not be construed as a Summary Plan Description, Certificate of Coverage or Plan Document and should not be relied upon to fully determine coverage. For each benefit elected, you will receive a Certificate of Coverage containing more detailed information from the insurance carrier. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.