



MESSAGE TO EMPLOYEES

Dear Navajo County Employee:

This year we are pleased to once again offer you and your family a choice of three different comprehensive medical plans that provide affordable, quality health care coverage.

Navajo County believes that our success, in large part, is due to the efforts of our most valued resource, our employees. We continually keep this in mind as we evaluate your benefit programs, and have worked hard to strike a balance between absorbing the increasing costs of employee benefits and controlling your out-of-pocket expenses. To this end, this year, Navajo County is transitioning from a fiscal plan year to a calendar year plan and we will have an additional open enrollment opportunity this fall. This change allows us the ability to have our deductibles as well as Flexible Spending Accounts share the same renewal date. As part of our continued commitment to you, we are once again offering a high quality benefits package, as well as a \$50,000 Life and AD&D policy.

Our full benefits package includes:

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

We encourage you to read this summary thoroughly in order to understand the benefits available to you and your family members in this upcoming short plan year (6 months). We will continue to offer you two High Deductible Health Plans with an HSA, and a Silver Plan with an FSA option. You will once again be enrolling in your benefit plan of choice through online enrollment. This year, all employees will be required to access the online portal to enroll, re-enroll or opt-out and make any adjustments to your dependents or beneficiaries.

Take time to read and become familiar with the new additions and if you have questions, please feel free to contact Human Resources at ext. 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 this year for a July 1st effective date. If you waive or terminate coverage on July 1, 2015, you will not be able to enroll in any benefits plans until open enrollment in the fall for an effective date of January 1, 2016. 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 7/1/2015 and 12/31/2015 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 userid: 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.

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.

July
Step Up Challenge

August
Step Up Challenge

September
Step Up Challenge
Flu Shots
Men's Health Education

October
Mobile On-Site
Mammography
Women's Health Education

November
Nutritional Consultations

December
Year of Good Health Gift!

Employee Gym

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

Onsite 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>.

SmartDollar through Dave Ramsey

Navajo County will be introducing SmartDollar by Dave Ramsey in July 2015. SmartDollar is a step-by-step approach to handling money with the #1 authority in personal finance, Dave Ramsey. More than two million families have utilized Dave's plan and taken control of their money, and you can too! SmartDollar will equip you to get out of debt and on a budget and on your way to a strong financial foundation.



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 daycare 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.

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 2015, the annual limits will be \$3,350 individual and \$6,650 family. Annual catch-up contributions for employees age 55+ is \$1,000. 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 2,500** medical plan **\$1,000** per year for the **HDHP 1,500** medical plan. These contributions will be split by pay periods and be paid over the course of the year.

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.

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

Generally, you **cannot** use the 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 deductibles, 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.

MEDICAL AND PRESCRIPTION DRUG PLAN (AETNA/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.

Plan Name	\$1,500 HDHP	\$2,500 HDHP	Silver
Plan Year Deductible	\$1500/\$3000	\$2500/\$5000	\$1500/\$3000
Out of Network Deductible	\$4500/\$9000	\$7500/\$15000	\$3500/\$7000
Coinsurance	80%	80%	80%-90%
Plan Year Out-of-Pocket Maximum	\$3500/\$7000 Includes Ded	\$3500/\$7000 Includes Ded	\$3500/\$7000 Includes Ded
Office Visit	100%	100%	\$25 Co-pay
Preventive Care Services	\$0	\$0	\$0
Emergency Room <i>(full deductible costs will apply to non-emergency use)</i>	80%	80%	80%
Outpatient Surgery	80%	80%	90%
Pay Period Cost	1500 Plan	2500 Plan	Silver Plan
Employee	\$32.04	\$14.20	\$25.37
Employee + Spouse	\$118.22	\$80.48	\$99.85
Employee + Child(ren)	\$99.67	\$67.69	\$83.05
Employee + Family	\$147.03	\$99.70	\$126.22

MEDICAL AND PRESCRIPTION DRUG PLAN - \$1,500 HDHP PLAN

	Tier 1 Summit Network	Tier 2 Aetna Network	Tier 3 Non-Contracted
Network Deductible (Individual ☐ Family)	\$1,500 ♦ \$3,000*	\$1,500 ♦ \$3,000*	\$4,500 ♦ \$9,000*
	All services are provided at co-insurance member share		
Coinsurance (on allowed amount)	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	\$9,000 ♦ \$18,000
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%
Office Visit - Non-Preventive Primary Care	100%	80%	50%
Office Visit - Non-Preventive Specialist	90%	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	80%	80%	50%
Durable Medical Equipment (DME)	80%	80%	50%
Emergency Room			
Emergent Care	80%	80%	80%
Non-Emergent Care	80%	80%	50%
Copayment waived if admitted?	N/A	N/A	N/A
Urgent Care	80%	80%	50%
Prescription Drugs	Deductible must be met first		
Retail (deductible applies)	25% copay, up to \$10	25% copay, up to \$10	25% copay, up to \$10
Generic	30% copay, up to \$20	30% copay, up to \$20	30% copay, up to \$20
Name Brand Formulary	30% copay, up to \$45	30% copay, up to \$45	30% copay, up to \$45
Name Brand Non-Formulary	50% copay, up to \$90	50% copay, up to \$90	50% copay, up to \$90
Specialty Drug			
Mail Order (deductible applies)	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$112.50
<i>*If more than one person is enrolled in the HDHP, the entire family deductible must be met before the plan pays.</i>			

MEDICAL AND PRESCRIPTION DRUG PLAN - \$2,500 HDHP PLAN

	Tier 1 Summit Network	Tier 2 Aetna Network	Tier 3 Non-Contracted
Network Deductible (Individual ♦ Family)	\$2,500 ♦ \$5,000*	\$2,500 ♦ \$5,000*	\$7,500 ♦ \$15,000*
	All services are provided at co-insurance member share after deductible		
Coinsurance (on allowed amount)	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%
Copayment waived if admitted?	N/A	N/A	N/A
Urgent Care	80%	80%	50%
Prescription Drugs	Deductible must be met first		
Retail (deductible applies)	25% copay, up to \$10	25% copay, up to \$10	25% copay, up to \$10
Generic	30% copay, up to \$20	30% copay, up to \$20	30% copay, up to \$20
Name Brand Formulary	30% copay, up to \$45	30% copay, up to \$45	30% copay, up to \$45
Name Brand Non-Formulary	50% copay, up to \$90	50% copay, up to \$90	50% copay, up to \$90
Specialty Drug			
Mail Order (deductible applies)	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$112.50
<i>*If more than one person is enrolled in the HDHP, the entire family deductible must be met before the plan pays.</i>			

MEDICAL AND PRESCRIPTION DRUG PLAN - SILVER PLAN

	Tier 1 Summit Network	Tier 2 Aetna Network	Tier 3 Non-Contracted
Network Deductible (Individual ♦ Family)	\$500 ♦ \$1,000	\$1,500 ♦ \$3,000	\$3,500 ♦ \$7,000
Coinsurance (on allowed amount)	90% ♦ 10%	80% ♦ 20%	50% ♦ 50%
Network Out-of-Pocket Maximum (Individual ♦ Family) Deductible and medical copays apply	\$1,500 ♦ \$3,000	\$3,500 ♦ \$7,000	\$7,000 ♦ \$14,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care <i>Office visits, lab, x-ray, mammograms, colonoscopies (restrictions apply)</i> No deductible	100% Covered	100% Covered	50% after deductible
Office Visit - Non-Preventive Primary Care	\$25 copay, then 100%; no deductible	80%	50%
Office Visit - Non-Preventive Specialist	\$40 copay, then 100%; no deductible	80%	50%
Office Visit - Non-Preventive Chiropractic	\$40 copay, then 100%; no deductible	80%	50%
Lab			
Physician's Office	\$20 copay; then 100%; no deductible	80%	50%
Freestanding Facility	\$20 copay; then 100%; no deductible	80%	50%
Outpatient Hospital	\$20 copay; then 100%; no deductible	80%	50%
X-Ray (Excluding Specialty Scans)			
Physician's Office	\$40 copay, then 100%; no deductible	80%	50%
Freestanding Facility	\$40 copay, then 100%; no deductible	80%	50%
Outpatient Hospital	\$40 copay, then 100%; no deductible	80%	50%
Specialty Scans (MRI ♦ PET ♦ CT)			
Freestanding Facility	\$200 copay, then 80%; no deductible	80%	50%
Outpatient Hospital	\$200 copay, then 80%; no deductible	80%	50%
Inpatient Hospitalization	90%	90%	50%
Durable Medical Equipment (DME)	Not Available	80%	50%
Emergency Room			
Emergent Care	90%	90%	90%
Non-Emergent Care	\$1,000 copay, deductible; then 90%	\$1,000 copay, then deductible; then 90%	50%
Copayment waived if admitted?	Yes	Yes	Yes
Urgent Care	90%	80%	50%
Prescription Drugs			
Retail 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
Mail Order	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$112.50	\$25 ♦ \$50 ♦ \$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	Prosthodontics
Fluoride for Children 18 and under	Simple and Complex Extractions	
Space Maintainers	Anesthesia	

VISION PLAN – (AMERITAS)

Navajo County offers a voluntary vision plan. Before you enroll in the AMERITAS plan, Visit the AMERITAS Website at www.ameritasgroup.com to find a provider in the AMERITAS network or call the AMERITAS Member Services number at (800) 487-5553.

	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 Months
Glasses	Prescription glasses	\$25	See Frame and Lenses
Frames	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$80 allowance at Costco 20% off amount over your allowance 	Included in pre-prescription glasses	Every 24 Months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in pre-prescription glasses	Every 12 Months
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$55 \$95 - \$105 \$150 - \$175	Every 12 Months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) 	\$0	Every 12 Months



Vision Contribution	Monthly Contribution	Per Pay Period
Employee	\$ 9.56	\$ 4.78
Employee + Spouse	\$ 14.48	\$ 7.24
Employee + Child(ren)	\$ 15.56	\$ 7.78
Employee + Family	\$ 25.68	\$ 12.84

METLIFE

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.

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	(877) 823-2386	humana.com
Ameritas	Dental & Vision Benefits	(800) 487-5553	ameritasgroup.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.