



PIMA HEART

... where every heart beat counts

FOR *your* BENEFIT

EMPLOYEE BENEFITS GUIDE
2017

Employee Benefits

Pima Heart is pleased to provide employees and their families a comprehensive benefit package that addresses personal health and financial well being. We encourage employees to examine this booklet in order to understand the benefits that are available to you and your family. If you have questions about this guide please contact Human Resources at (520) 838 - 2440.

The best decisions are based on information. Before making benefit selections, you should lay the groundwork for making the right health care decision for you and your family. This booklet has been prepared to assist in evaluating the coverage available through Pima Heart Physicians.

You also have access to an electronic presentation to review your benefits in more detail. It provides an overview of the benefits and education on the HDHP/HSA Plan. You can view this at your convenience from work or home.

Contact Information

WHO	WHAT	PHONE	WEBSITE / E-MAIL
United Healthcare PPO Plan	Medical, Rx, ID Cards	(866) 633-2446	www.myuhc.com
United Healthcare HDHP	Medical, Rx, ID Cards	(866) 314-0335	www.myuhc.com
OptumHealth Bank	HSA	T: (866) 234-8913 F: (866) 765-6766	www.optumhealthbank.com
Principal	Dental PPO	(800) 247-4695	www.principal.com
Principal	Life, AD&D, STD, LTD	(800) 245-1522	www.principal.com
Employers Dental Service (EDS)	Dental, Schedule Plan	(800) 722-9772	www.mydentalplan.net
Avesis	Vision	(800) 828-9341	www.avesis.com
AFLAC Tom Prestal Kathleen Nicholson	Voluntary Benefits	C: (520) 954-2836 C: (520) 906-6191	www.aflac.com tpestal@aol.com kathleen_nicholson@us.aflac.com
McLaughlin Young Employee Services	Employee Assistance Program (EAP)	(800) 633-3353	www.mygroup.com
LegalShield Robert Garcia	Legal Services	T: (520) 272-9673 F: (520) 798-3644	garciappl@yahoo.com
Liberty Mutual Denise Jones	Auto & Home Insurance	(520) 745-1661 x 57971	denise.jones@libertymutual.com
FIT at the River	Gym Membership	(520) 690-9299	
Dolores Zimmerman, Controller	Pima Heart Retirement Plan	(520) 838-2127	doloresz@pimaheart.com
Linda Andrews, Exec Director	Pima Heart Human Resources	T: (520) 838-2440 C: (520) 991-5748	linda@pimaheart.com
Trish Cloud, HR Mona Kinderknecht	Pima Heart Human Resources Payroll	(520) 838-2439 (520) 838-2167	trish@pimaheart.com mona.kinderknecht@pimaheart.com
Angela Schlosser, Claims Advocate	CBIZ Claim questions, review & resolution	(520) 321-7503	aschlosser@cbiz.com

This guide is an overview of the benefit plans and should not be construed as an individual Summary Plan Description. The Certificate of Coverage (COC) should be relied upon to fully determine coverage. If differences exist between this summary and the Certificate of Coverage, the Certificate applies.

Benefit Eligibility & Enrollment

Benefit Eligibility

All regular full-time employees that work at least 30 hours per week (part time 20 hours per week) are eligible for benefits following the waiting period. Dependents eligible for coverage include your spouse and children up to age 26. When approved, your unmarried dependent child(ren) of any age who are disabled and rely on you for support.

Benefit Enrollment Period

New Hires:

You can enroll in your benefit coverages after your hire date and during your first 60 days of employment. Unless otherwise noted in your employment offer letter, **your coverages will take effect the first of the month after your 60th day of employment.**

Re-Hires:

If you are re-hired within 12 months (365 days) of your termination date, you are eligible to enroll for your benefit coverages immediately. Coverage will be effective on the first of the month following your re-hire date provided that you enroll within 30 days of your re-hire. If you fail to enroll timely (within 30 days) you will not have benefits.

If you are re-hired 366 days or greater following your termination date you will be treated as a new hire for benefits eligibility.

You have 30 days before your effective date to make your benefit elections. It is important for you to understand that failure to enroll by this deadline means you will not have benefits and will not be able to elect benefits until the next annual open enrollment period, unless you experience a qualifying event.

Annual Open Enrollment Period

Annual open enrollment is held in December of each year. Plan and election changes will be effective January 1st.





How and When May I Change My Elections

Changing Your Coverage

When you first become eligible for benefits, you will have the opportunity to review all your benefit options and then select those that best meet your needs. These benefit elections will remain in place until the end of the current plan year (which ends December 31st of each year) unless you experience a qualifying event. Similarly, during each annual enrollment you will have the opportunity to review and elect benefit options and these elections will remain in place until the end of the plan year (which ends December 31st of each year) unless you experience a qualifying event. A Qualifying Event (Q/E) is also referred to as a “Change in (family) Status”.

If you have a Change in Status during the plan year, you may be able to make changes to your benefits within 30 days of the Q/E. In most cases, only changes consistent with the Change in Status can be made. Your Human Resources department can explain in more detail the types of coverage changes you can make when you have a Change in Status. Following are some examples of Changes in Status:

- Employee’s change in marital status (marriage or divorce) or death of spouse
- Birth, adoption or death of a dependent child
- Change in employee’s, spouse’s or dependent child’s employment status that affects benefit eligibility (for example full time to part time status; leave without pay)
- Child becoming ineligible for coverage due to reaching age limit
- Employee’s receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a covered child
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
- Becoming eligible or ineligible for Medicare or Medicaid
- Significant changes in or cancellation of coverage

Effective dates of coverage for changes

All approved benefit election changes resulting from a qualified change in status or special enrollment will be effective on the first day of the month following the receipt and approval of your completed Change-in-Status form and proof of change in status or special-enrollment event documentation. However, in the case of a birth, adoption, or placement for adoption the effective date for the benefit election change will be the day of the event. Remember that your completed Change-in-Status form must be received within 30 days from the date of the change in status or special-enrollment event.

Waiving Coverage

If you choose not to enroll in any of the benefit plans when you are first eligible, you must indicate your decision to waive select benefits by “opting out” of the plan(s) by completing a benefit waiver form. If you decline coverage because you are covered under another medical plan option, you must state this reason in writing in order to qualify for future special enrollments under HIPAA.

Coverage for your new dependent becomes effective as follows:

DEPENDENT	EFFECTIVE DATE OF COVERAGE
Spouse (marriage)	Date of marriage
Newborn Child(ren)	Your child’s date of birth
Adopted Child(ren)	The date of adoption or placement for adoption



Medical Benefits - UnitedHealthcare

Among the most important decisions you will make is the type of medical insurance that is best for you and your family. This important insurance helps to protect you and your family from the financial loss of a catastrophic illness or accident. UnitedHealthcare (UHC) offers one of the largest nationwide networks available.

You may choose from the 2 UHC medical insurance plans below.

In-network and out-of-network deductibles and out-of-pocket maximums are based on each calendar year (January 1 - December 31).

MEDICAL United Healthcare Choice Plus Network	\$4,000 PPO Plan		\$4,000 HDHP Pima Heart Contributes \$1,500 Annually to the HSA	
	In Network	Out of Network	In Network	Out of Network
Deductible - Employee/Family	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000*	\$8,000/\$16,000*
Coinsurance	80% - 20%	50% - 50%	90% - 10%	50% - 50%
Out of Pocket Maximum - Employee/Family Includes deductible, coinsurance and copays	\$6,550/\$13,100	\$16,000/\$32,000	\$6,550/\$13,100	\$15,000/\$30,000
Lifetime Maximum	Unlimited		Unlimited	
	In-Network Benefits		In-Network Benefits	
	Tier 1 In -Network	In -Network	Tier 1 In-Network	In-Network
Preventive – Office Visits (PCP /Specialist) Lab/X-ray Mammograms Colonoscopies	\$0 Plan pays 100%	\$0 Plan pays 100%	\$0 Plan pay 100%	\$0 Plan pay 100%
Office Visits (PCP/Specialist)	\$20/\$30 Copay	\$30/\$40 Copay	0% after deductible	10% after deductible
Virtual Vists	\$0	\$0	10% after deductible	10% after deductible
Lab/X-ray Office Visits (PCP/Specialist) Other than Office Visits	\$20/\$30 copay 20% after deductible	\$30/\$40 copay 20% after deductible	0% after deductible 0% after deductible	10% after deductible 10% after deductible
Hospital – Inpatient	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Emergency Room	\$300 copay; waived if admitted	\$300 copay; waived if admitted	10% after deductible	10% after deductible
Urgent Care	\$100 copay	\$100 copay	10% after deductible	10% after deductible
Prescription Drug Coverage - Tier 1/2/3	\$10/\$40/\$70	\$10/\$40/\$70	10% after deductible**	10% after deductible
Mail Order Rx Coverage (Up to a 90 day supply)	\$25/\$100/\$175	\$25/\$100/\$175	10% after deductible**	10% after deductible
Specialty Drug (30 day supply)	\$150	\$150	10% after deductible	10% after deductible

* Embedded Deductible - Is applicable when you are covering any dependents. With an embedded deductible, once the individual family member pays the individual deductible, UHC begins to pay coinsurance for covered medical expenses associated with this individual's services even though the family deductible is not yet met.

**Deductible waived for certain preventive drugs. For example: Abilify, Plavix, Humalog, Flosomax, Coumadin, etc.

This chart reflects basic summary information only. Exact plan details should be confirmed by UHC or by referring to your Certificate of Coverage.

New for 2017 - Health Reimbursement Arrangement - (HRA)

In addition to the HSA contributions of \$1,500, employees who are enrolled in either medical plan will have a Health Reimbursement Arrangement to help offset a portion of your deductible. On both medical plans there is a \$4000 deductible. Once an employee has reached the first \$2000 towards their deductible, Pima Heart will reimburse the remaining \$2000 as those additional expenses are incurred. Employees will need to provide the Explanation of Benefits from UHC showing that your deductible has been paid. HR will then provide you with the Health Reimbursement claim form. Pima Heart will reimburse up to \$2000 (after the first \$2000 was met by the employee) for you, your covered spouse, or child. If you would like more information, please contact Linda Andrews at linda@pimaheart.com or Trish Cloud at Trish@pimaheart.com. Employees will have up to 90 days after the end of the plan year to submit for their Health Reimbursement dollars.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Understanding How it Works

Pima Heart believes it is in your best interest to investigate and fully evaluate the advantages of consumer driven health care available to you in the qualified High Deductible Health Plan with the option of a Health Savings Account (HSA). It is important you fully understand this plan before electing it. This medical plan choice: (1) may allow you to pay less in monthly premiums (your payroll deductions from your paycheck for medical insurance will be significantly less); (2) allows you the ability to save for future health care needs; and (3) allows you greater ability, and also greater responsibility in managing your health care dollars.

Two Components

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

What is a high deductible health plan?

It's an IRS qualified medical insurance plan that has a high deductible that protects you against catastrophic medical expenses. This is health insurance that does not cover first dollar medical and Rx expenses (you must first meet your deductible before medical or prescriptions are covered). However, wellness exams and associated labs and procedures are not subject to the deductible and are covered at no cost to you.

INDIVIDUAL HEALTH SAVINGS BANK ACCOUNT (HSA)

What is a health savings account?

In tandem with a HDHP, a Health Savings Account (HSA) is an individual savings account that you can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Advantages of enrolling in a HDHP and opening a HSA

- **Security** – Your high deductible insurance and savings put aside into your HSA protect you against high or unexpected medical bills
- **Affordability** – You will be able to lower your health insurance premiums by switching to health insurance coverage with a higher deductible
- **Flexibility** – You can use the funds in your account to pay for current medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs, such as:
 - Health insurance or medical expenses if unemployed
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
 - Long-term care expenses and insurance
- **Savings** – You can save the money in your account for future medical expenses and grow your account through future investments
- **Control** – You make all the decisions about:
 - How much money to put into the account
 - Whether to save the account for future expenses or pay current medical expenses
 - Which medical expense to pay from the account
 - Whether to invest any of the money in the account
 - Which investments to make
- **Portability** – Accounts are completely portable, meaning you can keep your HSA even if you:
 - Change jobs
 - Change your medical coverage
 - Become unemployed
 - Move to another state
 - Change your marital status
- **Ownership** – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSA’s
- **Tax Savings** – A HSA provides you triple tax savings:
 - tax deduction when you contribute to your account
 - tax-free earning through investment, and,
 - tax-free withdrawals for qualified medical expenses

SAVINGS ADD UP

- With a HSA, you save on eligible medical expenses.
- Why pay more in taxes when you can pay less?
- With calculators on myuhc.com you can add up your tax savings



High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Who can have a HSA?

Any eligible employee can contribute to a HSA if they:

- Have coverage under a HSA-qualified “high deductible health plan” (HDHP)
- Have no other first-dollar medical insurance coverage; however, coverage under voluntary medical expense reimbursement plans like AFLAC’s accident, critical illness or hospital confinement is allowed
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else’s tax return

Contributions to your HSA can be made by you, your employer, or both. The total contributions (employer and employee contributions) are limited annually, for 2017 the annual limits are \$3,400 for individual and \$6,750 for family. Annual catch-up contributions for employees age 55+ is \$1,000.

Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free. You are responsible for notifying your employer if you become ineligible for the HSA contributions.

Using your HSA

You can use the money in the account to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care and services, and dental and vision care and also includes certain over-the-counter drugs.

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

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

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

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent children. You can pay for expenses for your spouse and dependent children even if they are not covered by your HDHP. Please note that medical expenses for a domestic partner are not considered by the IRS as qualified health care expenses.

Any amounts used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% tax penalty.

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

Additional information can be found at www.optumbank.com



Opening, Funding and Using Your HSA

If you enroll in the Qualified High Deductible Health Plan, you are eligible to establish a Health Savings Account. Pima Heart offers a pre-tax, payroll deduction HSA option through OptumHealth Bank, the trustee associated with UnitedHealthcare. To establish this OptumHealth Bank account you should elect to open your account by completing a HSA application form or sending it to OptumHealth Bank during your initial enrollment or during open enrollment. The amount you choose to defer into this account on a per paycheck basis is deducted pre-tax. **You may change your initial new hire HSA contribution amount or subsequent annual open enrollment HSA contribution amount at any time by contacting HR to report the change.** You may arrange for a HSA savings account with any qualified banking institution, but you will not have the advantage of pre-tax payroll deductions to fund your account, nor will you receive the employer contribution.

Pima Heart will contribute \$125/month (divided equally between your monthly pay periods) into your individual HSA account to a maximum of \$1,500 per plan year. In order for employees to receive this employer contribution you must open an OptumHealth Bank account.

Contributions (both employee and employer) will be deposited into your account after each pay period within a reasonable period of time - typically between 7 to 10 business days after each pay date.

OptumHealth Bank makes it easy to save on health care

OptumHealth Bank, Member FDIC, is one of the nation's largest administrators of HSAs. With OptumHealth Bank, you get the experience and resources of a leading HSA bank, the ability to earn interest, access to a variety of investment options, and the convenience of managing your health care banking through myuhc.com.

What information will I receive about my HSA from OptumHealth Bank?

After OptumHealth Bank has approved and processed your request to open a HSA, OptumHealth Bank will send you a welcome packet, including your account number, and important account option information. This should arrive 3-5 days after your account has been opened.

Access your dollars with a HSA debit card

With OptumHealth Bank, you will have a Health Savings Account MasterCard® Prepaid Debit Card to easily and conveniently access your money.

To pay a bill from a provider who accepts MasterCard, just write in your debit card number in the space provided on the provider's billing statement, or log in online and send a payment electronically.

HSA Information when you need it on myuhc.com

Information about your claims and your HSA account with OptumHealth Bank are all available at myuhc.com

Go online at your convenience to:

- Use online calculators to calculate future savings and contribution amounts
- View your account balance, monthly statement, and more
- Pay bills
- Check deposits or withdrawals
- Set or reset phone or Web password
- Learn about investment options and more

Value - Added Benefits Through UHC

Virtual Visits

A virtual visit lets you see and talk to a doctor from mobile device or computer without an appointment. Most visits take about 10-5 minutes and doctors can write a prescription* if needed, that you can pick up at your local pharmacy. Conditions commonly treated through a virtual visit:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- Pink Eye
- Rash
- Sinus problems

Nurseline

Using one toll-free phone number, you can speak with registered nurses and master's-level counselors who can help with almost any problem ranging from medical and family matters to personal, legal, financial and emotional needs. It is available around the clock anytime you need it.

Healthy Pregnancy Program

We will help you through every stage of your pregnancy and delivery. We provide 24-hour access to experienced nurses, access to our online Healthy Pregnancy Owner's Manual and other materials, as well as complimentary gifts and money-saving coupons.

NOT ME Diabetes Prevention and Control Programs

Know the facts: Type 2 diabetes can be prevented and controlled. A personal health initiative from the Diabetes Prevention and Control Alliance (DPCA), NOT ME addresses the growing epidemic of diabetes in America through two programs - one focused on diabetes prevention, the other on diabetes control.

The Diabetes Prevention Program is an innovative 16-session lifestyle coaching program conducted in a group setting that teaches participants how healthier eating and a moderate increase in activity can prevent the onset of type 2 diabetes.

The Diabetes Control Program connects people currently diagnosed with diabetes to specially trained community

pharmacists who make it easier and as affordable as possible to follow treatment plans recommended by physicians. All visits are private and pre scheduled. Programs from the DPCA are tested and proven, and qualified employees and dependents over age 16 enrolled on the Pima Heart medical plan can participate at no additional cost as part of the health benefits provided by Pima Heart.

Health Discount Program*

Be healthy. Save money.

Even if you already have medical, dental and vision coverage, as an enrolled health plan member, you can save even more money by using your health discount program for:

- Dental care - Cosmetic procedures such as teeth whitening
- Vision care - Laser eye surgery
- Alternative care - Acupuncture, massage therapy and natural medicine
- Infertility treatment
- Hearing devices
- Discounts on a wide range of health and wellness related products and services, including fitness clubs and JennyCraig®

* The health discount program is NOT insurance, but may be used to receive discounts on many products and services not paid for by your benefit plan.

Please see discount program materials for details and full disclosure information.

Online Health Assessment

Sometimes, the most important step is your first. Take your first step towards a healthier life by taking a free, personalized health assessment at myuhc.com®. By taking the online health assessment, you can identify your personal health needs, learn healthy habits and compare your "lifestyle score" to others of the same age and gender. The assessment takes approximately 15 minutes to complete and you will be provided with immediate feedback on your results. In addition, your responses are used to help create a personalized online experience specifically for you.

Things to Consider for Maximum Health Care Cost Savings

- **Stay in-network** and your claims will be paid at the highest level. When you select **UnitedHealthcare** in-network physicians and medical facilities for you and your family's medical services you will have the least out-of-pocket expense. Please be sure that all services provided including lab work or referrals remain in-network to maximize your savings.
- **Choose the right health care setting:**
 - When you are sick or injured and it's not urgent or life threatening, it's usually best to go to **your own doctor's office**. Sometimes you need care in the evening or on a weekend when your primary care physician may not be available. In these situations you may want to consider going to an **in-store clinic** or an **urgent care facility**.
 - **Health Care Clinics and Minute Clinics** are quick access clinics staffed by nurse practitioners and physician's assistants. These clinics are located in Walgreens and CVS retail pharmacy stores. Go to an in-store clinic for common conditions like a cough, cold, flu, ear infection, rash, bronchitis, or a sinus infection. You will typically pay your primary care physician copay for the PPO 1000 Plan. These clinics save you time and money.
 - More urgent conditions like sprains, strains, minor broken bones (fingers, toes) and minor wounds can be treated at an **urgent care** facility. Chances are you won't have to wait as long as you would at the emergency room and it will cost you less. Your urgent care copay is less than your emergency room copay.
 - If you have severe injuries, trauma or life threatening symptoms, dial 911 or go immediately to the closest **emergency room**.
- **Preventive services** such as immunizations, physical and annual exams are covered at no cost. For a full list of preventive services and guidelines, please visit www.uspreventiveservicestaskforce.org.
 - The following women's preventive services will be covered at no cost: women's sterilization procedures, insertion of IUDs or injections, routine prenatal visits at an in-network provider, up to 6 visits with a lactation consultant and breast pumps according to plan guidelines.
- **Pharmacy services**
 - Be sure to use generic drugs when available – it saves you money!
 - Purchase maintenance drugs through the mail order program. You can receive up to a 90-day supply for the cost of a two month supply at a retail pharmacy.
 - FDA approved generic contraceptives on the plan's preferred drug list (formulary) and filled at an in-network pharmacy are covered at no cost.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available, free of charge, by calling the HR Department.

Voluntary Dental Benefits - Principal and EDS

The dental plans provide preventive coverage to help you and your family avoid future dental problems. The PPO dental plan has a calendar year deductible and a calendar year plan maximum (January 1 - December 31).

VOLUNTARY DENTAL	EDS	Principal	
	EDS 700N Plan	PPO Plan	
	Scheduled Plan	In Network	Out of Network
Annual Maximum Per Person Per Calendar Year (In and Out of Network are not combined)	No Calendar Year Maximum \$5 copay per Office Visit	\$1,500 (combined)	\$1,500 (combined)
Deductible	None	\$25 / \$75	\$75 / \$225
Waived for Preventive	Not applicable	Yes	No
Preventive (routine exams & cleanings)	Exams, no charge/Cleanings, \$7	100%	80%
Basic (oral surgery, root canals, fillings)	Discounted cost	80%	80%
Major (inlays, crowns)	Discounted cost	50%	50%
Orthodontia Deductible	None	\$0	
Orthodontia	25% off U&C fees	50%	
Orthodontia Maximum	None	\$1,000	
Adult & Child	Discount to adult & child	Child only	

This chart reflects basic summary information only. Exact plan details should be confirmed by Principal or EDS or by referring to your Certificate of Coverage.

Your dental networks are either Principal or EDS. To locate an in-network provider go to www.principal.com or www.mydentalplan.com for the PPO Plan and EDS for the scheduled plan.

Voluntary Vision Benefits - Avesis

The vision plan offers you and your family a benefit that covers all routine eye care, including eye exams and eyeglasses (lenses & frames) or contacts. The plan features in-network and out-of network benefits, with enhanced benefits in-network, and a national panel of optometrists and ophthalmologists.

VOLUNTARY VISION	Avesis Enhanced Plan	
	In Network	Out of Network Reimbursement
Examination Coverage	\$20 copay	Up to \$35
Examination Frequency	Once every 12 months	
Lens Coverage		
Single Vision Lenses	\$20 copay	Up to \$25
Bifocal Lenses	\$20 copay	Up to \$40
Trifocal Lenses	\$20 copay	Up to \$50
Lens Frequency	Once every 12 months	
Frame Coverage	\$35 wholesale allowance. Approximately \$75-\$100 retail frame after material copay.	Up to \$45
Frame Frequency	Once every 12 months	
Contact Lens Frequency (in lieu of glasses)	Once every 12 months	
Contact Lens Coverage (in lieu of glasses)	\$20 copay, \$130 Allowance	Up to \$130
Laser Vision Correction	\$150 lifetime allowance	

This chart reflects basic summary information only. Exact plan details should be confirmed by Avesis or by referring to your Certificate of Coverage.

Your vision network is Avesis. To locate an in-network provider go to www.avesis.com. Simply contact an in-network vision provider and identify yourself as a covered member. Your vision provider will verify your benefits before your scheduled appointment and take care of the rest.



2017 Benefit Deductions

Medical - UNITEDHEALTHCARE		Full Time Employee Contributions Based on 26 Pay Periods		
HDHP*	Monthly Cost	Pima Heart per pay period contribution (non-smoker)	Non-Tobacco User	Tobacco User
Employee	\$498.06	\$215.89	\$13.98	\$37.06
Employee + Spouse	\$1,185.38	\$401.21	\$145.89	\$168.96
Employee + Child(ren)	\$876.59	\$281.37	\$123.21	\$146.29
Family	\$1,489.20	\$445.44	\$241.88	\$264.96
*Pima Heart will contribute \$125 per month or \$1500 per year to the Health Savings Account (H.S.A.) for employee enrolled in the high deductible health plan. See HR for assistance in opening an account.				
PPO	Monthly Cost	Pima Heart per pay period contribution (non-smoker)	Non-Tobacco User	Tobacco User
Employee	\$561.46	\$231.43	\$27.71	\$50.79
Employee + Spouse	\$1,336.28	\$405.61	\$211.13	\$234.21
Employee + Child(ren)	\$988.18	\$273.67	\$182.42	\$205.49
Family	\$1,678.78	\$450.90	\$324.01	\$347.09
Dental	PRINCIPAL PPO		EDS SCHEDULE PLAN	
Employee	\$14.60		\$5.56	
Employee + Spouse	\$29.82		\$10.62	
Employee + Child(ren)	\$33.10		\$14.39	
Family	\$50.17		\$16.13	
Vision	AVESIS			
Employee	\$3.32			
Employee + Spouse	\$6.27			
Employee + Child(ren)	\$6.84			
Family	\$8.80			



Voluntary Term Life and AD&D

Voluntary Life and Dependent Life insurance pays benefits to the beneficiaries in case of death, or to you if a covered family member dies.

VOLUNTARY TERM LIFE & AD&D	Principal
Employee Benefit	Eligible employees may purchase in increments of \$20,000 up to a maximum of \$500,000.
Guarantee Issue	If purchased when first eligible, the Guarantee Issue is \$140,000 (under age 70) and \$10,000 (over age 70). Guarantee issue means you will be automatically approved up to the guarantee issue amount. If you choose NOT to enroll when first eligible, you will be required to submit evidence of insurability. There is NO annual enrollment.
Spouse Benefit	Benefit may be purchased in increments of \$10,000, not to exceed 50% of the employee amount up to \$100,000
Guarantee Issue	If purchased when first eligible, the Guarantee Issue is \$30,000 (under age 70) and \$10,000 (over age 70). If you choose NOT to enroll when first eligible, you will be required to submit evidence of insurability. There is NO annual enrollment.
Child(ren) Benefit	\$10,000
Guarantee Issue	If purchased when first eligible, the Guarantee Issue is \$10,000. If you choose NOT to enroll when first eligible, you will be required to submit evidence of insurability. There is NO annual enrollment.
Age Reduction Schedule	Benefit is reduced by 25% at age 65 and reduced by and additional 25% at age 70
Accelerated Benefit	Receive up to 75% (not to exceed \$250,000) of the benefit in a lump sum with 12 months life expectancy
Portability	Option to take with you employee only coverage upon termination of employment.
Additional Programs	Will Preparation and ID Theft Assistance is available, more information can be found at www.aragwills.com/principal (or 800.546.3718).
Premiums	Premiums are paid entirely by the employee.

This chart reflects basic summary information only. Exact plan details should be confirmed by Principal or by referring to your Certificate of Coverage.



Voluntary STD & LTD Benefits

Voluntary Short Term Disability (STD)—Principal

STD provides benefits that are payable when you become disabled due to accident, sickness or pregnancy and are under the regular care of a medical provider. The benefit amount, the day benefits begin, and the maximum period for which benefits are payable are chosen by the employer.

VOLUNTARY SHORT TERM DISABILITY	Principal
Maximum Benefit Duration	13 weeks after the benefit payment begins
Benefit Percentage	66 2/3% of pre-disability weekly earnings
Elimination Period	Benefits begin on the 14th day for injury and illness
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	\$15
Premiums	Premiums are paid entirely by the employee
Guarantee Issue	If purchased when first eligible, there is no evidence of insurability requirement. Guarantee issue means you will be automatically approved up to the guarantee issue amount. If you choose NOT to enroll when first eligible, you will be required to submit evidence of insurability. There is NO annual enrollment.
Pre-existing Condition Limitations	None
Suvivor Benefits	In case of death while receiving benefits, a lump sum payment is made to survivors in an amount equal to 3x the primary weekly benefit.

This chart reflects basic summary information only. Exact plan details should be confirmed by Principal or by referring to your Certificate of Coverage.

Voluntary Long Term Disability (LTD)—Principal

LTD provides income if you cannot work due to a disability. Cancer, a back problem, an injury from a car accident, or any other condition that keeps you from being able to perform your job are examples of a disability. You do not have to be permanently disabled or unable to work at all to qualify for benefits.

VOLUNTARY LONG TERM DISABILITY	Principal
Maximum Benefit Duration	Before age 65, benefits are payable until the date you reach Social Security Normal Retirement Age. After age 65, duration varies.
Benefit Percentage	60% of monthly pre-disability earnings
Elimination Period	Benefits begin on the 91st day for injury and illness
Maximum Monthly Benefit	\$8,000
Minimum Monthly Benefit	\$100
Premiums	Premiums are paid entirely by the employee.
Guarantee Issue	If purchased when first eligible, there is no evidence of insurability requirement. Guarantee issue means you will be automatically approved up to the guarantee issue amount. If you choose NOT to enroll when first eligible, you will be required to submit evidence of insurability. There is NO annual enrollment.
Pre-existing Condition Limitations	If disability is due to an injury or illness that occurred in the 3 months prior to your effective date, the disability will not be covered until you have been on the plan for 12 months.
MH/SA Limitation	Benefit is limited to a 24 month duration in the case of disabilities due to mental health/substance abuse
Mandatory Rehabilitation	Benefits will cease if fails to participate in approved program
Survivor Benefit	In case of death while receiving benefits, a lump sum payment is made to survivors in an amount equal to 3x the primary weekly benefit.

This chart reflects basic summary information only. Exact plan details should be confirmed by Principal or by referring to your Certificate of Coverage.



Voluntary Life/AD&D and Disability Worksheet

Disability	Rate	Calculation
Voluntary Short Term Disability – PRINCIPAL	\$0.70 per \$10 of weekly benefit	\$ ____ weekly base pay x .6667 divided by \$10 x \$0.70 = Monthly Premium. Monthly Premium x 12, then divided by 26 = Per Pay Deduction.
Voluntary Long Term Disability - PRINCIPAL	\$1.14 per \$100 of covered monthly pay	\$ ____ monthly base pay divided by \$100 x \$1.14 = Monthly Premium. Monthly Premium x 12, then divided by 26 = Per Pay Deduction.

Voluntary Term Life - PRINCIPAL	Monthly Cost Per \$20,000 of Coverage - Employee	Monthly Cost Per \$10,000 of Coverage - Spouse
Age		
Less than 29	\$1.70	\$0.85
30-34	\$1.90	\$0.95
35-39	\$2.50	\$1.25
40-44	\$3.90	\$1.95
45-49	\$6.50	\$3.25
50-54	\$9.70	\$4.85
55-59	\$15.70	\$7.85
60-64	\$23.50	\$11.75
65-69	\$42.70	\$21.35
70 & over	\$71.10	\$35.55
Voluntary Child(ren) Life - PRINCIPAL	Monthly Cost Per \$10,000 of Coverage - Child(ren)	
\$10,000 of coverage	\$2.00	

Calculating Your Life Per Pay Premium										
	Coverage	÷	Increment	=	Units	x	Rate	=	Monthly Premium	Per Pay Period Premium*
Employee	\$	÷	\$20,000	=		x	\$	=	\$	\$
Spouse	\$	÷	\$10,000	=		x	\$	=	\$	\$
Child(ren)	\$							=	\$	\$

*Per Pay Period Premium = (Monthly Premium x 12) / 26

Note: Final premium is subject to rounding.

Employee and spouse rates are based on their own age at the time of enrollment. Age band changes happen at policy anniversary date (1/1) each year.

We offer PTO for regular full-time and regular part-time employees. PTO is designed to provide time off with pay for personal reasons, vacations, or in the event of illness or injury. Employees are eligible for PTO after three (3) months of employment.

Regular part-time employees accrue PTO at half the rate of regular full-time employees. You will accrue PTO until reaching a maximum of 200 hours. Once reaching 200 hours additional time will not accrue until PTO falls below 200 hours. Employees with unused PTO at the end of the anniversary year may carryover a maximum of 200 hours into the next year.

Paid Time Off (PTO)	PTO is applied after 3 months of employment, beginning with the first full payroll period following 60 days of hire. Accruals are as follows:
Service	Hours Per Pay Period
0 - 1 Years	3.69 hours
2 - 4 Years	5.08 hours
5 - 9 Years	6.92 hours
10+ Years	8.76 hours

Employee Assistance Program (EAP)

Pima Heart provides an Employee Assistance Program (EAP) at no cost to employees and immediate family members in the household through McLaughlin Young.

Confidential Services include:

- Free half-hour appointment for legal consultation
- In most cases, 25% discount for ongoing legal services
- Legal forms are available for download
- Free telephonic Financial advice
- Debt management planning and bankruptcy prevention
- Discounted credit reports with Certified Credit Report Review
- Email and telephonic access to consultants for personal support and referral to confirmed and matched vacancies for child and elder care
- Counseling sessions: Up to 6 visits per issue
- 24-hour crisis line for emergencies; unlimited telephone consultation
- Social Service referrals to other sources of assistance
- Work-life web-based services: Health and wellness, emotional well-being, working smarter resources
- Marital difficulties; stress; family situations; work-related issues; financial worries; substance abuse, etc

Log onto: www.mygroup.com. Click on Work-Life Login.

Login username: Pima **Password: guest**

To speak to a representative directly, please call toll-free, (800)633-3353.

Gym Membership (FIT Gym)

Free gym memberships are offered to Pima Heart employees; go to FIT Gym and sign in at the front desk under Pima Heart. "At FIT, there is no limit to what a person can accomplish regardless of any perceived limitation." Fit Gym provides health & fitness services at the following location:

FIT at the River:

2404 E River
Tucson, AZ 85718

Hours of Operation:

Monday thru Friday: 5:00 am – 7:30 pm
Saturday: 8:00 am – Noon
Sunday: Closed

Full Range of Services Available (at an additional cost):

- Cardiac Rehabilitation
- Physical Therapy
- Personal Training
- Sports-Specific Training
- Nutritional Consultations
- Massage
- Body Composition
- Pro Shop





Employee Savings Plan

Type of Plan:

This Plan is a qualified retirement plan commonly referred to as a “Safe Harbor 401(k) Plan”. As a participant in the Plan employees may elect to reduce compensation by a specific percentage or dollar amount and contribute that amount on a pre-tax basis as a salary deferral. You will be provided with a comprehensive notice of your rights and obligations under the Plan. Pima will make a special safe harbor contribution equal to 3% of compensation. The safe harbor contribution is fully vested.

Eligibility:

Employees are eligible and may begin contributing to the 401k plan after 30 days of hire. Employees must be 21 years of age and working with Pima Heart for at least 1 year before becoming eligible for the employer contribution of the safe harbor and profit sharing contributions.

Must I Contribute to the Plan to Participate:

No; however employees may elect to have a portion of salary deferred on a pre-tax basis as that amount may grow tax-free each year, from investment earnings.

Total deferral in any taxable year may not exceed the dollar limit set by law. The limit for 2017 will be \$18,000 and is subject to change each year.

How Often Can the Contribution Amount be Modified:

The elected deferred amount will be deducted from your pay check. Employees are required to enter into a written salary deferral agreement when eligible; employees may elect to defer salary as of the entry date. Elections will remain in effect until employee modifies or terminates it. Employees may modify elections as of the date indicated in the salary deferral agreement; elections and any modifications will become effective as soon as feasible.

Employees are permitted to revoke elections as of the date indicated in the salary deferral agreement and may also modify a deferral election during the 30-day period immediately following receipt of notice describing rights and obligations under The Plan.

When Will I Receive Payments:

The Plan is designed to encourage tenure with Pima Heart until retirement. Payment will generally occur at the normal retirement age of 65 unless retirement is postponed.

When am I Vested in the Account:

Employees are always 100% vested in the account attributable to salary deferrals, rollover contributions, safe harbor non-elective contributions and qualified non-elective contributions.

The “vested percentage” in the account, attributable to profit sharing contribution is determined under the following schedule and is based on vesting years of service.

Profit Sharing & Vesting Schedule	
Years of service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Voluntary Legal - Legal Shield

Legal Shield took over 2.6 million requests for service last year. Many of the requests were not major issues normally associated with the need to speak with a lawyer but had to do with preventive law. Members called toll-free and received legal counsel before issues became major problems. Employees that have a legal problem or question, may access a quality law firm via membership in Pre-Paid Legal. For more information contact: Robert Garcia at (520) 272-9673.

Auto, Home and More - Liberty Mutual

We offer significant group savings on auto and home insurance through Liberty Mutual. They offer convenient payroll deductions, direct billing, and provide on-site appointments, local office visits, or internet link. Coverage is available for auto, home, motorboats and motorcycles, as well as recreational vehicles and snowmobiles. They also offer valuable possessions protection. Due to group rates, most employees save at least 10%! For more information contact Denise Jones at (520) 745-1661 x 57971 or denise.jones@libertymutual.com.

Supplemental Benefits - AFLAC

You have an opportunity to benefit from policies AFLAC has to offer.

- AFLAC insurance policies pay cash benefits directly to policyholders unless they choose otherwise.
- AFLAC pays benefits regardless of any other insurance coverage.
- AFLAC policies are guaranteed-renewable and fully portable. Policyholders can keep their coverage for a lifetime as long as they continue to pay premiums.

AFLAC policies cover unexpected medical bills, copayments, deductibles, out-of-pocket expenses, and more. These policies are available to you on a voluntary basis. For more information contact Tom Pestal at (520) 954-2836 or Kathleen Nicholson at (520) 906-6191.

POLICIES OFFERED:

Accident: Receive cash benefits if injured on or off the job. Plan benefits include Emergency Treatment, Hospital Confinement, Physical Therapy, Accidental-Death, Wellness, and family coverage.

Cancer: Prepare for the financial impact of a cancer diagnosis; this policy pays cash benefits upon diagnosis and for treatment; family coverage is available.

Hospitalization: AFLAC's hospital plan pays up to \$3000 for the first five days of hospitalization and continues benefits for the entire stay.

Paid Holidays

Pima Heart recognizes the following PAID holidays annually.

January 2nd	New Year's Day
May 29th	Memorial Day
July 4th	Independence Day
September 4th	Labor Day
November 23rd & 24th	Thanksgiving
December 25th & 26th	Christmas



PIMA HEART

... where every heart beat counts

About this Booklet. This booklet highlights important features of Pima Heart's benefits for non-physician employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies, actual coverage and benefits are determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

CBIZ Benefits & Insurance Services
1765 East Skyline Drive
Tucson, AZ 85718
Updated 1/10/17

