



# CITY OF MESA HEALTH PLAN Enrollment Workbook 2012 Summary of Benefits

**2012 Open Enrollment starts October 24 and ends November 4, 2011**

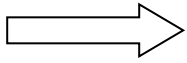
**Open Enrollment changes are effective 1/1/2012**

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# What's New For 2012



**The following changes are effective January 1, 2012**

***Descriptions of these changes are found in the Enrollment Workbook***

## **Online Open Enrollment is Not Required for 2012!**

If you don't want to make any changes to your plan, and you don't want to have a Flexible Spending Account, you don't have to go online in the Open Enrollment system this year! Anyone who doesn't go into the open enrollment system to make changes will remain in the same benefits coverage they are currently in, with no Flexible Spending Account (FSA) deductions.

If you want to have deductions made for an FSA, you **will** need to go into the system to enter the annual amount that you want to have deducted. Federal regulations require employees who want FSA's to enroll each year, and employers may not default their deductions to the prior year. But if you don't want to change any of your other benefits and you just want to enter an FSA amount, you will be able to click on a button that automatically keeps all plans except FSA the same so that all you need to do is enter your FSA election.

Don't forget – if you go into the open enrollment system, you must complete the "check out" step for your benefit changes and/or FSA election to take effect. If you forget this step and log out, the system will default you to your current coverage and a \$0 FSA.

## **Pharmacy Plan**

For the 2012 plan year, Medco Health will continue their services as the prescription drug provider for both in-state and out-of-state members. They will provide dedicated customer service, including a phone line, and an overall cost savings to the City of Mesa members. Although some brand name copays will increase (see Prescription Drug Plan), effective mid-January, members will now have the option of filling 90 day generic prescriptions at retail pharmacies for two months' copay. In addition 30 day generic prescriptions will be filled at the monthly copay, without the "retail penalty" increase in cost.

The copays for brand name prescriptions filled under the Copay Plan have increased for 2012, but the copay for generics has decreased. While the coinsurance plans are self-adjusting as the costs of medications go up because the applicable percentage of the higher cost results in a higher coinsurance, the copays have not been adjusted to keep pace with the increase in medication costs.

In some cases, the minimums and maximums have increased, as well, to keep pace with increases in medication costs. The minimum cost will also be calculated differently in 2012. Currently, the cost for the medication is the *greater* of the minimum coinsurance or the cost of the medication. For the 2012 plan year, the prescription cost is **now** the *lesser* of the minimum coinsurance or the cost of the medication.

There are no significant changes to either the Medco network or the formulary for 2012 at this point. However, formulary changes occur during the year, and we expect there will be some in 2012 as a result of several brand names going generic throughout the year. You can visit the Medco website, [www.medcohealth.com](http://www.medcohealth.com), for the most current formulary listing.

## **Premiums**

Last year at this time, we anticipated that after three years of not having health insurance premium increases and significant increases in plan utilization and health care costs, premium increases would be required. An additional goal was to establish consistency in the City's contribution to each plan and coverage level of 80%, based on the Choice PPO plan. A plan was developed to phase in scheduled gradual increases in premiums with the City providing the majority of the additional revenues.

Due to cost savings in the plan and the premium increases for 2012, we project achieving our three year goal in two years. As a result, about half the employees will have no increase in premiums or their premiums will be less than or equal to the scheduled increase. The other half will experience an increase from \$4 to \$9 per month higher than was anticipated for 2012. The single coverage premiums under the Choice PPO and the family coverage premiums under the Copay Choice plan will have premiums slightly higher than anticipated due to increases in plan utilization and realignment of family plans to single plans.

[Dental plan](#) premiums will not increase and [vision](#) premiums will increase only slightly.

### **Social Security Number Requirement**

To comply with [federal law](#), social security numbers for employees, their spouses, and their children **must** be entered in the online enrollment system to complete enrollment. If you are planning to add dependents, be sure to have their social security numbers before starting online enrollment.

### **Improved network for members living out of the state of Arizona**

For those of you who have dependents who reside all or part of the year outside the state, including at school or on a mission, you'll be glad to know that the City has expanded the Blue Cross Blue Shield network for them. To enroll them in the [out-of-state BCBS plan](#) you must submit the enrollment form (available on [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits)) and provide documentation of the dependent's out-of-state address to the Benefits Office by the end of open enrollment at 6:00 p.m. on Friday, November 4.

There is no additional charge for eligible members to enroll in the out-of-state network plan, but any out-of-state dependent who is not enrolled will only be covered under the out-of-network benefit. The member will be responsible for the out-of-network deductible and co-insurance. *Note: out-of-network co-insurance does not apply to emergency care in a life or limb threatening situation.*

The HealthSmart network will be replaced with BCBS and will no longer be available effective January 1, 2012. **You will receive new ID cards** with your out-of-state member number from Blue Cross Blue Shield. Your out-of-state member ID number may be different than your employee ID #. This new card **must** be presented to your health care provider and retail pharmacy after January 1, 2012, whether it is a new provider or one you have seen before. If you do not present your new card, your claim may be denied. **Please destroy your previous card** to prevent unauthorized use.

### **Free legal, financial, and referral services**

Effective January 1, we will have new and improved Employee Assistance Program (EAP) services. ComPsych GuidanceResources, our new EAP plan, will provide employees and their families with free telephone legal advice by GuidanceResources' calling on-staff attorneys. Help is available for civil and criminal matters, and if you need to see an attorney, GuidanceResources will refer you to a local attorney who will offer City employees a discounted rate. You can also call in to get free help with family budgeting and other financial issues as well as referrals to child and elder care services.

Employees and their family members can call ComPsych GuidanceResources 24 hours a day, 7 days a week and have their calls answered by professional counselors who will provide immediate telephone counseling assistance. They also offer up to eight free face-to-face counseling visits. The network includes over 200 counselors within a 12 mile radius of downtown Mesa.

City employees and their families don't have to be enrolled in City benefits to use the Employee Assistance Program, and there is no waiting period to become eligible. You can call the EAP **starting on January 1, 2012 at 1 (866) 519-7415** (TDD: 1-800-697-0353) or visit the web site at [guidanceresources.com](http://guidanceresources.com) (web ID: MESA).

## **24 Hour Nurse Line 1 (866) 422-2729 (Available 1/1/12)**

Did you ever have a time when you weren't quite sure whether you needed to go to see your doctor or not? Or whether the symptoms you were having meant you needed to go to the emergency room, or if urgent care – or maybe even calling your doctor the next morning – would be OK? Starting on January 1, 2012, you won't have to wonder anymore, because you can call a Blue Cross Blue Shield professional nurse, 24 hours a day, 7 days a week, to talk over your symptoms and situation, and get professional advice on what your next steps should be. All you have to do is pick up the phone and dial, whenever or wherever you are.

### **Changes to 2012 Plan Document**

- Chiropractic and physical therapy visits will be limited to a total of 25 per year unless additional visits are determined to be medically necessary through the utilization review program.
- Including the basis for allowable charges in the definition.
- Clarification of medical necessity requirements – adding medical necessity determination by utilization review to physician ordered treatment and including language that specifies that costs incurred as a result of provider error are not covered under the plan.
- In the copay plan, deletion of the \$20 copay for dialysis.
- Clarification of Medicare coordination of benefits requirements to specify that disabled dependent children must apply for Medicare when the parent is no longer an active employee and that members who are diagnosed with end stage renal disease must apply for Medicare when they become eligible.

## **MESA HEALTH PLAN Enrollment Workbook 2012 Benefits Package**

All benefits described in this summary of benefits document are for general information only. The [Plan Document](#) describes in detail the benefits covered under the plan.

### **OPEN ENROLLMENT**

Although employees are not required to participate in open enrollment this year, this is your opportunity to make changes to your current benefit plan options for the coming year. The annual Open Enrollment period allows you to reevaluate current benefits and decide if a change should be made. You may add, delete, or change coverage or dependents once each year during open enrollment.

**Open Enrollment begins October 24 and ends on November 4, 2011 at 6:00 P.M.** The online system will open October 24.

#### **Who needs to participate in open enrollment?**

- **All full-time and part-time employees** eligible for City plan benefits who want to enroll in or change their benefits.
- **All full-time and part-time employees** eligible for City plan benefits who want to have Flexible Spending Account deductions made.
- **Retirees** who wish to make changes to their health plans.
- **COBRA** participants who wish to make changes to their health plans.
- **EVERYONE** who wants to participate in our satisfaction survey (See below for more information)

**Members who do not re-enroll will be defaulted to their current coverage, and, by federal regulation, Flexible Spending Accounts will be zeroed out.**

**REMEMBER: Currently enrolled employees who do not make any changes to benefit selections and/or change who is covered during the Open Enrollment period or within 31 days of a change in status must wait until the next year's open enrollment to make a change.**

# Open Enrollment Instructions

**Open Enrollment begins October 24 and ends on November 4, 2012 at 6:00 P.M. The online system will open on October 24.**

## **IMPORTANT!!! READ THIS BEFORE YOU BEGIN THE ONLINE PROCESS**

Review the workbook. Premiums for some plans are changing for the 2012 plan year and there are prescription drug plan design changes, as well. You need to consider these changes to make the best health plan choices for yourself and your family.

Employees who have or who anticipate a status change (e.g., newborn, marriage, divorce, or adoption) that becomes effective in October or November 2011, please contact the Employee Benefits Office **before** doing your on-line enrollment. Do not try to add or drop your dependents online until you have contacted either Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648. For example, if you are getting married on October 22, 2011, contact us before adding your new spouse online.

1. Access the Internet, and type [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits) in the web browser window.
2. Click on the "OPEN ENROLLMENT ENTER HERE" button to access the Open Enrollment System. Do **not** click on "Member Login."
3. In the Insured ID field, type your 5-digit ID number found on your health insurance card. If you don't have an insurance card and don't know what your Insured ID number is, contact Benefits.
4. In the Password field, type the following **Initial Password** scheme: The first four letters of your last name\* (in upper or lower case) plus the last four digits of your Social Security Number (SSN).

<b>*If your last name contains:</b>	<b>Last Example Name</b>	<b>Your SSN is:</b>	<b>Your password is:</b>
Four or more letters	JONES	987654321	JONE4321
Two or three letters	COX	987634321	COX4321
More than one name	DE LA TORRE	987654321	DE L4321 (System reads space as a character)
An apostrophe	O'MEARA	987654321	OMEA4321 (System does not read apostrophes)
A hyphen after the first 3 letters	DEL-MONTE	987654321	DEL 4321 (Substitute a space for the hyphen)

You have five chances to enter your Insured ID and Password correctly. **After the fifth try, you will be locked out of the system.** After 10 minutes, you can attempt to login again.

5. On the next screen, follow these steps:
  - a. Enter your 5-digit Insured ID (see above).
  - b. Re-enter the Initial Password scheme (see Step 4)
  - c. In the next box, create an entirely new password of at least six letters and numbers.
  - d. Re-enter the New Password.
  - e. Click the "Save Password" button.

Write your New Password here: \_\_\_\_\_

**NOTE: This password is for the Open Enrollment system only; it is not your mesaaz.gov/benefits login.**

6. Carefully follow the instructions for each portion of the Open Enrollment System.
7. When you complete the check out process, print a copy of your confirmation for your records. **Please review your confirmation sheet to make sure you have enrolled correctly.**
8. Sign out when your session is complete.

**Need assistance? Review "Helpful Hints for Online Enrollment" on the next page, or call us at (480) 644-2299. On Friday, November 4, our phones will be answered from 7:00 a.m. to 6:00 p.m., although the office will be closed to walk in traffic**

# CHANGING ENROLLMENTS IN CITY OF MESA BENEFIT PLANS

## Enrolling Dependents for the First Time

Members who enroll in family Coverage and whose eligible dependents have never been enrolled in one of the City-sponsored plans before MUST submit copies of the following documents, as applicable, to the Employee Benefits Office BEFORE coverage begins:

- Marriage Certificate, if enrolling a spouse or stepchildren
- Birth Certificates, adoption documents or other court documentation verifying legal guardianship, if enrolling one or more children
- Natural parent's divorce decree (if applicable) and the stepchild(ren)'s birth certificate(s) if enrolling one or more stepchildren
- Proof of insurance if you or your dependents are covered under another health insurance plan

## Who Are My Eligible Dependents?

- Legal spouse
- Natural children and stepchildren under age 26
- Legally adopted children, foster children, or children for whom you/your spouse are a court-appointed guardian under age 26

## When Can I Add or Drop a Dependent?

Our medical, dental, vision and flexible spending account (FSA) benefits are offered on a pre-tax basis. Because the IRS is giving employees a tax advantage, there are certain rules governing those benefits.

- Benefit elections can only be changed during the year if there is a Qualified Status Change
- Changes that are consistent with the status change that may be made mid-year
- Enrolling in or opting out of coverage
- Adding or removing dependents
- Changing your FSA election.
- Employee Benefits must be contacted within 31 days of the event or the change must wait until the next open enrollment

## MID YEAR QUALIFIED STATUS CHANGES

Change in status is the only time currently enrolled employees can change their coverage, including Flexible Spending Account deductions, during the year, other than open enrollment. Any time life circumstances change, **the employee is responsible** for making appropriate benefit enrollment changes within 31 days of the qualifying event. These changes in status include:

- Marriage
- Divorce
- Birth, adoption or legal custody of a child
- Dependent no longer eligible under the plan due to age
- Death of dependent (spouse or child)
- Spouse loses or gains coverage eligibility due to change in employment
- Spouse's open enrollment period

Employees must notify the Benefits office within 31 calendar days of the date of the change for dependents to be added to or deleted from coverage.

## IMPORTANT NOTICE REGARDING ONLINE ENROLLMENT

If you have or anticipate a status change (i.e., newborn, marriage, divorce, or adoption) that becomes effective in October or November, please contact Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648 in the Employee Benefits Office **before** doing your on-line enrollment. For example, if you are getting married on October 22, contact us before adding your new spouse online.

# Helpful Hints for Online Enrollment

1. Use the Action Checklist as you review the Open Enrollment/Benefits Package to mark your coverage selections before you begin the Online Enrollment process.
2. Can't get into the Open Enrollment system? Did you click on the blue button labeled, "OPEN ENROLLMENT ENTER HERE"? If you clicked on "Member Login," you are not in the right area. The Member Login is different from the Open Enrollment System Login.
3. Member ID not being accepted? Did you type in 4 digits instead of 5? The old 4-digit IDs require a leading zero. For example, if your employee ID is 1001, enter it as 01001.
4. If you enter the system for a second time, remember that you changed your password after you entered the initial password scheme. The new password is a combination of letters and numbers, at least six characters long. Did you write your new password on the Open Enrollment Instructions page in the space provided? If you did not and you can't remember what you changed your password to, use the "Change Password" link on the first screen of the Open Enrollment system.
5. Carefully follow the instructions on each portion of the Online Enrollment screens.
6. For your convenience, if you are not making any changes to your benefits and are not enrolling in Health Flex or Dependent Flex, you may click the "Flexible Spending Amount = 0" button, and all your elections will remain the same as this year. Click on the "Final Checkout" button and print our confirmation.
7. If you are only changing your Flex election(s), click on "Enter Flexible Spending Amount" button. Enter both Dependent and Health Flex amounts and save your changes. Click on the "Final Checkout" button and print your confirmation.
8. At any time you may click on any selection and make changes, even when the status shows "Completed". Just be sure to save any changes, go to "Final Checkout" and print your confirmation.
9. Can't print your confirmation? See if you completed both the Health Flex and Dependent Flex portions.
10. If you have any dependents you wish to add or delete, you will need to complete the Dependent selection.
11. Make sure you have accessed and completed the sections for Short Term Disability, Life Insurance, and have added or changed your Life Insurance Beneficiary(s) if desired.
12. Going from single coverage to family coverage? Be sure to click on Family Coverage for each plan (medical, dental, vision) you wish to switch to family coverage. A new section will appear asking you to add your dependents. Going from family to single coverage? Be sure to click on Single Coverage.
13. Remember to submit any [verification paperwork](#) to the Benefits Office no later than 6 pm on Monday, November 7, 2011. Failure to comply with this requirement may result in a change in your elected coverage.
14. Remember, Evidence of Insurability (EOI) forms for Supplemental Life increases are due no later than 6:00 pm on Monday, November 7, 2011. EOI forms submitted after this date will not be accepted, and life insurance changes will not be permitted.
15. If you have questions on any of these tips or if you are still experiencing problems with your online enrollment, please contact us at (480) 644-2299 during business hours, M-Th, 7:00 a.m. to 6:00 p.m.



**Open Enrollment closes promptly at 6:00 p.m.  
on Friday, November 4, 2011!  
The Benefits Office will answer calls on Friday, Nov. 4 from  
7:00 a.m. to 6:00 p.m.**

# Mesa Health Plan Highlights 2012

	CHOICE PPO PLAN 80/20		CHOICE PLUS PPO PLAN 90/10		BASIC CHOICE PLAN 50/50		COPAY CHOICE	
Medical Services	In-Network PPO & Par Providers	Out-of- Network*	In-Network PPO & Par Providers	Out-of- Network*	In-Network PPO Providers Only	Out-of – Network*	In- Network PPO Providers Only	Out-of- Network*
Deductible per calendar year	\$300 per person; \$900 per family	\$1000 per person; \$3000 per family	\$200 per person; \$600 per family	\$1000 per person; \$3000 per family	\$550 per person; \$1650 per family	\$1000 per person; \$3000 per family	None	\$1000 per person; \$3000 per family
Hospital Services	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$100 copay OP; \$200 copay IP	After deductible, 60%
Physician & Health Care Practitioner Services	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	\$20 copay for sick OV, all other 50% after deductible	After deductible, 25%	\$20 copay	After deductible, 60%
Chiropractic visits – 25/calendar year	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Rehabilitation Services	Rehabilitation Services include physical therapy, occupational therapy, and speech therapy as defined in and covered under the plan							
	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
X-Ray, Diagnostic	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	No deductible, 100%	After deductible, 60%
Emergency Room	After deductible, 80%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 50%	After deductible, 50%	\$100 copay, (\$200 copay if admitted)	\$100 copay, (\$200 copay if admitted)
Urgent Care Facility	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$50 copay	After deductible, 60%
Durable Medical Equipment (DME)	Includes durable medical equipment rentals and purchases as defined in and covered under the plan							
	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Preventive Care and Immunizations	<b>In network</b> preventive immunizations and other services as required by federal guidelines are payable at 100%, no deductible, copay, coinsurance, or maximum. See <a href="#">plan document</a> for details.							
	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Behavioral/ Mental Health Office Visits	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Alternative Health Care (Acupuncturists, Naturopaths, Homeopaths) office visits	After deductible, 80% up to \$1,000/year	After deductible, 60% up to \$1,000/year	After deductible, 90% with no annual max	After deductible, 70% with no annual max	Not Covered	Not Covered	Not Covered	Not Covered
Out of Pocket Maximum	\$2,000 per person	None	\$1,000 per person	None	\$5,000 per person	None	None	None

This chart is a **summary** of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits) or from Employee Benefits.

\*Allowable costs will be applied to out-of-network services in addition to the deductibles and co-insurance specified.

# MONTHLY MEDICAL RATES FOR FULL-TIME EMPLOYEES

## 2012 PREMIUMS

### CHOICE PPO PLAN (80/20)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$481.00	\$385.00	\$96.00	\$48.00
Family	\$1,043.00	\$827.00	\$216.00	\$108.00

### COPAY CHOICE PLAN

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$521.00	\$385.00	\$136.00	\$68.00
Family	\$1,276.00	\$827.00	\$449.00	\$224.50

### BASIC CHOICE PLAN (50/50)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$385.00	\$385.00	\$0.00	\$0.00
Family	\$827.00	\$827.00	\$0.00	\$0.00

### CHOICE PLUS PLAN (90/10)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$780.00	\$385.00	\$395.00	\$197.50
Family	\$1,645.00	\$827.00	\$818.00	\$409.00

## 2011 PREMIUMS

Employee Contribution	Per Paycheck*
\$61.00	\$30.50
\$216.00	\$108.00

Employee Contribution	Per Paycheck*
\$112.00	\$56.00
\$390.00	\$195.00

Employee Contribution	Per Paycheck*
\$0.00	\$0.00
\$0.00	\$0.00

Employee Contribution	Per Paycheck*
\$395.00	\$197.50
\$818.00	\$409.00

# MONTHLY MEDICAL RATES FOR PART-TIME EMPLOYEES

## 2012 PREMIUMS

### CHOICE PPO PLAN (80/20)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$481.00	\$240.50	\$240.50	\$120.25
Family	\$1,043.00	\$504.00	\$539.00	\$269.50

### COPAY CHOICE PLAN

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$521.00	\$240.50	\$280.50	\$140.25
Family	\$1,276.00	\$504.00	\$772.00	\$386.00

### BASIC CHOICE PLAN (50/50)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$385.00	\$240.50	\$144.50	\$72.25
Family	\$827.00	\$504.00	\$323.00	\$161.50

### CHOICE PLUS PLAN (90/10)

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$780.00	\$240.50	\$539.50	\$269.75
Family	\$1,645.00	\$504.00	\$1,141.00	\$570.50

## 2011 PREMIUMS

Employee Contribution	Per Paycheck*
\$196.00	\$98.00
\$539.00	\$269.50

Employee Contribution	Per Paycheck*
\$247.00	\$123.50
\$713.00	\$356.50

Employee Contribution	Per Paycheck*
\$135.00	\$67.50
\$323.00	\$161.50

Employee Contribution	Per Paycheck*
\$530.00	\$265.00
\$1,141.00	\$570.50

# Prescription Plan Highlights 2012

Prescription drug benefits are available through the Plan's prescription drug network, Medco. For locations of the network pharmacies or information on which types of drugs are covered contact Medco at 1(877)476-9270 or visit their website at [www.medcohealth.com](http://www.medcohealth.com).

## Generic Drugs

If a generic drug is available and the member or physician refuses substitution to generic

- The member will pay the appropriate percentage or copay PLUS
- The difference in cost between the generic and brand name drug

## Certain Maintenance Medications

- After the third refill at retail
  - Medco may send the member a letter recommending that maintenance medications be filled through the Mail Order Pharmacy
  - Members who do not want to use the Mail Order Pharmacy for these medications will pay double the Retail copay and the coinsurance will increase by 5%
  - Minimum and Maximum copays will also be increased

## Choice, Basic, and Choice Plus Plans

- Brand name drugs for which there is no generic equivalent will be subject to the appropriate brand name coinsurance
- These drugs will not be payable at the Generic rate.

## Prescription Drugs Covered Under this Plan

- Most drugs, including injectable and specialty medications, are covered
- Some drugs require prior authorization. Members who have questions about whether specific drugs are covered should contact Medco at (800) 711-0917
- Members should purchase all prescriptions, especially injectable and specialty medications, through Medco whenever possible

## Generic Medications at Retail

Choose generic medications whenever possible. You can now get a 90 day supply of generic medication at a retail pharmacy for twice the copay. In addition 30 day generic prescriptions will be filled at the monthly copay, without the "retail penalty" increase in cost. Not only will you get a better benefit, but it will also help keep premiums down by being less expensive for the plan

## Generic Medications for \$4 per Month

- Many retail pharmacies offer 30 day supplies of generics for \$4 and \$10 for 90 days
- These pharmacies include **Wal-mart, Target, Fry's and Basha's**
- We highly recommend you take advantage of these low-cost prescriptions whenever possible
- The cost of these discounted prescriptions **IS NOT** reimbursable through the Employee Benefit Trust Fund, using them will save you and the Fund money

For detailed information on prescription drug coverage refer to the City of Mesa Plan Document at [www.mesachip.org](http://www.mesachip.org).

<b>MESA PRESCRIPTION BENEFIT 2012 (effective mid-January)</b>							
<b>Choice and Choice Plus Plans</b>	<b>Annual Deductible per Person</b>	<b>Generic</b>		<b>Formulary Brand**</b>		<b>Non-Formulary Brand**</b>	
<b>RETAIL – Up to 30-day Supply</b>		<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>
Member Pays	\$50.00*	20%	20%	25%	25%	40%	40%
Minimum Copay per Rx		\$5.00	\$5.00	<b>\$25.00</b>	<b>\$30.00</b>	<b>\$35.00</b>	<b>\$50.00</b>
Maximum Copays per Rx		\$50.00	\$50.00	\$100.00	\$100.00	<b>\$100.00</b>	<b>\$150.00</b>
*Deductible waived on generic							
<b>MAIL ORDER – Up to 90-Day Supply</b>		<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>
Member Pays	\$ 0.00	20%	20%	25%	25%	40%	40%
Minimum Copay per Rx		<b>\$10.00</b>	<b>\$12.50</b>	<b>\$50.00</b>	<b>\$75.00</b>	<b>\$80.00</b>	<b>\$125.00</b>
Maximum Copays per Rx		\$100.00	\$100.00	\$200.00	\$200.00	<b>\$200.00</b>	<b>\$300.00</b>
** Medications with no generic alternative are covered as Formulary or Non-Formulary Brand							

<b>Copay Choice Plan</b>	<b>Generic</b>		<b>Formulary Brand**</b>		<b>Non-Formulary Brand**</b>		
<b>RETAIL – Up to 30-day Supply</b>		<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>
Member Pays		<b>\$15.00</b>	<b>\$10.00</b>	<b>\$35.00</b>	<b>\$40.00</b>	<b>\$65.00</b>	<b>\$75.00</b>
<b>MAIL ORDER – Up to 90-Day Supply</b>							
Member Pays		<b>\$30.00</b>	<b>\$20.00</b>	<b>\$70.00</b>	<b>\$80.00</b>	<b>\$130.00</b>	<b>\$150.00</b>
** Medications with no generic alternative are covered as Formulary or Non-Formulary Brand							

<b>Basic Choice Plan</b>	<b>Annual Total Deductible per Person (mail+retail)</b>	<b>Generic</b>		<b>Formulary Brand**</b>		<b>Non-Formulary Brand**</b>	
<b>RETAIL – Up to 30-day Supply</b>		<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>	<b>2012</b>
Member Pays	\$250.00	20%	20%	25%	25%	40%	40%
Minimum Copay per Rx		\$5.00	\$5.00	<b>\$25.00</b>	<b>\$30.00</b>	<b>\$35.00</b>	<b>\$50.00</b>
Maximum Copays per Rx		\$50.00	\$50.00	\$100.00	\$100.00	\$200.00	\$200.00
<b>MAIL ORDER – Up to 90-Day Supply</b>							
Member Pays	\$250.00	20%	20%	25%	25%	40%	40%
Minimum Copay per Rx		\$10.00	\$10.00	\$50.00	\$50.00	\$80.00	\$80.00
Maximum Copays per Rx		\$100.00	\$100.00	\$200.00	\$200.00	\$300.00	\$300.00

# Mesa Dental Plan 2012

The Dental Plans available under the Mesa Choice Plan are self-insured and self-administered. You may choose any dental care provider. There are no in-network or out-of-network provisions under these plans. Claims are processed by the City of Mesa Benefits office.

Members have three plans from which to choose based upon their individual and family needs. The dental plans are:

- **Preventative Choice Plan** – Preventative services and basic restorative care to \$500 annually
- **Dental Choice Plan** – Preventative, basic, and major restorative coverage to \$1,200 annually
- **Dental Choice Plus Plan** – Coverage to \$1,500/year; orthodontia for children under age 19

## Dental Premiums

Premiums for the three dental plans have been determined based upon the value of the individual plan. Premiums are deducted one month ahead on a pre-tax basis.

MESA CHOICE DENTAL PLAN HIGHLIGHTS 2012			
DENTAL SERVICES	PREVENTATIVE CHOICE PLAN	DENTAL CHOICE PLAN	DENTAL CHOICE PLUS PLAN
Deductible per calendar year	\$100/person; \$300/family Restorative care only	\$100/person; \$300/family Restorative care only	\$100/person; \$300/family Restorative care only
Preventative visits Include exam, tooth cleaning, periodic x-rays (excludes periodontal services)	Not subject to deductible 100%	Not subject to deductible 100%	Not subject to deductible 100%
Basic Restorative, sealants* (under 19) fluoride, fillings, extractions)	After deductible, 80%	After deductible, 80%	After deductible, 80%
Major Restorative (crowns, bridges, root canals, dentures, oral surgery, periodontal, & endodontic)	Not Covered	After deductible, 80%	After deductible, 80%
Orthodontia coverage applies only to dependent children under age 19	Not Covered	Not Covered	No Deductible, 80% Coverage, \$1,500 Maximum Payable/Year \$2,400 Maximum Payable Lifetime
Annual Maximum Payable	\$500 per person	\$1,200 per person	\$1,500 per person
This chart is a summary of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health <a href="#">Plan Document</a> available at <a href="http://www.mesaaz.gov/benefits">www.mesaaz.gov/benefits</a> or from Employee Benefits.			

## Non-Covered Dental Services

As with the medical plan, there are certain services that are not covered under any of the dental plans. They include:

- Expenses exceeding the Allowed amount (see below)
- Orthodontia for children under age 19 that started **before** benefits began with the City of Mesa
- Analgesia, sedation, hypnosis, nitrous oxide and/or related services provided for apprehension or anxiety, except when medically necessary
- General anesthesia, except for impacted teeth or as necessary for teeth covered partially or totally by bone, root canal treatment or gingivectomy.
- Cosmetic services, including but not limited to veneers and facings
- Drugs and medicines (these may be covered under the prescription plan)
- Dental implants
- Athletic mouth guards

For more information about these and other services that are not covered, please refer to the [Plan Document](#) or contact Employee Benefits at (480) 644-2299.

**Allowed Charges**

ALL dental charges that are submitted to the Benefits Office are compared to a schedule of allowed charges before they are processed.

- When the billed charge for services is higher than the amount allowed for the provider’s location (by zip code), benefits will be paid based on the allowed amount
- The member is responsible for paying the difference between the billed charge and the allowed amount
- To avoid paying more than the allowed charges for dental services, members should have providers submit a Predetermination of Dental Benefits form to the Employee Benefits Office **BEFORE** services are rendered
  - The Benefits Office will indicate any costs over the allowed charges
  - Deductibles and coinsurance will be determined based upon the provider’s estimate of costs

The dental rates for 2012 have not increased.

**FULL-TIME EMPLOYEES  
DENTAL CHOICE PLAN**

**2012**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$95.00	\$85.50	\$9.50	\$4.75
Family	\$170.00	\$136.00	\$34.00	\$17.00

**2011**

Employee Contribution	Per Paycheck*
\$9.50	\$4.75
\$34.00	\$17.00

**DENTAL CHOICE PLUS PLAN**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$110.00	\$85.50	\$24.50	\$12.25
Family	\$250.00	\$136.00	\$114.00	\$57.00

Employee Contribution	Per Paycheck*
\$24.50	\$12.25
\$114.00	\$57.00

**PREVENTIVE CHOICE PLAN**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$85.50	\$85.50	\$0.00	\$0.00
Family	\$142.00	\$136.00	\$6.00	\$3.00

Employee Contribution	Per Paycheck*
\$0.00	\$0.00
\$6.00	\$3.00

**PART-TIME EMPLOYEES  
DENTAL CHOICE PLAN**

**2012**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$95.00	\$47.50	\$47.50	\$23.75
Family	\$170.00	\$85.00	\$85.00	\$42.50

**2011**

Employee Contribution	Per Paycheck*
\$47.50	\$23.75
\$85.00	\$42.50

**DENTAL CHOICE PLUS PLAN**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$110.00	\$47.50	\$62.50	\$31.25
Family	\$250.00	\$85.00	\$165.00	\$82.50

Employee Contribution	Per Paycheck*
\$62.50	\$31.25
\$165.00	\$82.50

**PREVENTIVE CHOICE PLAN**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$85.50	\$47.50	\$38.00	\$19.00
Family	\$142.00	\$85.00	\$57.00	\$28.50

Employee Contribution	Per Paycheck*
\$38.00	\$19.00
\$57.00	\$28.50

**\*24 Paychecks**

# Mesa Vision Plan 2012

Vision care benefits are provided by Vision Service Plan (VSP). The City offers its members two types of plans:

- **Basic Vision** – Offers basic coverage at a nominal cost.
- **Vision Plus** – Offers additional coverage for a higher monthly premium.

Select a Participating Provider at [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195.

## VSP IN-NETWORK PLAN HIGHLIGHTS

	BASIC VISION PLAN 12/24/24	VISION PLUS PLAN 12/12/12
<b>Comprehensive Vision Exam</b>	\$10 copay, once every 12 months	\$10 copay, once every 12 months
<b>Materials</b>	\$10 copay, once every 24 months	\$10 copay, once every 12 months
The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.		
<b>Pair of Lenses for Eyeglasses</b>	Once every 24 months Covered in Full Covered in Full Covered in Full	Once every 12 months Covered in Full Covered in Full Covered in Full
<ul style="list-style-type: none"> <li>• Standard single vision</li> <li>• Standard lined bifocal</li> <li>• Standard lined trifocal</li> </ul>		
<b>Lens Options</b>	Available at a discount Available at a discount Available at a discount Available at a discount Available at a discount	Available at a discount Available at a discount Available at a discount Available at a discount Available at a discount
<ul style="list-style-type: none"> <li>• Standard Scratch Coating</li> <li>• Tints</li> <li>• Polycarbonate Lenses*</li> <li>• UV Coating</li> <li>• Basic Progressive Lenses</li> </ul>		
*Covered in Full for Children under 18		
Lens options not covered by the plan may be available at a discount		
<b>Eyeglass Frames</b>	Once every 24 months receive a \$130 retail frame allowance PLUS 20% discount off amounts over the retail allowance.	Once every 12 months receive a \$130 retail frame allowance PLUS 20% discount off amounts over the retail allowance.
<b>Contact Lenses in lieu of Eyeglasses (Lenses &amp; Frames)</b>	Once every 24 months	Once every 12 months
Covered in full elective contact lenses	\$200 allowance once every 24 months. Fitting/evaluation is offered at a 15% discount. If a member chooses a contact lens not currently part of the Contact Lens Care Program, they have the flexibility to use their elective contact lens allowance any way they choose. The allowance can go toward contact lens services and contact lenses. Members will always receive 15% off all contact lens services from their VSP doctor. VSP covered contact lenses may vary by provider.	\$200 allowance once every 12 months. Fitting/evaluation is offered at a 15% discount. If a member chooses a contact lens not currently part of the Contact Lens Care Program, they have the flexibility to use their elective contact lens allowance any way they choose. The allowance can go toward contact lens services and contact lenses. Members will always receive 15% off all contact lens services from their VSP doctor. VSP covered contact lenses may vary by provider.
<ul style="list-style-type: none"> <li>• \$200 Allowance in lieu of lenses and frames</li> <li>• Member receives 15% discount off doctor's professional fees for Contact Lens fitting and evaluation</li> </ul>		
<b>Medically Necessary Contacts Lenses</b>	Applies to individuals who cannot wear eyeglasses because of a medical condition, allergy, etc.	Applies to individuals who cannot wear eyeglasses because of a medical condition, allergy, etc.
<ul style="list-style-type: none"> <li>• \$250 Allowance</li> </ul>	Covered once every 24 months	Covered once every 12 months
<b>Refractive Eye Surgery- Member</b> may receive approximately 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. Many other services are available at discounted rates. Check with your vision care provider or the Vision Service Plan website at <a href="http://www.vsp.com">www.vsp.com</a> .		

## VSP OUT-OF-NETWORK PLAN HIGHLIGHTS

SERVICE	AMOUNT	SERVICE	AMOUNT
<b>Exam</b>		<b>Lenses</b>	
• Optometrist	Up to \$40	• Single Vision	Up to \$40
• Ophthalmologist	Up to \$40	• Bifocal	Up to \$60
		• Trifocal	Up to \$80
		• Lenticular	Up to \$100
<b>Contact Lenses</b> (in lieu of eyeglasses)		<b>Frames</b>	Up to \$45
• Elective	Up to \$200		
• Necessary	Up to \$250		

**TO FILE AN OUT OF NETWORK CLAIM:**

Submit an itemized receipt with the covered member's ID number, name, address, phone number, patient's date of birth and relationship to member to the following address:

VSP  
Attn: Out-of-Network Claims  
PO Box 997105  
Sacramento, CA 95899-7105

Be sure to write on your receipt "City of Mesa Vision Plan"

**Limitations and Exclusions**

This plan is designed to cover eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

**The following services and materials are not covered under the Vision Service Plan**

- Orthoptics or vision training and any associated supplemental testing
- Plano lenses (i.e. refractive error less than +/- 0.50 diopter power)
- Two pairs of glasses instead of bifocals
- Medical or surgical treatment of the eyes
- Replacement of lenses and frames furnished under this program, except at the normal intervals when services are available

**The following items are not covered under the VSP Plan contact lens coverage**

- Corneal Refractive Therapy (CRT) or Orthokeratology
- Replacement of lost or damaged lenses
- Insurance policies or service agreements
- Plano lenses (i.e. refractive error less than +/- 0.50 diopter power)
- Artistically painted lenses
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning

The vision plan premiums have increased slightly (less than \$.50 per pay check) for 2012.

**BASIC VISION PLAN (FULL- AND PART-TIME)**

**2012**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
<b>Single</b>	\$5.06	\$4.53	\$ .53	\$.27
<b>Family</b>	\$13.98	\$7.08	\$6.90	\$3.45

**2011**

Employee Contribution	Per Paycheck*
\$.51	\$.26
\$6.63	\$3.32

**VISION PLUS PLAN**

	Total Premium	City Contribution	Employee Contribution	Per Paycheck
<b>Single</b>	\$8.65	\$4.53	\$4.12	\$2.06
<b>Family</b>	\$23.84	\$7.08	\$16.76	\$8.38

Employee Contribution	Per Paycheck
\$3.95	\$1.98
\$16.09	\$8.05

\*24 Paychecks

# Choosing the Best Plan for You and Your Family

## How do I know which plan to choose?

Although the City of Mesa Benefits Office cannot recommend a specific plan, this section includes some information for you to consider as you make your health insurance plan decisions.

### Member premium costs

- Which of the plans will fit best within your family's budget?
  - Do you have the immediate financial resources to handle the deductible?
- Keep in mind that health insurance premiums are deducted on a pre-tax basis
  - The premium does not equal a reduction in your take home pay

### Health care expense history

- What was your out of pocket expense during the last calendar year?
- How much are you actually USING your benefits?
- How much do you think you will use them in the future?
- What is your network utilization like? Does it have to be that way?

### Do the math!

- Add how much you pay in premiums
- Add how much you pay for medical out of pocket expenses
- Add how much you pay for prescription medication out of pocket expenses
- Add naturopath or homeopath expenses

### Compare

- How much are you paying under your current plan?
- How much would you be paying under the other current plans?

## Consider

- Are you enrolled in the most expensive plan just because it's convenient or because it gives you a feeling of security?
- How likely are you to spend more than the out-of-pocket or annual maximums?
- Are you or one of your family members quite ill with a chronic condition?
- Have you, or has someone in your family made numerous visits to the hospital?
- Are you, or is someone in your family, likely to need surgery, or perhaps a crown or root canal, in the coming year?
- Is one of the children going to need braces for their teeth?
- Do you want to change vision plans so that you can have more or less frequent benefits?

## Use Available Resources

- The Explanation of Benefits forms that we send to your home every time we process a claim
- Look up your claims online at [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits)
- Pharmacy receipts from both the local retail and mail order pharmacies
- Get a list of your prescriptions online at [www.medcohealth.com](http://www.medcohealth.com)
- An excel worksheet to help you estimate your annual uncovered medical expenses (deductibles, copays, and coinsurance). The worksheet can be printed and used as a hard copy or copied and used online.
- The [comparisons](#) for medical, dental, and vision plan benefits
- The [contact information](#) for the plans to answer coverage questions.

# Getting the Best Bang for Your Health Care Buck

## How to Maximize Your Benefits and Save Money for Yourself and the Employee Benefit Trust

### Choose In-Network PPO providers

- Make sure **ALL** providers involved in your care are in the Blue Cross Blue Shield of Arizona PPO network if you live in Arizona
- If you live outside of Arizona, enroll in the out-of-state BCBS network and use the in-network providers in that network
- Ensure that **ALL** providers involved (such as the surgeon, anesthesiologist, assistant surgeons, and the healthcare facility) are in-network providers

### Use the Prescription Plan Wisely

- Choose generic medications whenever possible. You can now get a 90 day supply of generic medication at a retail pharmacy for two months' copay. Not only will you get a better benefit, but it will also help keep premiums down by being less expensive for the plan.
- Use the mail order pharmacy for the medications you take regularly. The mail order pharmacy is easy to use and saves everybody money.
- Ask your doctor about possible alternatives to the more expensive brand name medications
- Do cost comparisons. If there is a less expensive medication that could give you the same results, try it.

### Enroll in or increase your contributions to your Medical Flexible Spending Account (FSA) in 2012

- Flexible Spending Accounts are a great way to reduce your tax liability on health care-related expenses
- An FSA acts like a no-interest loan, because you can receive the money up to your elected amount when the expense is incurred, even if it hasn't been deducted yet
- Expenses such as medical and dental deductibles, copays, and coinsurances are eligible for reimbursement

### Out-of-Network Coverage

The Medical Plan offers out-of-network coverage for those members who choose to use a provider who is not in the Blue Cross Blue Shield of Arizona network. However, in every plan, out of pocket costs for using non-network providers are substantially more for the member and for the Employee Benefit Trust.

In addition, there are other increased costs for using out-of-network providers:

- **No Out-of-Pocket Maximum** - members who choose out-of-network providers will pay **all** deductibles and **all** coinsurances, regardless of total cost
- **Coinurance will be calculated based on allowable costs** for the out of network service.
- Members will pay any costs billed by out of network providers above the allowable cost in addition to their coinsurance
- **Out-of-network emergency room visits** will not be paid in network if not medically necessary
- **Any out-of-network post-emergency follow up care will be covered at out-of-network rates**
- **Out-of-network services will not be paid at the in-network rate** unless the City's independent medical review has determined that there is not an appropriate provider in the network, based on medical necessity

### Coverage for Emergency Services Outside Network Area

All plans provide coverage for emergency services incurred while traveling outside the network area. Emergency services will be covered when that level of care is required due to medical necessity.

- The initial medically necessary emergency visit will be covered under in-network coinsurance
- All follow-up visits and services must be provided by an in-network provider

## Other City Benefit Plans

**Flexible Spending Accounts** offer members the opportunity to set aside **pre-tax** dollars through deductions from their paychecks to pay for certain eligible health care and/or dependent care (child or elder care) expenses. *The [FSA worksheet](#) can help you determine your eligible medical costs.*

**Basic Life Insurance** for full-time employees is at no cost to them. For most employees, the benefit is equal to their annual salary rounded up to the nearest \$1,000.

**Employee Assistance Program (EAP)** provides free legal and financial guidance, child and elder care referrals, and professional short term confidential counseling at no charge to the member.

**Supplemental Life Insurance** offers employees the opportunity to purchase additional life insurance coverage for themselves, their spouse, and/or dependent children.

**Short Term Disability** is a benefit designed to protect a portion of your salary when you cannot work because of an accident, illness, or pregnancy.



## Important Phone Numbers and Websites

Contact	Website / Telephone	Description
Blue Cross Blue Shield of Arizona	<a href="http://www.azblue.com">www.azblue.com</a>	Find an in-network medical provider in <b>Arizona</b> .
Blue Cross Blue Shield Nurse Line	(866) 422-2729 Available 1/1/12	Call a Blue Cross Blue Shield professional nurse, 24 hours a day, 7 days a week
CIGNA - Healthy Rewards	<a href="http://www.CIGNA.com/rewards">www.CIGNA.com/rewards</a>	Acupuncture to natural supplements, aerobic classes to a therapeutic massage. You and your family have health choices like never before. <i>Password: savings</i>
	(800) 258-3312	
Medco	<a href="http://www.medcohealth.com">www.medcohealth.com</a>	Find information about your prescription drug benefit, locate a pharmacy, and order prescriptions from the home delivery pharmacy.
	(877) 476-9270	
ComPsych GuidanceResources	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	Legal advice, budgeting, referrals, and counseling. Call 24/7. Web ID: MESA
	(866) 519-7415 Available 1/1/12	
VSP	<a href="http://www.vsp.com">www.vsp.com</a>	Find a Vision Service Plan provider and other coverage information.
	(800) 877-7195	
CIGNA Life Insurance	(800) 732-1603	Supplemental Life Insurance Program - contact Benefits with questions.
Employee Benefits	<a href="http://www.mesaaz.gov/benefits">www.mesaaz.gov/benefits</a>	View the City of Mesa Plan Document, get benefit forms, and your benefit information and claim history. Eligibility and Benefits Verification.
	(480) 644-2299	
Blue Cross Blue Shield Out-of-State Network	(866) 288-5788 Available 1/1/12	Get information about the Out-of-State Network
Mutual of Omaha	(800) 877-5176	Short Term Disability Benefits-Call Employee Benefits

# ACTION CHECKLIST

Complete this checklist before accessing the online open enrollment system.

**COVERAGE OPTIONS** – Check the level of coverage you want to enroll in

## MEDICAL PLAN OPTIONS

### **Choice PPO – 80/20 Plan**

- |  |  |
|--|--|
| <input type="checkbox"/> Member Only (Single Coverage)       | <b>Full Time Premiums</b><br>\$ 48.00 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$108.00 per paycheck                              |

### **Copay Choice – Copay for most services**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 68.00 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$224.50 per paycheck |

### **Choice Plus PPO – 90/10 Plan**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$197.50 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$409.00 per paycheck |

### **Basic Choice PPO – 50/50 Plan**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 0.00 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 0.00 per paycheck |

- Opt Out** – Choose this option if you have other health insurance coverage, and you do not want to be covered by the City of Mesa plan. *Note: if opt out is chosen, proof of other coverage must be submitted by November 7, 2011 or you will be enrolled in the basic/preventive plans.*

## DENTAL PLAN OPTIONS

### **Preventative Choice – 80/20 Plan, \$500 annual max., no orthodontia or other major services**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 0.00 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 3.00 per paycheck |

### **Dental Choice – 80/20 Plan, \$1200 annual max., no orthodontia**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 4.75 per paycheck  |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 17.00 per paycheck |

### **Dental Choice Plus – 80/20 Plan, \$1500 annual max., orthodontia for children under age 19**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 12.25 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 57.00 per paycheck |

- Opt Out** –if you have other dental insurance and don't want to be covered by a City of Mesa plan

## VISION PLAN OPTIONS

### **Basic Vision – annual exam, glasses/contacts every 24 months**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ .27 per paycheck  |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 3.45 per paycheck |

### **Vision Plus - annual exam, glasses/contacts every 12 months**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Member Only (Single Coverage)       | \$ 2.06 per paycheck |
| <input type="checkbox"/> Member and Family (Family Coverage) | \$ 8.38 per paycheck |

- Opt Out** –if you have other vision insurance and don't want to be covered by a City of Mesa plan

***Checklist is continued on other side***

**DEPENDENT INFORMATION**

- Spouse Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Spouse social security number (required) \_\_\_\_\_
- Child Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Child social security number (required) \_\_\_\_\_
- Child Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Child social security number (required) \_\_\_\_\_
- Child Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Child social security number (required) \_\_\_\_\_
- Child Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Child social security number (required) \_\_\_\_\_
- Child Name** \_\_\_\_\_ date of birth \_\_\_\_\_
- Child social security number (required) \_\_\_\_\_

**DOCUMENTATION REQUIRED FOR NEW DEPENDENTS OR A CHANGE IN STATUS**

- Add Spouse** – marriage certificate
- Add child** – birth certificate; foster, adoption, or legal custody papers
- Add stepchild** – birth certificate, natural parent’s divorce decree, employee’s marriage certificate
- Delete spouse** due to divorce – copy of divorce decree (you must delete spouse if divorced)
- Delete stepchildren** due to divorce - copy of divorce decree (you must delete stepchildren if divorced)
- Proof of insurance**/insurance card for dependents covered under another health insurance plan

*NOTE: If you have or anticipate a status change (e.g., newborn, marriage, divorce, or adoption) that becomes effective in October or November 2011, please contact Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648 **before** doing your on-line enrollment.*

**FLEXIBLE SPENDING ACCOUNT (FSA)**

- Health Care** Flexible Spending Account **Annual** Election \_\_\_\_\_ (max. \$3,000)
- Dependent/Child Care** Flexible Spending Account **Annual** Election \_\_\_\_\_ (max. \$5,000)

**SHORT TERM DISABILITY**

- 14 Day Elimination (Waiting Period)
- 29 Day Elimination (Waiting Period)
- 44 Day Elimination (Waiting Period)

**SUPPLEMENTAL LIFE INSURANCE**

- Employee (increments of \$10,000, max. \$300,000) \_\_\_\_\_
- Spouse (increments of \$10,000, max. \$300,000) \_\_\_\_\_
- Child(ren) (\$2,500, \$5,000, \$7,500, or \$10,000) \_\_\_\_\_

**NOTE: enrollments may be subject to medical underwriting and submittal of insurability Forms.**

# Mesa Medical Plan Information

Our entire health insurance program is self-insured and self-administered, with Blue Cross Blue Shield of Arizona (BCBSAZ) continuing as our network provider. Claims are sent to and processed by the City of Mesa Employee Benefits Office.

Members may choose between four different medical plans depending upon their individual needs for a comparison of coverage under the plans). Please refer to the City of Mesa [Plan Document](#) for detailed descriptions of covered and non-covered services.

## Medical Premiums

Premiums for the four medical plans have been determined based upon the value of the individual plan. Premiums are deducted on a pre-tax basis, which means your premium payments/deductions are made from your paychecks before federal, state, and FICA taxes are calculated. Therefore, your taxable income is lowered and you pay less income tax.

Whenever there is a third paycheck in a month, no premiums are deducted.

## In Network Coverage

It is important that members choose in-network providers in order to get the best benefit. When an individual uses a provider who is in the Blue Cross Blue Shield of Arizona network, the health plan and the member receive discounts. To use the network benefits under the plan most effectively:

- Check the Blue Cross Blue Shield of Arizona, [www.azblue.com](http://www.azblue.com), for participating providers
- Make sure **ALL** providers involved in your care (such as the surgeon, anesthesiologists, assistant surgeons, and the healthcare facility) are in-network providers. You are responsible for making sure that all providers are in-network, so ask your doctor to help you avoid additional costs by referring you only to in-network providers.

## Annual Out of Pocket Maximum (In-Network)

- The total amount a member must pay, not including deductibles, copays, and prescription drug costs before the health plan covers expenses at 100%
- Each time an in-network claim is processed by the health plan, coinsurance paid by the member is applied to the out of pocket maximum amount
- When the in-network out-of-pocket maximum is reached, covered medical claims will be paid at 100% for the rest of the calendar year

## Instructions for Locating a Blue Cross Blue Shield of Arizona Provider

Members enrolled in any of the Choice Medical Plans may choose a Blue Cross Blue Shield of Arizona contracted provider. Provider discounts vary based upon the provider's contract with BCBSAZ.

To use the Blue Cross Blue Shield of Arizona Website follow the instructions below to locate a medical provider in the Blue Cross Blue Shield network.

1. On the web go to the Blue Cross Blue Shield of Arizona website at [www.azblue.com](http://www.azblue.com)
2. A Guest page will appear. Click on "Search the Provider Directory" link.
3. On the "Health & Dental Provider Directory" page, under the ID card sample that says "Acme Company," click on the "Search the Provider Directory" link.
4. You will see three tabs entitled "Providers", "Facilities" and "Urgent Care". Select the tab that applies to your search.
5. Under "Search by Network", click on the drop down arrow and select "PPO".
6. You can then enter your address, provider name or specialty to define your search. Once done, click on the "Search" button.

The website is updated monthly by BCBSAZ, listing any new providers, or removing those who have terminated recently.

## Precertification

- Required under all City of Mesa Medical Plans for certain covered services
- Ensures that hospitalizations, surgeries, and other procedures are medically necessary
- The physician's office will contact the plan on your behalf to pre-certify required services
- **Members are responsible for making sure services have been pre-certified. Services that are not pre-certified will not be covered.**
- Some procedures that require precertification:
  - All elective non-emergency admissions, except for birth of a baby (not including post-natal)
  - All elective admissions to specialized facilities, including outpatient surgical centers, hospice, skilled nursing facilities, and sub-acute care facilities
  - All admissions to inpatient or day treatment rehab facilities for both medical and mental health services
  - Colonoscopies, except those covered under the preventive care benefit
  - Other invasive diagnostic tests
  - Sleep studies
  - Durable Medical Equipment with a cost of \$1000 or more;
  - **Emergency hospital admissions within 48 hours after admission**

## Utilization (or Concurrent) Review/Case Management

- Ensures that services and treatment are medically necessary
- Coordinates member care with other health care providers, such as home health agencies, durable medical equipment vendors, and others
- May also assist with discharge planning and advising medical providers of various options available under the plan

## Non-Covered Services

Services that are not covered under the City of Mesa Medical Plans include, but are not limited to:

- Cosmetic surgery or related expenses
- Fertility treatment, except limited services available under the Choice Plus PPO Plan
- Health club memberships
- Massage therapy, except when performed by a physical therapist, chiropractor, or medical doctor
- Medications not approved by the FDA
- Nutritional supplements and/or vitamins (except certain prenatal vitamins)
- Services that are experimental and/or investigational in nature
- Vision services, except exams and lenses required following cataract surgery (vision services are covered under a separate optional plan)
- Weight management programs.

For more detailed information about services that are not covered, please contact Employee Benefits at (480) 644-2299 or refer to the [Plan Document](#).

## Other Insurance Coverage

- Member and dependents who are covered by another health insurance policy must submit a copy of the insurance card from the other carrier or other documentation to the Employee Benefits Office
- If other coverage has been terminated, documentation of the termination date must be submitted
- Certain rules determine which plan is primary (i.e., which plan pays first)
- The City of Mesa plan does not coordinate benefits with primary plans that have co-pays.
- For assistance with determining which of your insurance carriers is primary, please contact Employee Benefits at (480) 644-2299.

## Your Insurance Card and ID Number

*Remember: your medical card is combined with your prescription drug card and comes to you from Medco*

- Always take your healthcare ID card with you when visiting a healthcare provider office
- The 5-digit ID number found on your Medco insurance card is the medical plan Insured ID number and should be used when filling out forms at a healthcare provider's office
- Claims submitted with incorrect information may be denied
- Please order replacement cards through the Medco website

# Medical Coverage for Out-of-State Members

**Effective January 1, 2012, Blue Cross Blue Shield has replaced HealthSmart** as the out-of-state network for those City of Mesa health plan members who live outside the state of Arizona. BCBS allows eligible City members to use their providers throughout the United States, including hospitals, urgent care centers, doctors and specialists. The network is only for those covered persons who regularly live outside Arizona. ***It is not for members who reside in Arizona who are traveling outside the state.***

**The Benefits Office must be notified** if a member or an eligible dependent is moving out-of-state, or will be residing outside the state for four months or more of the year. Members who do not enroll in the BCBS out-of-state network will have all non-life or limb-threatening services covered at the out-of-state network benefit, including routine and urgent care, scheduled surgeries, etc. Life or limb-threatening services will be reviewed to determine if emergency care was medically necessary.

**You will receive new ID cards** with your out-of-state member number from Blue Cross Blue Shield. This new card must be presented to your health care provider and retail pharmacy effective January 1, 2012, whether it is a new provider or one you have seen before. If you do not present your new card, your claim may be denied. Please destroy your previous card to prevent unauthorized use.

**There is no additional charge** to enroll in the out-of-state network plan. Out-of-state dependents not enrolled will only be covered under the out-of-network benefit. For out-of-state members who use a BCBS contracted provider, services will be processed as in-network for the plan selected. For example, if a member is enrolled in the Choice 80/20 plan, services rendered by a BCBS provider will first be subject to a \$300 per person annual deductible, and then paid at 80%. If a non-network provider is used by a Choice member, or if the member is not enrolled in the BCBS out-of-state plan, services will be processed as out-of-network (subject to a \$1,000 deductible, then paid at 60%).

**Your provider will need to pre-certify** services outlined in the plan document with the Arizona Foundation for Medical Care, the City's medical management company.

**If the City of Mesa is your primary or only carrier**, present your BCBS card to the provider at the time of your appointment. If you did not receive a card, contact BCBS at 1 (866) 288-5788 (effective January 1, 2012). Give your provider the member number on your BCBS out-of-state network ID card as the Insured ID-number. **If the City of Mesa is your secondary carrier** (for example, if you are on Medicare), inform the provider that you have primary insurance. The itemized bill with the primary carrier's Explanation of Benefits should be sent to BCBS. ***Claims should not be sent to the City of Mesa Employee Benefits***, as that will delay payment. Members and providers should call BCBS, not the City of Mesa, with questions or to verify coverage.

**To Find an Out-of-State BCBS Provider**, call Blue Cross Blue Shield at 1 (866) 288-5788 and state your member ID number and group number as it is printed in your card. You can also log in to Blue Cross Blue Shield's web site to do a provider search:

- Visit the provider directory at [azblue.com](http://azblue.com)
- Choose the tab for "Outside of Arizona Directories"
- Click the link for "Search the BlueCard U.S. Directory"
- At the prompt, enter the alpha prefix MDK (custom alpha prefix for City of Mesa)
- Enter desired criteria to begin the search

# MONTHLY RATES FOR COBRA PARTICIPANTS

## Rates for 2012

## 2011 Rates

### CHOICE PPO PLAN

	Total Premium
Single	\$490.62
Family	\$1,063.86

Total Premium
\$437.58
\$1,241.34

### COPAY CHOICE PLAN

	Total Premium
Single	\$531.42
Family	\$1,301.52

Total Premium
\$489.60
\$1,418.82

### BASIC CHOICE PLAN (50/50)

	Total Premium
Single	\$392.70
Family	\$843.54

Total Premium
\$375.36
\$1,021.02

### CHOICE PLUS PLAN (90/10)

	Total Premium
Single	\$795.60
Family	\$1,677.90

Total Premium
\$778.26
\$1,855.38

### DENTAL CHOICE PLAN

	Total Premium
Single	\$96.90
Family	\$173.40

Total Premium
\$96.90
\$173.40

### DENTAL CHOICE PLUS PLAN

	Total Premium
Single	\$112.20
Family	\$255.00

Total Premium
\$112.20
\$255.00

### PREVENTATIVE CHOICE PLAN

	Total Premium
Single	\$87.21
Family	\$144.84

Total Premium
\$87.21
\$144.84

### BASIC VISION PLAN

	Total Premium
Single	\$5.16
Family	\$14.26

Total Premium
\$4.96
\$13.69

### VISION PLAN PLUS

	Total Premium
Single	\$8.82
Family	\$24.32

Total Premium
\$8.47
\$23.34

# Mesa Flexible Spending Account Plan

The Mesa Choice Flex Plan offers employees the opportunity to set aside pre-tax dollars from their paychecks to pay for certain eligible health care and/or dependent care (child or elder care) expenses that would normally be paid out of their own pockets. When you enroll in the flexible spending account program, you reduce your tax liability by reducing your taxable income. Employees do not need to be enrolled in the City's health plan to enroll in a Flexible Spending Account. Members who have single coverage under the plan can also enroll their dependents in their FSA.

## Health Flexible Spending Account

In accordance with the Health Care Reform bill, OTC medicines and products require a Physician prescription in order to be reimbursed from the Health FSA account. The physician prescription must be submitted each and every time the OTC medicine or product is claimed for reimbursement under the Health FSA.

The Health Flex plan allows you to set aside up to \$3,000 in 2012 to pay for eligible health care expenses that are not covered by your insurance. These expenses must be incurred by you or a qualified dependent. These include:

- Deductibles
- Coinsurance
- Copayments
- Certain items not covered by insurance

## Dependent Care Flexible Spending Account

The Dependent Care Flex Plan allows you to set aside up to a maximum of \$5,000 per married couple or single adult in 2012 to pay for eligible child or elder care services that are needed so you and your spouse (if applicable) can work. Tuition for educational expenses (whether private or public) for children in kindergarten to age 13 is not eligible for reimbursement. Once you incur expenses for certain qualifying childcare expenses, you can submit those receipts to Employee Benefits for reimbursement from this account. The claims will be reviewed for eligibility and accuracy. Reimbursements made from this account will be equal to the amount of the claim, but not more than the amount currently in your Dependent Care Account. **This account is for day care expenses ONLY. You cannot claim dependent medical/dental expenses on the Dependent Care Flex Account.**

Dependent Care arrangements, which qualify include:

- A Dependent (Day) Care Center, provided it complies with applicable state and local laws if care is provided by the facility for more than six individuals;
- An education institution for pre-school children.
- For school-age children (Kindergarten through age 12), only expenses for before & after school care are eligible; tuition fees do not apply.
- An "individual" who provides care inside or outside your home who is not your child under age 19 or anyone you claim as a dependent for federal tax purposes (i.e., spouse).

## Reimbursement for Expenses

If you receive reimbursement for an expense from one of the flexible spending accounts, you cannot claim that expense as a deduction or take a federal income tax credit on your personal income tax return.

Claims may be submitted for reimbursement up to 90 days after the end of a calendar year in which you are enrolled. The deadline to submit FSA claims for expenses incurred January 1, 2012 through December 31, 2012, will be March 31, 2013, by 6:00 p.m.

**NOTE:** When enrolling in the Flexible Spending Plan(s) for the first time, you should estimate your eligible expenses **carefully**: Any money left in your account after the reimbursement deadline will be forfeited and deposited into the Employee Benefit Trust. The [Medical FSA worksheet](#) can help you to estimate your annual out-of-pocket medical expenses.

# Employee Assistance Program (EAP)

**Call: 866.519.7415**  
**guidanceresources.com Web ID: MESA**  
**TDD: 800.697.0353**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Effective January 1, 2012, The City of Mesa, through ComPsych GuidanceResources, provides support, resources and information for personal and work-life issues. GuidanceResources is company-sponsored, confidential and provided at no charge to you and your dependents. ComPsych Guidance Resources provides:

## **Legal Support and Resources** - *Expert info when you need it.*

Talk to Guidance Resource attorneys by phone for free. If you require representation, you'll be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Real estate transactions
- Debt and bankruptcy
- Civil and criminal actions
- Landlord/tenant issues
- Contracts

## **Financial Information and Resources** - *Discover your best options.*

Speak by phone for free with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement planning
- Credit card or loan problems
- Estate planning
- Tax questions
- Saving for college

## **Confidential Counseling** - *Someone to talk to.*

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face (up to 8 face to face visits). It is staffed by GuidanceConsultantsSM-highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Stress, anxiety and depression
- Job pressures
- Relationship/marital conflicts
- Grief and loss
- Problems with children
- Substance abuse

## **Work-Life Solutions** - *Delegate your "to-do" list.*

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- College planning
- Moving and relocation
- Pet care
- Making major purchases
- Home repair

## **GuidanceResources® Online** - *Knowledge at your fingertips.*

GuidanceResources Online is your one stop for expert information on the issues that matter most to you relationships, work, school, children, wellness, legal, financial, free time and more.

- "Ask the Expert" personal responses to your questions
- Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

# Mesa Disability Programs

## Short Term Disability

Voluntary Short Term Disability (STD) is a benefit through Mutual of Omaha designed to protect a portion of your salary when you cannot work because of an accident, illness, or pregnancy. Mutual of Omaha administers the short term disability benefits program. This program does not cover accidents incurred on the job.

You may enroll in STD when you are hired or during the annual open enrollment period. If you are a new enrollee or making a change to your waiting period, you can enroll on the Open Enrollment Online system at [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits). You may choose between the 14 day, 29 day, or 44 day waiting period.

If you are currently enrolled, you do not need to re-apply, only if you are changing benefit waiting periods. Members who are currently enrolled in STD will still need to confirm their coverage when completing their online enrollment.

**If you are a new hire or enrolling for the first time, you will be subject to a pre-existing exclusion for the first 6 months from your STD effective date. This means if you file a claim during the first 6 months of coverage, no disability benefit will be paid if the disability is caused by, contributed to, or resulted from a pre-existing condition.**

**A pre-existing condition** means any injury or sickness for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicine prescribed or taken in the 3 months prior to the day you become insured under the STD policy.

Salary protection under this policy is limited to 6 months of paid benefits after the waiting period. During the waiting period, you may use accrued leave as outlined in the Personnel Rules. All sick and vacation accruals will be frozen while you are receiving the STD benefit.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of *active work* as an eligible employee. For example, if your STD benefit start date is September 1<sup>st</sup> and you are out sick on August 31<sup>st</sup> then your STD benefit will not become active until your first full day at work following the absence.

### **Benefit Amount**

After your waiting period, you will receive 66 2/3% of your base salary at the time of disability. This income is non-taxable since you pay tax on your monthly premiums.

Plan Maximum Weekly Benefit: \$2000      Plan Minimum Weekly Benefit: \$25

The three short term disability plan options available are:

- Plan Option 1: 14-day benefit waiting period. Monthly cost is \$.55 per \$10 of benefit.
- Plan Option 2: 29-day benefit waiting period. Monthly cost is \$.29 per \$10 of benefit.
- Plan Option 3: 44-day benefit waiting period. Monthly cost is \$.235 per \$10 of benefit.

### **How to File a Claim**

Please contact Mutual of Omaha at 1 (800) 877-5176 to complete the initial intake with a Disability Customer Service Representative. It is important that you complete the STD form as soon as you become disabled as it may take several days or weeks for Mutual of Omaha to process your application.

During your waiting period, your application will be reviewed by Mutual of Omaha to determine if you are eligible to receive STD payments. You may use sick leave, vacation, comp time, or donated leave to cover your absence during the waiting period. If you are ineligible for or have exhausted your FMLA leave (FMLA can run concurrently with STD), you may be required to pay the full cost of your group insurance (employee and employer portions of the premium).

In some cases, the review process may take longer than your waiting period, resulting in a delay in payment of your STD benefit. Should this occur, Payroll will place you on dock (no pay) status. Contact Payroll at (480) 644-2389 for further information on this occurrence.

You are not required to make premium payments for your STD coverage during your period of disability. If a premium payment is deducted from your paycheck in error, it will be returned to you.

Please contact Mutual of Omaha and your timekeeper **immediately** if you return to work earlier than anticipated. Otherwise, you may create an overpayment from Mutual of Omaha that will need to be repaid.

Please remember to contact Jackie Hale in Human Resources at (480) 644-3180 to obtain and complete the Family Medical Leave Act (FMLA) paperwork related to your disability. Submitting this paperwork provides you with job protection and maintains your health insurance premiums at the same level as when you are working for up to 12 weeks.

## Long Term Disability

The City of Mesa provides Long Term Disability coverage to all full-time and part-time employees participating in the Arizona State Retirement System (ASRS). A third party insurance company under the guidance of ASRS administers this benefit. The administrator is Sedgwick CMS. The cost of this program is shared between the participant and the City of Mesa.

Additionally, the City of Mesa provides Long Term Disability coverage to sworn firefighters, sworn police officers and city council members. A third party insurance company (CIGNA) under the guidance of the City of Mesa administers this benefit. The cost of this program is paid in full by the City of Mesa.

### Program Definitions

The definition of disability is determined by the LTD carrier and is defined as follows:

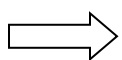
- During the first thirty (30) months of a disability, including a six-month waiting period, you are considered Totally Disabled if you are under the care of a licensed physician and are unable to perform all of the essential duties of the job you held when you became disabled.
- After you have received benefits for twenty-four (24) continuous months, you are considered Totally Disabled if you are under the care of a licensed physician and are unable to perform any work for compensation or gain for which you are reasonably qualified by education, training or experience.

The waiting period as determined by the LTD carrier is defined as follows:

- The Benefits Waiting Period will be 180 days of continuous Disability. A period of Disability will be considered continuous even if you return to a full-time work in your regular job for up to a total of 10 days for ASRS members and 30 days for PSPRS members during the Benefit Waiting Period. The Benefit Waiting Period will be extended by the number of days you temporarily returned to work.

### Program Benefits

- ASRS MEMBERS – the policy covers 66.67% of your base salary after the 180 day waiting period, less any other compensation that you may receive.
- PSPRS MEMBERS – the policy cover 60% of your base salary after the 180 day waiting period, less any other compensation that you may receive.



**ATTENTION PSPRS MEMBERS:** No LTD application is necessary. You can call CIGNA at 1-800-362-4462 and CIGNA will take your LTD information by phone. You can also fill out a claim form online at [www.CIGNA.com](http://www.CIGNA.com).

If you have questions on the City's Long Term Disability programs, call Employee Benefits at (480) 644-2299.

# Mesa Life Insurance Programs

## City Funded Life and AD&D Coverage

The City provides several Life Insurance policies for employees, including Basic Life Insurance, Accidental Death and Dismemberment Coverage, and Commuter Life Insurance. These programs are fully funded by the City of Mesa.

### **Basic Life Insurance**

Basic Life Insurance is underwritten by CIGNA Life Insurance to full-time employees at no cost to them. For most employees, the benefit is equal to your annual salary rounded up to the nearest \$1,000. When you were hired, you were asked to designate a beneficiary for this policy. We highly recommend you **verify your beneficiary every few years**, but especially when you experience a major life event, such as marriage, divorce, birth or death of a family member. You may check or change your beneficiary information using the online enrollment system.

### **Accidental Death and Dismemberment**

Like the Basic Life Insurance policy, this coverage will be provided by CIGNA Life Insurance to full-time employees at no cost to them. The benefit is also equal to your annual salary rounded up to the nearest \$1,000. The beneficiary for this policy is the same individual that you designated for your Basic Life Insurance.

### **Commuter Life Insurance**

Provided through Hartford Life Insurance, this policy provides a \$200,000 death benefit to your beneficiary in the event you are killed as a result of an accident that occurs while you are commuting to or from work using your normal route. This policy does not cover travel by aircraft.

## Supplemental Life

Supplemental (or Voluntary) Life Insurance offers employees the opportunity to enroll in additional life insurance coverage for themselves, or a spouse, and/or dependent children. Coverage for employees and a spouse is available in \$10,000 increments up to a total of \$300,000. Premiums for this coverage are the employee's responsibility and are paid through payroll deduction. The City does not contribute to this coverage, which is provided by CIGNA Life Insurance.

To add or increase coverage during Open Enrollment, use the Online Open Enrollment system. **If no changes are being made, no re-application is required. However, during Online Open Enrollment employees need to confirm current life insurance selections.**

If an employee is not currently enrolled in this coverage, or is covered for less than the Guaranteed Issue of \$100,000, the employee may enroll in either \$10,000 or \$20,000 of additional coverage without having to complete a Cigna Change Form.

- For example, if an employee is currently enrolled in \$50,000 of coverage, that coverage may be increased to \$70,000 with no additional forms.

**All increases in spouse life insurance coverage require a completed Change Form.**

Increases to a spouse's coverage for 2012 require an underwriting and approval process by the carrier. Please print and complete the Cigna Change Form if prompted, and return it to the Benefits Office no later than 6pm on November 7, 2011

This coverage may be portable should a covered employee terminate employment with, or retire from, the City of Mesa. Please refer to the Life Insurance Certificate of Coverage for more information.

The premiums shown below are per \$1,000 of coverage.  
Employee & Spouse Monthly Premiums

Age Band	Employee & Spouse	Age Band	Employee & Spouse
Under 20	\$0.06	50-54	\$0.48
20-24	\$0.06	55-59	\$0.79
25-29	\$0.06	60-64	\$1.11
30-34	\$0.07	65-69	\$1.93
35-39	\$0.09	70-74	\$2.99
40-44	\$0.17	75-79	\$4.28
45-49	\$0.35	80+	\$8.27

Dependent Children Monthly Premiums – premium is based upon the amount of coverage elected regardless of the number of dependent children covered. Dependent children are covered from ages 6 months to 19 years and from 19 to 23 years if a full-time student at an accredited school or on a religious excursion. **The maximum benefit for a dependent child who is less than 6 months old is \$500.**

Child Benefit	Total Monthly Cost
\$2,500	\$0.40
\$5,000	\$0.80
\$7,500	\$1.20
\$10,000	\$1.60

Have Ineligible Dependents? Remove them from your Coverage if:

1. The Child is NOT a full-time student or on a religious excursion after age 19 years thru 23 years.
2. If the employee divorces from a covered spouse.

If an employee continues to pay premiums on an ineligible dependent, premiums paid WILL NOT be refunded.

# Mesa Health Plan

## Part-Time Employee Benefits

Part-time employees who are working in a benefits-eligible position may enroll in the following benefit programs:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Supplemental Life Insurance

The coverage levels for these benefit programs are the same as for full-time employees. Please refer to the descriptions found earlier in this workbook.

Part-time benefits are only available to those employees who are working in benefits-eligible positions as defined in Management Policy 320 and determined by the individual department managers.

Benefit-eligible part-time employees must meet a six-month waiting period before benefits may begin. If you have not completed your waiting period, the Benefits Office will notify you when you are eligible to make your elections. If, however, you have already completed your waiting period and have declined benefits in the past, you may enroll during this open enrollment period.

### **Premiums**

The City Contribution for part-time employees on the [medical](#) and [dental](#) plans is based on the part-time City contribution for the Choice PPO and Dental Choice Plans. For [vision](#) coverage, the City Contribution is the same as for full-time employees.

Health insurance premiums are deducted from payroll checks one month in advance.

### **Supplemental Life Insurance**

Part-time employees may also enroll in the [Supplemental Life Insurance](#) program.

# Affordable Care Act Changes

## **Children to Age 26 May be Covered under the Plan**

Individuals whose coverage ended, who were denied coverage or who were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the City of Mesa group health plan. No coverage is extended to son-in-law, daughter-in-law, or grandchildren, except in the case of legal custody.

## **No Retroactive Cancellation of Coverage**

In accordance with the requirements of the Affordable Care Act, the plan will not retroactively cancel coverage except for non-payment of premium or in the case of fraud or intentional misrepresentation of material fact and with at least a 30-day advanced written notice for fraud or misrepresentation. Retroactive terminations of coverage may be made for ineligibility under the requirements of the Plan Document and no advanced written notice will be required.

## **Annual Notification - Women's Health and Cancer Rights Act of 1998**

Federal law requires the following notification: Group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. This Plan complies with the Women's Health and Cancer Rights Act (WHCRA) that indicates that for any covered individual who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with it, coverage will be provided in a manner determined in consultation with the attending physician and the patient, including:

- 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 physical complications for all stages of mastectomy, including lymphedemas.

Coverage is subject to the Plan's normal rules, including in-network co-payments or out-of-network annual deductibles and coinsurance provisions. If you have any questions about this law, including Plan benefits for mastectomies or reconstructive surgery, please contact Margie Ward, Employee Benefits Administrator at (480) 644-4421.

## **HIPAA – Health Insurance Portability and Accountability Act of 1996**

Effective April 14, 2003, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law, requires that health plans like the City of Mesa Health Plan (hereafter referred to as the "Plan"), maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI).

- The term "Protected Health Information" (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.
- PHI does not include health information contained in employment records held by the City of Mesa in its role as an employer, including but not limited to health information related to disability, work-related illness/injury, sick leave, Family or Medical leave (FMLA), life insurance, dependent care FSA, drug testing, etc.
- A complete description of your rights under HIPAA can be found in the Plan's Notice of Privacy Practices, which was previously distributed to you or distributed to you upon enrollment in the Plan and is also available from the Employee Benefits Office or at [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits).

# Medicaid & the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance. If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of September 1, 2010. You should contact your State for further information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medi%20caid/">http://health.hss.state.ak.us/dpa/programs/medi caid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone: 1-800-866-3513 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone: 1-877-764-5437	
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-866-762-2237
<b>GEORGIA – Medicaid</b>	<b>MONTANA – Medicaid</b>

Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Telephone: 1-800-694-3084
<b>IDAHO</b> – Medicaid and CHIP	<b>NEBRASKA</b> – Medicaid
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>INDIANA</b> – Medicaid	<b>NEVADA</b> – Medicaid and CHIP
Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA</b> – Medicaid	
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS</b> – Medicaid	<b>NEW HAMPSHIRE</b> – Medicaid
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 800-766-9012	Website: <a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a> Phone: 1-800-852-3345 x 5254
<b>KENTUCKY</b> – Medicaid	<b>NEW JERSEY</b> – Medicaid and CHIP
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA</b> – Medicaid	
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	
<b>MAINE</b> – Medicaid	<b>NEW MEXICO</b> – Medicaid and CHIP
Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MASSACHUSETTS</b> – Medicaid and CHIP	
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	
<b>MINNESOTA</b> – Medicaid	<b>NEW YORK</b> – Medicaid
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MISSOURI</b> – Medicaid	<b>NORTH CAROLINA</b> – Medicaid
Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a> Phone: 573-751-6944	Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100
<b>NORTH DAKOTA</b> – Medicaid	<b>UTAH</b> – Medicaid
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a> Phone: 1-866-435-7414
<b>OKLAHOMA</b> – Medicaid	<b>VERMONT</b> – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a> Telephone: 1-800-250-8427
<b>OREGON</b> – Medicaid and CHIP	<b>VIRGINIA</b> – Medicaid and CHIP

Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
<b>PENNSYLVANIA</b> – Medicaid	<b>WASHINGTON</b> – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
<b>RHODE ISLAND</b> – Medicaid	<b>WEST VIRGINIA</b> – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
<b>SOUTH CAROLINA</b> – Medicaid	<b>WISCONSIN</b> – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
<b>TEXAS</b> – Medicaid	<b>WYOMING</b> – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493 Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

**1-866-444-EBSA (3272) 1-877-267-2323, Ext. 6156**

# Medicare Mandatory Reporting Requirement

As a health plan payor, the City of Mesa is required to comply with a number of federal laws, including HIPAA (see above) and the new Medicare Mandatory Reporting Requirement. This new requirement came about because of increased misunderstandings by providers and Medicare recipients regarding the primary/secondary relationship between Medicare and their other Group Health Plan (like those offered by the City of Mesa).

When a person becomes eligible for Medicare, either because they have reached their Medicare-eligibility age OR they have been disabled in accordance with Medicare rules, they are automatically enrolled in Medicare Part A, which covers the person under Medicare for Hospitalizations. They will also have the option of enrolling in Medicare Part B (for professional services, such as doctor visits, lab and x-ray services), and there is a monthly premium. When a person is also covered by another insurance plan, such as those offered by the City of Mesa, both the City and Medicare must determine which plan is primary (i.e. which plan pays first when services are rendered) and which plan is secondary.

Many people assume that when they become eligible for Medicare that Medicare is automatically primary. This is not necessarily the case, especially if the person is still an active employee or is the spouse of an active employee. For this reason, the Centers for Medicare and Medicaid Services (CMS) has enacted the new Medicare Mandatory Reporting Requirement—to ensure those who are enrolled in both Medicare and another group health plan understand which plan is considered their primary insurance.

To facilitate this process, CMS is requiring all health insurance payors to submit the names and social security numbers of all of their members, regardless of their age or Medicare status. They will then verify which people are enrolled in Medicare and will communicate this information to the Employee Benefits Office, so we can notify the member which insurance coverage should be considered primary. As a result of this requirement, we are required to have all plan members (employees and retirees) provide us with the social security numbers of their dependents (spouses and children). We will then communicate this information to CMS as required by federal law.

Please note this information will be kept completely confidential and private, as the City of Mesa Employee Benefits Office is bound by HIPAA to maintain the privacy of all personal health information. If you have any questions or concerns about this new requirement, please contact Margie Ward, Employee Benefits Administrator at (480) 644-4421.

<p><b>Important Notice from the City of Mesa About Your Prescription Drug Coverage and Medicare</b></p>
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**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Mesa and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information**

**about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

**1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**2. The City of Mesa has determined that the prescription drug coverage offered by the City of Mesa Medical Plan, including the Basic Choice PPO, Choice PPO, Choice Plus PPO, and Choice Copay plans, is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current City of Mesa coverage will not be affected. Under the prescription drug coverage plan provisions under the City of Mesa Choice Medical Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D, they can keep

this coverage if they elect part D but this plan will not coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that you and your dependents will not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the City of Mesa and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call the City of Mesa Benefits Office at 480-644-2299.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Mesa changes. You also may request a copy of this notice at any time,

Contact: Margie Ward  
City of Mesa  
Benefits Administrator  
P.O. Box 1466  
Mesa, AZ 85211-1466

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**