



MESSAGE TO EMPLOYEES

Dear Navajo County Employee

It is once again time for the annual open enrollment for your benefit plans. This year we are pleased to provide you and your family with a choice of three different comprehensive medical plans that provide affordable, quality health care coverage with increased access to health care by forming a partnership with Summit Health Care and establishing an onsite health care facility (High Desert Health Care) at the Holbrook complex. We are also pleased to announce that this plan year we will provide a \$50,000 Life and AD&D policy to all full-time Navajo County employees, regardless if you enroll in one of the medical plans or not.

Navajo County believes that our success, in large part, is due to the efforts of our most valued resource, our employees. We have continually kept this in mind as we evaluated 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 costs. We are committed to offering you, our employee a high quality, market competitive, affordable benefits package that includes the following:

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

We encourage you to read this summary thoroughly in order to understand the benefits available to you and your family members in the upcoming plan year. We will continue to offer you two High Deductible Health Plans with an HSA, and have added a Silver Plan with an FSA option. You will 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 or opt-out and name a beneficiary on your life insurance policy.

Take time to read and become familiar with the new plans and if you have questions, please feel free to contact Human Resources at ext. 4040.

Welcome

to your benefits

BENEFIT PLAN ELIGIBILITY

New Hires:

Employees become eligible to participate in the employee benefit plans the first of the month following 30 days of full time employment. 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 each year for a July 1st effective date. If you waive or terminate coverage on July 1, 2014, you will not be able to enroll in any benefits plans until July 1, 2015. 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 7/1/2014 and 6/30/2015 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)

QUALIFYING EVENTS YOU MUST NOTIFY YOUR HR REPRESENTATIVE WITHIN 31 DAYS OF THE QUALIFYING EVENT BY THE EMPLOYEE

The following are some examples of Qualifying Events:

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

EMPLOYEE HEALTH AND WELLNESS

Wellness Program Access

Benefit enrolled employees can 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.

Biometric Screenings and Health Risk Assessments (HRA)

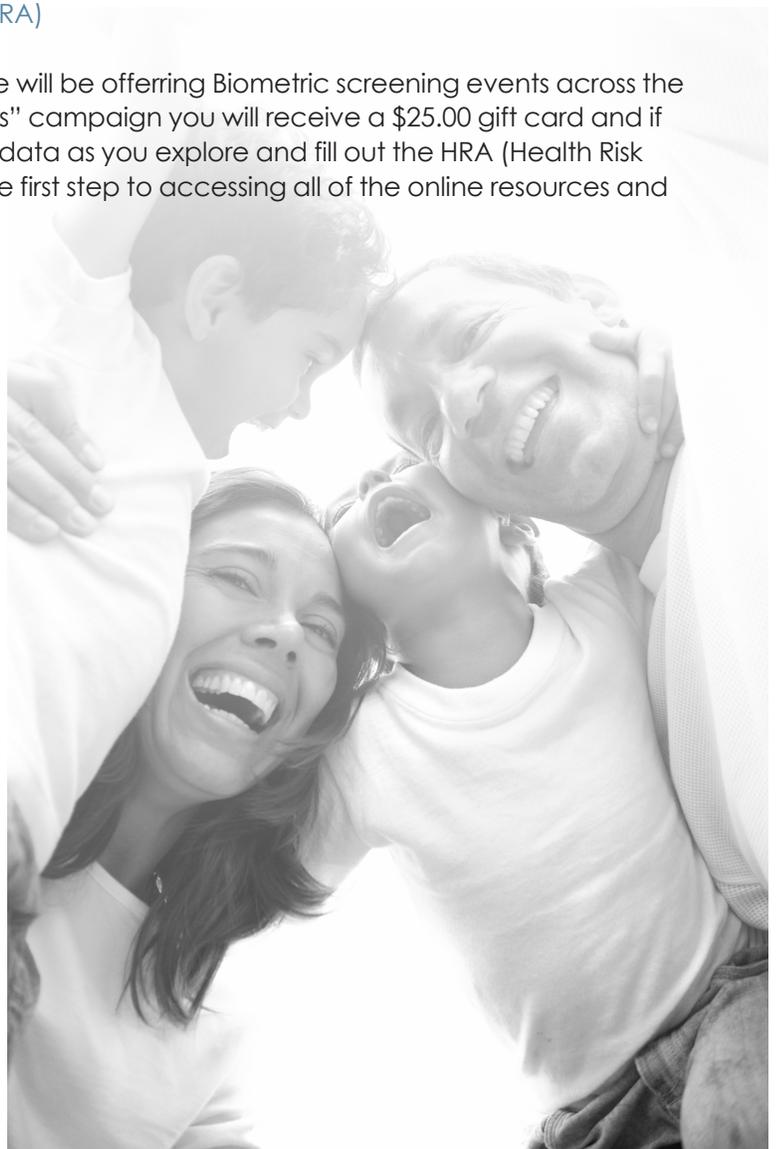
As part of the partnership with Summit Healthcare, we will be offering Biometric screening events across the County. If you participate in this "Know Your Numbers" campaign you will receive a \$25.00 gift card and if enrolled in our benefits plan will be able to utilize this data as you explore and fill out the HRA (Health Risk Assessment) found on myMeritain.com. This HRA is the first step to accessing all of the online resources and programs found within the site.

Flu Shots

On an annual basis, the County will arrange the services for the employees to receive a flu shot, contingent on the availability of the vaccine and on-site provider facility.

Onsite Summit Health Care Facility

Navajo County and Summit Healthcare are partnering to provide you the most convenient and best possible service for you and your loved ones at our NEW High Desert Health Care facility which is located at the Holbrook complex. The capable Doctors and Nurses from Summit Healthcare who staff High Desert Healthcare will be on site beginning July 8th providing medical care. You can easily make an appointment by simply calling 928-524-4495 or logging onto <https://athenanet.athenahealth.com>.



MEDICAL AND PRESCRIPTION DRUG PLAN (AETNA/MERITAIN & HUMANA)

Navajo County is utilizing 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.

Per Pay Period Cost <i>Includes Dental Coverage</i>	1500 Plan	2500 Plan	Silver Plan
Employee	\$ 34.01	\$ 16.17	\$ 27.34
Employee + Spouse	\$ 125.85	\$ 88.11	\$ 107.48
Employee + Child(ren)	\$ 108.05	\$76.08	\$ 91.44
Employee + Family	\$ 156.91	\$ 109.57	\$ 136.09

FLEXIBLE SPENDING ACCOUNTS (FSA)

MEDICAL Reimbursement Plan: You may contribute up to \$2,500 per plan 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 not be available at any bank other than 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.

Navajo County will contribute **\$1,200** per year for coverage on the **HDHP 2,500** medical plan **\$1,000** per year for coverage on the **HDHP 1,500** medical plan. These contributions will be split in half and paid in two installments, the first on July 1 and the second on January 1.

You may choose to use the funds in your HSA for current qualified healthcare expenses or save it for future healthcare expenses for yourself, your spouse or eligible dependents. (Domestic Partners are eligible adult dependents as defined by IRS with proof of legal marriage. Otherwise they are not considered eligible and thus HSA contributions are not allowed as reimbursable for their expenses.) Your balance is carried over from year-to-year and is **NOT A “USE IT OR LOSE IT”** rule. This is your money, so the dollars stay with you. Additional information can be found on the U.S. Treasury website.

Plan Name	\$1,500 HDHP	\$2,500 HDHP	Silver
Annual County H.S.A. Contribution Semi Annual Contribution Schedule	\$1,000 January and July \$500	\$1,200 January and July \$600	Not a QHDP
* Plan Year Deductible	\$1500/\$3000	\$2500/\$5000	\$1500/\$3000
Out of Network Deductible	\$4500/\$9000	\$7500/\$15000	\$3500/\$7000
Coinsurance	80%	80%	80%-90%
Out of Network Coinsurance	50%	50%	50%
Plan Year Out-of-Pocket Maximum	\$3500/\$7000 Includes Ded	\$3500/\$7000 Includes Ded	\$3500/\$7000 Includes Ded
Lifetime Maximum	unlimited	unlimited	unlimited
Primary Care Office Visit High Desert Health Care	100%	100%	\$25 Co-pay
Primary Care Office Visit Summit Healthcare Network	100%	100%	\$25 Co-pay
Primary Care Office Visit Aetna Network	80%	80%	80%
Specialty Office Visit Summit Healthcare Network	90%	90%	\$40 Co-pay
Specialty Office Visit Aetna Network	80%	80%	80%
PT/OT/ST/C Visits Summit Healthcare Network	90%	90%	\$40 Co-pay
PT/OT/ST Visits Aetna Network	80%	80%	80%
Preventive Care Services	\$0	\$0	\$0
Lab/Pathology Summit Healthcare Network	100%	100%	\$40
Lab/Pathology Aetna Network	80%	80%	80%
X-Ray Summit Healthcare Network	100%	100%	\$40
X-Ray Aetna Network	80%	80%	80%
Specialty Scans (MRI/PET/CT) Summit Healthcare Network	100%	100%	Max of \$200 or 20% of cost (<i>deductible does not apply</i>)
Specialty Scans (MRI/PET/CT) Aetna Network	80%	80%	80%
Emergency Room (full deductible costs will apply to non-emergency use)	80%	80%	80%
Inpatient Hospital	80%	80%	90%
Outpatient Surgery	80%	80%	90%
*\$1000 of the Deductible is Waived For Summit Facilities	No	No	Yes
Prescription Drug - Retail - 30 Day Supply	Deductible First then:	Deductible First then:	
Generic	Max \$10 or 25% of Drug cost	Max \$10 or 25% of Drug cost	Max \$10 or 25% of Drug cost
Preferred Name Brand	Max \$20 or 30% of Drug cost	Max \$20 or 30% of Drug cost	Max \$20 or 30% of Drug cost
Non-preferred Name Brand	Max \$45 or 30% of Drug cost	Max \$45 or 30% of Drug cost	Max \$45 or 30% of Drug cost
Specialty/Injectable	Max \$90 or 50% of Drug cost	Max \$90 or 50% of Drug cost	Max \$90 or 50% of Drug cost
Prescription Drug - Mail Order - 90 Day Supply	2.5x	2.5x	2.5x

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.

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

DENTAL PLAN – (AMERITAS)

Navajo County will continue to offer a group dental plan. Coverage is part of your medical coverage, however if you would like to purchase the dental benefit separately the County will continue to pay a portion of the costs of the program. If you enroll in the AMERITAS plan, it is important that you select a General Dentist in the AMERITAS provider network in order to obtain dental services under the plan. You can 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. 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

VISION PLAN – (AMERITAS)

Navajo County offers a voluntary vision plan. If you enroll in the AMERITAS plan, it is important that you select a provider in the AMERITAS provider network in order to obtain vision services at the highest possible benefit under the plan. You can 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 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 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

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 short-term counseling on all aspects of life at no cost to you, including:

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

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.

AFLAC

Voluntary benefits, through AFLAC, 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.

AFLAC policies help cover unexpected medical bills, co-payments, deductibles, out-of-pocket expenses and more. Below are the AFLAC voluntary plan options:

- | | |
|--|--|
| Short Term Disability - (Post tax deduction) | Life - (Post tax deduction) |
| Accident - (Pre tax deduction) | Cancer - (Pre tax deduction) |
| Hospital - (Pre tax deduction) | Critical Care and Recovery (CCR) - (Pre tax deduction) |
| Sickness - (Pre tax deduction) | |

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.

GROUP LIFE COVERAGE

Basic life and accidental death and dismemberment insurance is provided to all full-time eligible employees through Met Life 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 Employee's and their Dependents at no additional cost to the employee at the following levels.

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

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

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.

MY NETWORK PROVIDERS

Urgent Care

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Pharmacy

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Hospital

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Dentist

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Family Doctor/Primary Care/Pediatrician

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Other _____

Name of Facility _____

Phone Number _____

Address _____

Hours of Operation _____

Notes:

Contact *information*

WHO	WHAT	PHONE	WEBSITE / E-MAIL
Navajo County	Human Resources	(928) 524-4040	humanresources@navajocountyaz.gov
Online Enrollment	Benefit information & changes in coverage		cbizesc.com/navajocounty
CBIZ Claims Advocate Angela Moeckly	Claim questions, review & resolution	(520) 321-7503	amoeckly@cbiz.com
Aetna/Meritain	Medical Benefits, ID Cards	(866) 300-8449	Claims: mymeritain.com Docfind: aetna.com/docfind/custom/mymeritain
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
Aetna	Employee Assistance Program	(888) 238-6232	mylifevalues.com Username: Navajo Password: ARFL
Teladoc	24 Hour Telephonic Medical advice	(800) 835-2362	www.teladoc.com
Aflac	Ancillary benefits	(602) 625-5447	duane_fletcher@us.aflac.com

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.