



# Guide To Your Benefits

2017

# Welcome

## *to your benefits*

**Welcome to Arizona Community Physicians**, the largest physician owned medical practice in the state of Arizona.

We are pleased to provide employees and their families with a comprehensive benefit package that addresses personal health, medical and financial well being.

We encourage you to examine this booklet in order to understand the benefits that are available to you and your family. Additional information and links are also available on the ACP Intranet. If you have questions about this guide, please contact Human Resources at 520.545.1190 or [hr@azacp.com](mailto:hr@azacp.com).

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 you in evaluating the coverage available to you and your family.

- This guide is an overview of the benefit plans and should not be construed as a Summary Plan Description.
- For each benefit elected, detailed coverage information from the insurance carrier is available on the Arizona Community Physicians Intranet. If you are uncertain about any provisions specified in this guide, please refer to the Certificate of Coverage (COC).
- The Certificate of Coverage should be relied upon to fully determine coverage. If differences exist between this guide and the COC, the COC applies.

Thank you for your continued service with Arizona Community Physicians.

**Jim Stelzer**  
Chief Executive Officer

**Jorie Kollauf**  
Director of Human Resources

# HELPFUL DEFINITIONS

## Medical, Dental and Vision Plans

- **Deductible** - The amount of money you must first pay toward medical or dental expenses for each family member, each calendar year, before the plan starts paying. After you have met your deductible, future eligible expenses are covered at the coinsurance percentage (e.g. 80% or 100%). ACP's medical and dental plans have a calendar year deductible (January 1 – December 31). Copays are separate from the deductible.
- **Copays** - Copays are the flat dollar amount you pay for a Primary Care Physician (PCP) or Specialist office visit, Urgent Care or ER visit, a prescription drug or vision plan service. The remaining cost is paid by the plan. Medical and prescription drug copays accumulate toward the calendar year out-of-pocket maximum.
- **Coinsurance or Cost Sharing** - The percentage of cost sharing between the member and employer after the deductible has been paid for the calendar year. For example, 80%/20% coinsurance means ACP pays for 80% of the claims cost and the member pays for 20% of the claims cost. Once you have paid your calendar year deductible, ACP begins paying a percentage of covered expenses. Coinsurance varies by plan.
- **Out-of-Pocket Maximum** - Deductibles, copays and coinsurance accumulate toward your calendar year out-of-pocket maximum. Once you or a dependent have met the calendar year out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of that calendar year.
- **Explanation of Benefits (EOB)** - An explanation of how a claim was paid. It contains detailed information about what ACP paid and what portion of the cost you are responsible for paying. EOB's are available on the carrier websites.
- **In-Network Provider** - Licensed health care professionals, hospitals, facilities and pharmacies that are in the medical, dental or vision plan's contracted network. Members pay less for services received from in-network providers because they have negotiated a discount for their services.
- **Drug Formulary** - A list of prescription drugs covered by the plan. The drug formulary is established by CVS/Caremark.

## Life Insurance Plan

- **Beneficiary** - Group term life benefits go to the named beneficiary(s). Beneficiaries should be designated by the employee when hired and can be changed at any time.
- **Conversion and Portability** - Allows an employee to continue life insurance coverage under a conversion or portability policy after their coverage has terminated under ACP's group plan with no Evidence of Insurability required.
- **Accelerated Death Benefit** - Allows individuals with a terminal diagnosis to receive a portion of their life insurance benefit prior to death. It is typically 50% to 75% of the life insurance benefit, with the remaining payable after death.
- **Reduction in Coverage at Age 65 and 70** - Group term life insurance policies reduce benefits at ages 65 and 70 (typically, a 35% to 50% reduction).

## Supplemental Insurances – “Guarantee Issue (GI)” Defined

- New Hire Enrollment is your Initial Eligibility Period and you are eligible to enroll up to the guarantee issue (GI) maximum with no medical underwriting. If you decide you want supplemental life insurance in the future, you will be required to go through Evidence of Insurability (EOI - proof of good health) and Cigna must approve coverage.

## Long Term Disability (LTD) Plan

- **Elimination Period/Benefits Percentage/Maximum Benefit** - The Elimination Period is the waiting period before disability benefits begin. It begins on the first day of disability. The Benefits Percentage is the percentage of pre-disability earnings you receive under the LTD plan. The Maximum Benefit is the maximum monthly benefit payable by the LTD plan (regardless of income).
- **Duration of LTD** - LTD benefits continue until the individual is no longer disabled, upon death or upon reaching Social Security Normal Retirement Age, whichever comes sooner.
- **Pre-existing condition** - A condition that exists prior to the effective date of coverage under the LTD policy and for which a person has consulted a doctor or received any treatment. Individuals with pre-existing conditions will not qualify for LTD benefits for a specified period of time. ACP's LTD policy has a “3/12” pre-existing condition period, which means if an employee was treated for a condition within 3 months of their effective date, they are not eligible for LTD until 12 months following their coverage effective date.
- **LTD Pay Offset** - Payments or benefits from another source that reduce the amount of LTD benefit payable (integration of other income sources prevents the claimant from earning more through disability than active work). Benefits from individual disability policies are typically not offset by group contracts.

# BENEFIT ELIGIBILITY & ENROLLMENT

## Eligible Employees & Dependents

All active employees and their qualified dependents become eligible for benefits the first of the month following 30 days of employment. You must be a full time employee and work at least 27 hours per week to be eligible for benefits. In order to become insured under the benefit plans offered by Arizona Community Physicians, P.C., you must complete the appropriate online enrollment process.

**Qualified Dependents Include: your spouse and dependent children up to age 26 regardless of student status.**

In general, the term 'children' means you or your spouse's natural children, stepchildren, adopted children and any children for whom you or your spouse have been appointed as legal guardian.

No person may be covered as both an employee and a dependent and no person may be covered as a dependent by more than one employee.

Contact the HR department for continued coverage for a child with a disability and Qualified Medical Child Support Orders (QMCSO).

## Enrollment for New Benefit-Eligible Employees

If you are newly benefits eligible, you must enroll online for benefits within 30 days of your effective date of eligibility. Failure to enroll by that date means forfeiture of benefit eligibility until the next annual open enrollment period, unless you experience a Qualifying Event. During your enrollment window, you must elect or waive your benefits.

## Annual Open Enrollment for Benefit Eligible Employees

To prepare for open enrollment, you will have the opportunity to review all your benefit options and select those that best meet your needs. These benefit elections will remain in place until the end of the current plan year (which ends on December 31st) unless you experience a Qualifying Event. During your enrollment window, you must elect or waive your benefits. If you choose to waive benefits during your annual open enrollment period, you will not be able to elect benefits until the next annual open enrollment period, unless you experience a Qualifying Event (as follows).

**You must notify the HR department and complete the necessary paperwork within 30 days of your Qualifying Event. Failure to do so within this time frame means you will not be able to change your benefit elections until the next annual open enrollment period.**

## Section 125 Pre-Tax Program

Section 125 of the Internal Revenue Code allows you to pay for certain insurance benefits before taxes, which saves you money. The amount you pay for premiums is deducted from your gross pay *prior* to taxes thus you save by not having to pay federal and most state and local taxes, as well as Social Security and Medicare taxes, on the amount you contribute. The taxes you save will increase your take home pay. This pre-tax benefit is available on employer sponsored benefits for which you pay a share of the premium cost. At Arizona Community Physicians you can pre-tax your medical, dental, vision, flexible spending accounts, health savings accounts and some voluntary benefit costs.

**Employee Holidays and PTO information can be found in the employee handbook.**



# QUALIFYING EVENTS

During the plan year (January 1 - December 31), you are not allowed to make changes unless you experience a Qualifying Event (as defined by the IRS).

## **Qualifying Events:**

- Employee's change in marital status such as marriage, divorce or death of a spouse
- Birth, adoption, placement of legal guardianship or death of a dependent child
- Change in employee, spouse or dependent child's employment status that affects benefit eligibility (for example, full-time to part-time status)
- Child becoming ineligible for coverage due to reaching age limit or marrying (married child may still be eligible for medical plan)
- 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 an eligible 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 other coverage
- Specific to Dependent Care FSA: Change in day care costs due to a change in provider, a provider's fee (if the provider is not a relative) or change in hours the child needs day care

## **Effective dates for coverage changes**

To change your benefits elections, you must notify Human Resources within 30 days of the qualifying event triggering the need for the change and complete the Family Status Change process. For example, if you were married September 3, you would need to submit your Family Status Change Request by October 2 (within 30 days of the marriage).

## **Documentation for Qualifying Event Changes**

You must provide HR with documentation verifying the Qualifying Event. See examples below (these do not include all examples of Qualifying Events):

- **Marriage** - a copy of the marriage certificate.
- **Divorce** - a copy of the final divorce decree with the file date and judge's signature.
- **Birth** - a copy of the birth certificate or the mother's copy received in the hospital.
- **Adoption** - a copy of final adoption papers signed by a judge or a document stating the child has been placed in anticipation of adoption from the adoption agency.
- **Death** - a copy of the death certificate.
- **Employment change** - a copy of the hire/termination letter on company letterhead or with distinct verification it came from the employer, stating the hire/termination date and the date the employer sponsored coverage either began or ended.

## **When can I waive medical coverage?**

You have insurance through your spouse, parents or individual coverage OR you have insurance under AHCCCS OR you do not want insurance.

The Affordable Care Act requires you to have health coverage or you will be subject to a tax. The tax/penalty in 2017 is the greater of \$695.00 per adult and \$347.50 per child (up to \$2,085 for a family) or 2.5% of family income. "The Affordable Care Act: What Does it Mean for Me" brochure is available on the ACP intranet or visit [www.healthcare.gov/families](http://www.healthcare.gov/families).

**To report a Qualifying Event, please contact Human Resources.**

# MEDICAL BENEFITS AND COSTS

Arizona Community Physicians	2017 Plan Summaries			
Description of Coverage	HDHP HSA 3500 Plan Includes ACP HSA Contribution		PPO 4500 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Individual ♦ Family)	\$3,500 / \$7,000	\$5,500 / \$11,000	\$4,500 / \$9,000	\$12,000 / \$24,000
<b>Coinsurance</b> - Percentage you must pay after the deductible	0%	50%	20%	50%
<b>Max Out-of-Pocket</b> (Individual ♦ Family)	\$4,000 / \$8,000	\$8,500 / \$17,000	\$5,000 / \$10,000	\$15,000 / \$30,000
<b>Includes Deductible, Copay's and Rx copays?</b>	Yes	Yes	Yes	No
<b>Lifetime Max</b>	Unlimited		Unlimited	
	<b>In-Network</b>		<b>In-Network</b>	
<b>Preventive Care Exam</b> - Wellness exams, immunizations, cancer screening, etc	Covered 100%		Covered 100%	
<b>Physician Office Visits</b>	0% after deductible		\$15 copay - ACP PCP \$30 copay - all other PCPs \$40 copay - ACP specialists \$50 copay - all other specialists	
<b>Outpatient Lab and Radiology / Specialty Scans / Advanced Radiology</b> MRI, CT, PET scans and Nuclear Imaging	0% after deductible		Covered at 100% - ACP facility 20% after deductible - all other facilities	
<b>Inpatient Hospital Services</b>	0% after deductible		20% after deductible	
<b>Outpatient Hospital Services</b> - Includes surgery	0% after deductible		20% after deductible	
<b>Urgent Care</b>	0% after deductible		\$75	
<b>Emergency Room</b>	\$150 copay + 0% after deductible		\$250 copay + 20% after deductible	
Copay Waived if admitted?	Yes		Yes	
<b>Outpatient Rehabilitation</b> - Physical, Speech, or Occupational Therapy	0% after deductible		\$50 copay	
<b>Mental Health</b>	0% after deductible		20% after deductible	
<b>Prescription Drugs</b>				
Retail – 30 day supply	0% after deductible		\$10/\$30/\$45	
Mail Order – 90 day supply	0% after deductible		\$25/\$75/\$112.50	
Specialty Drugs – 30 day supply	0% after deductible		\$150	

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP) 3500

For 2017, ACP will make employer HSA contributions of \$500 for an employee with HDHP coverage (this is prorated based on eligibility date). Contributions will be made on a bi-weekly basis during the calendar year. You must be enrolled in this plan to receive this employer HSA contribution.

HDHP 3500	Monthly Premium Employee + Employer total shared cost	Employee Monthly Premium	Employee Premium Per Check
Employee Only	\$498.61	\$53.21	\$26.61
Employee + Spouse	\$992.23	\$621.42	\$310.71
Employee + Child(ren)	\$877.55	\$549.60	\$274.80
Employee + Family	\$1,490.84	\$935.00	\$467.50

## PPO 4500 PLAN

PPO 4500	Monthly Premium Employee + Employer total shared cost	Employee Monthly Premium	Employee Premium Per Check
Employee Only	\$543.68	\$223.32	\$111.66
Employee + Spouse	\$1,081.93	\$872.96	\$436.48
Employee + Child(ren)	\$956.88	\$772.07	\$386.04
Employee + Family	\$1,625.62	\$1,311.64	\$655.82

### **CVS/Caremark Pharmacy Information**

Prescription drug coverage is provided through CVS/Caremark, a separate pharmacy benefits manager. Your CVS/Caremark prescription is the prescription plan provider for the retail and mail order programs. You have access to more than 54,000 participating retail pharmacies nationwide. To locate a CVS/Caremark pharmacy near you, go to [www.Caremark.com](http://www.Caremark.com).

Your prescription benefits are based on the CVS/Caremark formulary. The formulary is a list of prescription drugs approved by the plan and subject to change throughout the year. If your prescription is not on the CVS/Caremark formulary, you will pay a higher cost. Consult with your health care provider regarding changing to a medication on the CVS/Caremark formulary.

### **Specialty Care Program**

Under the CVS/Caremark program, members taking high cost Specialty Care drugs are required to use the CVS/Caremark Specialty Care pharmacy. This program provides a higher level of care and assurance that you will receive your medication in a timely manner. You will also receive consultation from medical professionals on your medication to ensure optimum care.

### **Mail Order (Home Delivery Program)**

Employees who take maintenance drugs for high cholesterol, high blood pressure, diabetes, birth control, etc. are encouraged to use the CVS/Caremark mail order program. If you wish to start using the mail order program, ask your doctor for a one year prescription, complete a CVS/Caremark mail order form and send the prescriptions and form to the CVS/Caremark mail order pharmacy. There is a 7-10 day delivery (slightly longer on first order). Shipping is free unless your request overnight delivery. Order refills online at [www.caremark.com](http://www.caremark.com) or by calling 1-888-202-1654.

### **Other Plan Clinical Edits**

The pharmacy plan also includes the following safety edits to ensure the health of employees and covered family members: Prior Authorization, Refill Too Soon, Quantity Level Limits, denial on duplicate refills at different pharmacies and review for overuse of controlled substances.

# ▶ HIGH DEDUCTIBLE HEALTH PLAN (HDHP) & HEALTH SAVINGS ACCOUNT (HSA)

## Understanding How it Works

ACP 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 than our other two plan options)
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.

## THERE ARE TWO COMPONENTS

### HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- Lowest employee premiums
- Premium savings can be put towards HSA
- In and Out-of-Network coverage
- Annual deductible
- Protection from major costs
- 100% preventive care coverage
- No payment requested at time of office visit or procedure (employee pays amount applied to deductible after claim is processed)

### INDIVIDUAL HEALTH SAVINGS BANK ACCOUNT (HSA)

- Savings account with a bank (HealthEquity)
- Owned by you
- Used for eligible medical and pharmacy expenses, including deductibles
- Triple tax advantage
- No "use it or lose it"
- Like a 401(k) plan for medical expenses
- Debit card linked to HSA - No reimbursement forms

## REMEMBER!

By law, preventive care services such as routine well care visits, immunizations, labs, preventive screenings such as mammograms and colonoscopies (based on age and gender) and flu shots are covered at 100% under the HDHP so there is no need to use HSA funds for these services.



# ▶ HIGH DEDUCTIBLE HEALTH PLAN (HDHP) & HEALTH SAVINGS ACCOUNT (HSA)

## How Does the HDHP/HSA Plan Work?

- HDHPs and HSAs are offered together to provide comprehensive medical and prescription drug plan coverage
  - ◆ Per IRS rules, HSAs must be offered with a qualified HDHP
- The HDHP/HSA provides distinct tax savings advantages:
  - ◆ Pre-tax contributions by ACP and employee
  - ◆ Tax-free growth of interest and investment earnings
  - ◆ Tax-free withdrawals to pay for qualified health care expenses
  - ◆ Unused funds stay and grow in your HSA until you need them. The funds automatically roll over each year until used.
- Flexibility – you decide whether or when to use your HSA for out-of-pocket medical, dental and vision expenses, now or in the future – you are in charge of managing your HSA.
- You can start and stop HSA contributions at any time during the year.

## ACP Contributions to your HSA

- **In 2017, ACP will deposit \$500 (\$41.66 monthly) to your HSA regardless of coverage level (single or family)**
  - ◆ You must be enrolled in the HDHP 3500 plan to receive this contribution.
  - ◆ These deposits are made bi-weekly.
  - ◆ ACP's contributions are pro-rated based on benefits eligibility date.
- ACP's contributions to your HSA are yours to keep (per IRS rules).
- Think of it as a medical savings account for the future (like a 401(k)).
- Your HSA is completely portable for your long term future use.

## Can I Also Contribute to My HSA?

- Yes, in addition to the amount contributed by ACP, you can also make pre-tax contributions to your HSA up to the IRS annual limits each year.
- In 2017, the maximum HSA contribution (including ACP's contribution) is \$3,400/year for individuals and \$6,750/year for families.
- Those 55 years and older and not entitled to Medicare benefits can make an additional \$1,000/year "Catch-Up" contribution.

- **Per IRS rules, you cannot enroll in an HSA if you are enrolled in a regular Health Care FSA. You can enroll in an HSA if you are enrolled in a "Limited Purpose" FSA for uncovered dental and vision expenses only. ACP offers employees both regular and "Limited Purpose" FSAs.**
- **If you have unused rollover funds from your 2016 FSA and enroll in an HDHP with HSA in 2017, ACP will automatically convert your rollover FSA funds to "Limited Purpose" FSA funds in 2017.**

# ▶ HIGH DEDUCTIBLE HEALTH PLAN (HDHP) & HEALTH SAVINGS ACCOUNT (HSA)

## IRS Requirements for Enrolling the HSA:

- You are covered under a HDHP.
- You are not enrolled in Medicare, AHCCCS or TRICARE.
  - ◆ Contributions to an HSA must stop if you enroll in Medicare. However, you can keep the money in your HSA and use it to pay for medical expenses tax-free.
- You are not claimed as a dependent on someone else's tax return.
- You have not received non-preventive health services or prescriptions from Indian Health Services in the last three months.
- You have not received non-service related medical services from the VA.

## How do I access my HSA funds?

- ACP's and your HSA tax-free contributions are deposited to HealthEquity bi-weekly.
- When you enroll in an HDHP, you will need to set up an HSA. You can do this online when you elect benefits.
- You will then be issued a HealthEquity debit card which you can use to pay uncovered medical, dental and vision expenses from your HSA.
- You can also use HSA checks for your account.
- You can also pay for an uncovered expense with personal funds and reimburse yourself from your HSA.



[www.healthequity.com](http://www.healthequity.com)  
**HealthEquity Consultants available 24/7/365**  
**1-866-346-5800**

- On-line access to all account information.
- Competitive interest rates and investment options.
- FDIC insured.
- Access all claims payment history.
- Paper statements may be subject to a service fee. To avoid a service fee, you can sign up for electronic notifications only through the HealthEquity website.

## Qualified HSA Expenses

- QHDHP deductibles and coinsurance.
- Prescription medications (Over-the-counter (OTC) medications without a prescription are not eligible for HSA).
- Dental or vision care.
- Health coverage while receiving unemployment benefits.
- COBRA continuation coverage.
- Qualified long-term care.
- Medicare premiums and out-of-pocket expenses.
- Review Publication 502 at [www.irs.gov](http://www.irs.gov) for a complete list.
- For you and your spouse, if legally married, and dependents, even if they are not enrolled in ACP's plan.
- Per IRS rules, you cannot take a tax-free distribution from an HSA to pay for domestic partner expenses.

## Non-Qualified HSA Expenses

- Any funds used for purposes other than IRS qualifying medical, dental and vision expenses are taxable as income and subject to a 20% tax penalty.
- The penalty does not apply if you are age 65 or older or if you become disabled or enroll in Medicare.

# ACP WELLNESS INFORMATION

## **UMR NurseLine – 24/7/365**

A phone call to NurseLine SM puts you in touch with a highly trained RN who can answer your medical questions and provide advice without an appointment. NurseLine is a 24 hour-a-day, 7 day-a-week nurse telephone line that is completely confidential. When you call, you may choose to speak with a RN or access the audio health library containing over 1,100 topics on physical and emotional conditions, procedures, medications, men's and women's health, children's health and much more. NurseLine services are provided by your health plan at no additional cost to you. Contact NurseLine SM at the number shown on your Benefits ID card.



## **UMR Maternity Management**

Healthy, full-term deliveries are the goal of UMR's Maternity Management program. If you're pregnant, Maternity Management will help you have a successful, full-term pregnancy and healthy baby. The program is free, if you are enrolled in ACP's medical plan. The program provides prenatal education and high-risk pregnancy identification for all expectant plan members. If you're identified as being at-risk due to a medical condition or other factors, Maternity Management will offer you additional ongoing support and assistance during your pregnancy. UMR will also send you a "Thank You" gift upon program completion.

Members identified as pregnant through a clinical health risk assessment, health claims, self-referral or completion of a Maternity Management survey will be contacted and asked to participate in the program. You'll receive an initial phone call from an experienced Ob-Gyn nurse and, if you choose to participate, you will receive additional calls each trimester and a follow-up after your baby is born. You'll also receive mail with information to help you learn what you can do to stay healthy during your pregnancy and to give your baby the best start on life.

## **Cigna Healthy Rewards**

Get big discounts and special offers on products and services you use every day with the Cigna Healthy Rewards® program. Save on weight management and nutrition, vision and hearing care, fitness clubs, quitting tobacco programs and more.

Start saving: [Cigna.com/rewards](http://Cigna.com/rewards) (password: savings)

## **Smoking Cessation Resources**

### **Smokefree.gov**

<http://www.smokefree.gov/pdf.html>

### **The American Cancer Society**

<http://www.cancer.org/healthy/stayawayfromtobacco/index>

# DENTAL BENEFITS

## Delta Dental

	Low Option PPO / Premier Dentist Network			High Option PPO / Premier Dentist Network		
	PPO Dentist	Premier Dentist	Non-Network Dentist	PPO Dentist	Premier Dentist	Non-Network Dentist
<b>Annual Maximum</b>	\$1,000			\$1,500		
<b>Deductible</b>	\$50/\$150			\$50/\$150		
<b>Waived for Preventive</b>	Yes			Yes		
<b>Preventive</b>	100%	80%	80%	100%	100%	100%
	<b>Check Up Plus Included</b>			<b>Check Up Plus Included</b>		
<b>Basic</b>	80%	60%	60%	80%	80%	80%
<b>Major</b>	50%	40%	40%	50%	50%	50%
	Patient is not responsible for total billed charges	Dentist can balance bill over the PPO allowed amount up to the Premier allowed amount	Paid at PPO allowed amount + balance billed up to what non-network dentist charges	Patient is not responsible for total billed charges	Dentist can balance bill over the PPO allowed amount up to the Premier allowed amount	Paid at PPO allowed amount + balance billed up to what non-network dentist charges
<b>Orthodontia - Child Only</b>						
Deductible	No Coverage			No Deductible Covered at 50%		
Maximum	No Coverage			\$1,000		
<b>Waiting Periods</b>	<b>New Entrants</b>			<b>New Entrants</b>		
<b>Preventive</b>	None			None		
<b>Basic</b>	None			None		
<b>Major</b>	6 months			6 months		
<b>Orthodontia</b>	N/A			12 months		

## Employer's Dental Services (EDS)

EDS is a prepaid dental service available to employees. The advantages of the plan are:

- No deductibles
- No claim forms
- No yearly maximums
- Prescription discount through Arizona Prescription Program
- No waiting period for basic, preventive or major services
- Ortho discount available for children and adults
- VSP Vision discount available through EDS
- Must select a PCD (Primary Care Dentist) in-network only
- All general services at listed co pays

\*\*See Schedule of Benefits booklet for actual costs of specific services

# DENTAL INSURANCE COSTS

## Delta Dental

Coverage	Low Option		High Option	
	Employee Monthly Cost	Employee Cost Per Check	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$26.34	\$13.17	\$35.50	\$17.75
Employee + 1	\$54.40	\$27.20	\$73.31	\$36.66
Family	\$84.24	\$42.12	\$113.53	\$56.77

## EDS Dental

Coverage	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$13.34	\$6.67
Employee + 1	\$22.66	\$11.33
Family	\$31.75	\$15.88

# VISION BENEFITS

## EyeMed

	In-Network	Out-of-Network
Examination Frequency	Once Every 12 months	
Examination Coverage	\$10 copay	\$35 allowance
Lenses Frequency	Once Every 12 months	
<b>Lenses Coverage</b>		
Single Vision Lenses	\$10 copay	\$25 allowance
Bifocal Lenses	\$10 copay	\$40 allowance
Trifocal Lenses	\$10 copay	\$60 allowance
Standard Progressive Lenses	\$75 copay	\$40 allowance
Frames Frequency	Once every 24 months	
Frames Coverage	\$120 allowance + 20% off balance	\$48 allowance
Contacts Examination Coverage	Member pays up to \$55 for standard contact exam	Not covered
Contact Lens Frequency	Once every 12 months	
<b>Contact Lens Coverage</b>		
Medically Necessary	\$0 copay (paid in full)	\$200 allowance
Elective	\$135 allowance + 15% off balance	\$95 allowance

# VISION INSURANCE COSTS

## EyeMed Vision

Coverage	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$7.53	\$3.77
Employee + 1	\$14.27	\$7.14
Family	\$20.91	\$10.46



# FLEXIBLE SPENDING ACCOUNTS (FSA)

## Health Care FSA

The Health Care FSA administered by BASIC Services can help you save money on medical, dental and vision expenses not covered by ACP's or another health care plan. You set aside pre-tax dollars for medical, dental and vision expenses you expect to pay during the year. The amount you elect is deducted from your gross pay before taxes. You save by not paying federal, most state and local taxes, as well as Social Security and Medicare taxes, on the amount you defer to an FSA.

You may contribute up to \$2,600 to the Health Care FSA, per IRS rules. This money is deducted on a pre-tax basis from each paycheck and placed into your Health Care FSA. When you have qualifying medical, dental or vision expenses you pay them directly, obtain a bill or receipt, and then file a reimbursement claim. You will be reimbursed up to the amount you elected to contribute.

Typical Expenses Eligible for Reimbursement include (please visit [www.irs.gov](http://www.irs.gov) to view all eligible expenses):

- Medical, Rx, dental and vision copayments, deductibles and coinsurance or uncovered expenses
- Orthodontia
- Glasses, contact lenses and supplies
- Laser eye surgery
- Over-the-counter medications with a prescription
- Smoking cessation programs
- Hearing aids
- You cannot use FSA funds for cosmetic services such as cosmetic surgery, teeth whitening, etc.

**Per IRS rules, you cannot participate in a regular FSA if you are enrolled in an HSA. However, you can participate in a "Limited Purpose" FSA for uncovered dental and vision expenses only. ACP offers a regular FSA for employees enrolled in the PPO plan and a "Limited Purpose" FSA for employees enrolled in an HDHP with an HSA.**

**If you have unused FSA funds at year-end, ACP will roll over up to \$500 of these unused funds to use in the following year. If you are enrolled in an HDHP with HSA, ACP will convert these rollover funds to "Limited Purpose" FSA funds to allow you to participate in the HSA.**

## Dependent Care FSA

The Dependent Care FSA lets you set aside pre-tax money to pay for dependent day care expenses. It covers day care expenses for your dependent children under age 13 and anyone considered your dependent for income tax purposes, such as a disabled parent. Eligible expenses must be for services that allow you or your spouse to work or attend school. Daycare expenses must be incurred between 1/1/2017 and 12/31/2017 to be reimbursed from your 2017 Dependent Care FSA. Dependent day care expenses can include payment to someone who provides care in your home, a licensed day care center, after-school programs or summer day camp and care at elder or senior care centers.

You can contribute up to \$5,000 per family or \$2,500 if married filing single to the Dependent Care FSA, per IRS rules. The maximum allowable contribution to Dependent Care FSAs for a working couple each year is \$5,000. The money is deducted from each paycheck on a pre-tax basis and placed into your Dependent Care FSA. When you have eligible dependent care expenses, you pay them directly, obtain a bill or receipt, and then file a reimbursement claim. You will need a tax ID or Social Security number from your dependent care provider. You will be reimbursed up to the amount you elected to contribute.

### Changing or Stopping Contributions Mid-Year

IRS regulations prevent you from making changes during the plan year to your FSA contributions without a qualifying event such as marriage, birth or adoption of a child, divorce or a change in employment status of you or your spouse. In the absence of a qualifying event, you must wait until January 1 of the following year to stop or change your FSA contributions.

### "Use It or Lose It" Rule

It is important to carefully estimate how much to defer to a Health Care FSA as the IRS only allows you to roll over a maximum of \$500 for use in the following year. You will forfeit anything over \$500 if you do not use it by 12/31 each year.

# LIFE/AD&D, STD & LTD

## Employer Paid Life Insurance and Accidental Death and Dismemberment (AD&D)

ACP provides active, full-time employees working a minimum of 27 hours per week with employer paid life insurance and AD&D to provide you with peace of mind and your family and/or beneficiaries with financial security, in the event of your death. Employees are covered for 1 times your annual salary up to \$50,000. Coverage is provided through Cigna. There is a reduction of benefits starting at age 65. **This benefit is effective on date of hire.**

## Group Accidental Death & Dismemberment (AD&D)

AD&D coverage is equal to your life insurance coverage and provides benefits in certain accidental events. AD&D also pays out a dismemberment benefit for loss of sight or limbs.

## Voluntary Life Insurance and AD&D

For employees who wish to purchase additional Life Insurance coverage, ACP offers eligible employees a voluntary supplemental Life Insurance benefit. This coverage is offered through Cigna. Life Insurance coverage for the employee is paid to your beneficiary(s), in the event of your death. Life Insurance coverage for the spouse or child is paid to the employee, in the event of their death. To purchase Voluntary Life/AD&D for a spouse or child, an employee must also purchase it for themselves.

- Employee: \$10,000 units up to \$500,000. **\$200,000 Guarantee Issue.**
- Spouse: \$5,000 units to the lesser of \$250,000 or 50% of Employee's Voluntary Amount. **\$30,000 Guarantee Issue.**
- Child(ren): Birth to 6 months: \$500; 6 months to 26 years: Units of \$2,000 to \$10,000. **All Guarantee Issue.**

### Guarantee Issue

- **If you or your eligible dependents enroll within 31 days of your eligibility date, you may apply for available amounts of Life insurance coverage.** Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to Evidence of Insurability.
- **If you or your eligible dependents do not enroll within 31 days of your eligibility date, there is no guarantee issue** and Evidence of Insurability must be satisfied and approved before coverage is effective.
- **Please note** that employees participating in the voluntary plan (including dependents) have an annual enrollment guarantee that will allow them to increase their amount by 1 unit up to the Guarantee Issue amount at plan anniversary. (Employee: Increase 1 unit of \$10,000, Spouse: Increase 1 unit of \$5,000).

## EMPLOYEE - Coverage Amounts & Semi-Monthly Costs

Sample Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$10,000	\$0.32	\$0.40	\$0.45	\$0.55	\$0.83	\$1.32	\$2.15	\$3.30	\$6.35	\$10.47	\$19.76	\$36.86
\$30,000	\$0.95	\$1.20	\$1.35	\$1.65	\$2.49	\$3.96	\$6.45	\$9.90	\$19.05	\$31.40	\$59.28	\$110.58
\$50,000	\$1.58	\$2.00	\$2.25	\$2.75	\$4.15	\$6.60	\$10.75	\$16.50	\$31.75	\$52.33	\$98.80	\$184.30
\$70,000	\$2.21	\$2.80	\$3.15	\$3.85	\$5.81	\$9.24	\$15.05	\$23.10	\$44.45	\$73.26	\$138.32	\$258.02
\$100,000	\$3.15	\$4.00	\$4.50	\$5.50	\$8.30	\$13.20	\$21.50	\$33.00	\$63.50	\$104.65	\$197.60	\$368.60
\$150,000	\$4.73	\$6.00	\$6.75	\$8.25	\$12.45	\$19.80	\$32.25	\$49.50	\$95.25	\$156.98	\$296.40	\$552.90
\$200,000	\$6.30	\$8.00	\$9.00	\$11.00	\$16.60	\$26.40	\$43.00	\$66.00	\$127.00	\$209.30	\$395.20	\$737.20
\$250,000	\$7.88	\$10.00	\$11.25	\$13.75	\$20.75	\$33.00	\$53.75	\$82.50	\$158.75	\$261.63	\$494.00	\$921.50
\$300,000	\$9.45	\$12.00	\$13.50	\$16.50	\$24.90	\$39.60	\$64.50	\$99.00	\$190.50	\$313.95	\$592.80	\$1,105.80
\$350,000	\$11.03	\$14.00	\$15.75	\$19.25	\$29.05	\$46.20	\$72.25	\$115.50	\$222.25	\$366.28	\$691.60	\$1,290.10
\$400,000	\$12.60	\$16.00	\$18.00	\$22.00	\$33.20	\$52.80	\$86.00	\$132.00	\$254.00	\$418.60	\$790.40	\$1,474.40
\$450,000	\$14.18	\$18.00	\$20.25	\$24.75	\$37.35	\$59.40	\$96.75	\$148.50	\$285.75	\$470.93	\$889.20	\$1,658.70
\$500,000	\$15.75	\$20.00	\$22.50	\$27.50	\$41.50	\$66.00	\$107.50	\$165.00	\$317.50	\$523.25	\$988.00	\$1,843.00

NOTE: Rates may be slightly different due to rounding issues.

## SPOUSE - Coverage Amounts & Semi-Monthly Costs

Sample Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$5,000	\$0.15	\$0.20	\$0.23	\$0.28	\$0.42	\$0.66	\$1.08	\$1.65	\$3.18	\$5.23	\$9.88	\$18.43
\$10,000	\$0.30	\$0.40	\$0.45	\$0.55	\$0.83	\$1.32	\$2.15	\$3.30	\$6.35	\$10.47	\$19.76	\$36.86
\$25,000	\$0.75	\$1.00	\$1.13	\$1.38	\$2.08	\$3.30	\$5.38	\$8.25	\$15.88	\$26.16	\$49.40	\$92.15
\$35,000	\$1.05	\$1.40	\$1.58	\$1.93	\$2.91	\$4.62	\$7.53	\$11.55	\$22.23	\$36.63	\$69.16	\$129.01
\$50,000	\$1.50	\$2.00	\$2.25	\$2.75	\$4.15	\$6.60	\$10.75	\$16.50	\$31.75	\$52.33	\$98.80	\$184.30
\$75,000	\$2.25	\$3.00	\$3.38	\$4.13	\$6.23	\$9.90	\$16.13	\$24.75	\$47.63	\$78.49	\$148.20	\$276.45
\$100,000	\$3.00	\$4.00	\$4.50	\$5.50	\$8.30	\$13.20	\$21.50	\$33.00	\$63.50	\$104.65	\$197.60	\$368.60
\$150,000	\$4.50	\$6.00	\$6.75	\$8.25	\$12.45	\$19.80	\$32.25	\$49.50	\$95.25	\$156.98	\$296.40	\$552.90
\$200,000	\$6.00	\$8.00	\$9.00	\$11.00	\$16.60	\$26.40	\$43.00	\$66.00	\$127.00	\$209.30	\$395.20	\$737.20
\$250,000	\$7.50	\$10.00	\$11.25	\$13.75	\$20.75	\$33.00	\$53.75	\$82.50	\$158.75	\$261.63	\$494.00	\$921.50

NOTE: Rates may be slightly different due to rounding issues.

### Dependent Child(ren) to age 26

Coverage available in increments of \$2,000 to a maximum of \$10,000. The semi-monthly cost for \$10,000 of coverage is \$1.00.

Benefit Amount for birth to 6 months : \$500

The same premium applies regardless of the number of children covered.

## Voluntary AD&D - Coverage Amounts & Semi-Monthly Costs

### EMPLOYEE

Coverage available in increments of \$10,000 to a maximum of \$500,000. No medical questions/health exams required.

Sample Coverage Amounts	Employee Cost
\$10,000	\$0.10
\$30,000	\$0.30
\$50,000	\$0.50
\$70,000	\$0.70
\$100,000	\$1.00
\$130,000	\$1.30
\$150,000	\$1.50
\$200,000	\$2.00
\$250,000	\$2.50
\$300,000	\$3.00
\$350,000	\$3.50
\$400,000	\$4.00
\$450,000	\$4.50
\$500,000	\$5.00

### SPOUSE

Coverage available in increments of \$5,000 to a maximum of \$250,000. No medical questions/health exams required.

Sample Coverage Amounts	Spouse Cost
\$5,000	\$0.08
\$10,000	\$0.15
\$25,000	\$0.38
\$35,000	\$0.53
\$50,000	\$0.75
\$75,000	\$1.13
\$100,000	\$1.50
\$150,000	\$2.25
\$200,000	\$3.00
\$250,000	\$3.75

### DEPENDENT CHILD(REN) TO AGE 26

Coverage available in increments of \$2,000 to a maximum of \$10,000. No medical questions/health exams required.

Sample Coverage Amounts	Dependent Child(ren) Cost
\$2,000	\$0.03
\$4,000	\$0.06
\$6,000	\$0.09
\$8,000	\$0.12
\$10,000	\$0.15

NOTE: Rates may be slightly different due to rounding issues.



## Voluntary Short Term Disability (STD)

For employees who wish to purchase Short Term Disability coverage, ACP offers eligible employees a voluntary Short Term Disability benefit. This coverage is offered through Cigna. STD provides short-term income protection in the event of a non-occupational illness or disability. STD provides partial income replacement during your period of disability to help provide you and your family with financial security. STD begins after a 14 day waiting period. Benefits begin on the 15th day of your approved disability and will continue for the duration of your disability up to a maximum of 11 weeks. STD benefits are 60% of your pre-disability earnings to a maximum of \$2,300 per week.

**Guarantee Issue for STD Insurance:** An employee who applies within 31 days after becoming eligible will not have to complete Evidence of Insurability for approval. If enrollment is received more than 31 days after first eligible, Evidence of Insurability must be satisfied and approved before coverage is effective.

**Short-term Disability Pre-existing Condition Limitation:** Pre-existing condition limitation is 3/12 - This means you have not been treated for or incurred expenses for this medical condition within 3 months of the STD coverage effective date. This limit will not apply after you have been covered under the plan for 12 months.

## Voluntary STD - Coverage Amounts and Semi-Monthly Costs

Sample Annual Salary	Estimated Weekly Benefit Amount for Covered Disability	Under Age 55	55-59	60-64	65+
\$20,000	\$231	\$6.32	\$7.02	\$8.18	\$8.98
\$30,000	\$346	\$9.48	\$10.52	\$12.27	\$13.46
\$40,000	\$462	\$12.65	\$14.03	\$16.36	\$17.95
\$80,000	\$923	\$25.29	\$28.06	\$32.72	\$35.91
\$120,000	\$1,385	\$37.94	\$42.09	\$49.08	\$53.86
\$160,000	\$1,846	\$50.58	\$56.12	\$65.45	\$71.82
\$200,000	\$2,300	\$63.02	\$69.92	\$81.54	\$89.47
\$240,000	\$2,300	\$63.02	\$69.92	\$81.54	\$89.47
\$250,000	\$2,300	\$63.02	\$69.92	\$81.54	\$89.47

NOTE: Rates may be slightly different due to rounding issues.

**The Voluntary STD premium is per \$10 of covered weekly benefit. The premiums are as follows:**

Age	Premium
<20	\$0.5480
20-24	\$0.5480
25-29	\$0.5480
30-34	\$0.5480
35-39	\$0.5480
40-44	\$0.5480
45-49	\$0.5480
50-54	\$0.5480
55-59	\$0.6080
60-64	\$0.7090
Age 65 or older	\$0.7780

## Employer Paid Long Term Disability (LTD) Insurance

ACP provides active, full-time employees working a minimum of 27 hours per week with employer paid LTD. LTD provides long-term income protection in the event of an unexpected non-occupational disability. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. **This benefit is effective on date of hire.** LTD benefits begin after you have been disabled for 90 days due to a non-occupational injury or sickness. LTD benefits are 60% of pre-disability earnings to a maximum of \$5,000 per month (except for Nurse Practitioners, Physician Assistants and Physicians). The LTD benefit for Physicians, Nurse Practitioners and Physician Assistants is 50% of annual earnings to a maximum of \$10,000 per month and includes a "gross-up" feature. The LTD benefit will continue until you are no longer disabled or until you reach Social Security Normal Retirement Age (SSNRA).

# RETIREMENT PLANS

## ACP Offers Excellent Retirement Benefits to Eligible Employees

To be eligible for the 401(k) and Profit Sharing Plan, employees; 1) must be at least 21 years of age, 2) must have worked at least 1,000 hours in the year preceding the eligibility date, and 3) must have completed one year of employment. Upon meeting all of the requirements, employees will be eligible to enter the plan on the next open enrollment date. Plan entry dates are January 1st and July 1st of every year. Feel free to contact the Human Resources Department for more information.

Employees are responsible for completing a beneficiary designation form for their account and returning it to Human Resources.

### 401(k) Plan and Safe Harbor Match

ACP will match 100% up to the first 3% deferred by the employee and 50% up to the next 2% deferred by the employee. Contributions made by the employee and the employer match contributions are 100% vested as of the date of contribution.

**To enroll in the 401(k) plan, elect your deferral and select your investments, log onto [www.netbenefits.com](http://www.netbenefits.com).**

### Profit Sharing Retirement Plan

Contributions to employee profit sharing retirement plans are made solely by ACP and are at no cost to the employee. If eligible, ACP will contribute a percentage of the employee's annual compensation to their retirement plan.

### Eligibility to receive profit sharing contributions:

Employees must work 1000 hours in the calendar year of contribution and must be actively employed on December 31st of the contribution year.

### Contributions are made based upon years of eligibility:

First calendar year of eligibility	1% of annual salary
Second calendar year of eligibility	1% of annual salary
Third calendar year of eligibility	3% of annual salary
Fourth calendar year of eligibility	5% of annual salary
Fifth calendar year (or more) of eligibility	7% of annual salary

### Vesting Schedule for Profit Sharing Contributions

Vesting refers to the employee's "ownership" of a benefit from the plan. This would include the actual contributions ACP makes to an employee's profit sharing plan as well as any earnings they may generate. **Your vesting date will be based upon your date of hire.** Each year on your anniversary date, you will earn an additional year of vesting. No credit is given for partial years of service. In order to initially enter the retirement plan you must have worked at least 1,000 hours in the year preceding your eligibility date. The vesting schedule is as follows:

Years of Service	Vesting Percentage
less than 2	0
2	20
3	40
4	60
5	80
6	100

Note: Physicians, Nurse Practitioners and Physician Assistants - Please contact Human Resources about your retirement plan benefit.

# ▶ EMPLOYEE ASSISTANCE PROGRAM

ACP provides two Employee Assistance Programs (EAP) at **no cost** to employees and immediate family members living in the household. Services are provided through Jorgensen Brooks Group and Cigna. Contacting the EAP is completely confidential and provides employees with access to licensed counselors and other specialists. Employees can call the EAP 24 hours a day, 365 days a year for services.

- Marital/Relationship Issues
- Parent/Child Conflicts
- Substance Abuse
- Child Care Issues
- Personal Emotional Issues
- Elder care Assistance
- Depression
- Workplace/Career Issues
- Gambling addiction
- Co-Dependency
- Grief
- Anxiety/Stress
- Legal Consultation
- Will Preparation
- Pet Care Issues
- Financial Consultation

**Call Jorgensen Brooks, 24 hours a day, 365 days a year at 1.888.520.5400**

for confidential telephonic help **AND** up to 6 free in-office counseling visits per year for you or an immediate family member.

[www.jorgensenbrooks.com](http://www.jorgensenbrooks.com)  
[www.worklife-benefits.com](http://www.worklife-benefits.com)  
Company Code: jorgensenbrooks

**Cigna Life Assistance Program  
Call Cigna, 24 hours a day, 365 days a year at 1.888.538.3543**

for confidential telephonic help **AND** up to 3 free in-office counseling visits per year for you or an immediate family member.

[www.mycigna.com](http://www.mycigna.com)  
**800.538.3543**

# ▶ ADDITIONAL BENEFITS THROUGH CIGNA

**Secure Travel Assist is included:** When you travel 100 miles or more from home on company business or vacation, Cigna provides emergency medical and travel services through Secure Travel Assist. Assistance is available for immunization requirements, Visa and passport requirements, foreign exchange rates, travel advisors and more. Call 888.226.4567 or email [Cigna@europassistance-usa.com](mailto:Cigna@europassistance-usa.com) to enroll or for more details.

**Cigna Identity Theft Program:** If you become a victim of identity theft, Cigna's program can assist with credit card fraud, and financial or medical identity theft. They also provide education on how to identify and avoid identity theft before it happens and will provide an identity theft protection kit that provides the right documents to use and steps to follow if your identity has been compromised. Call 888.226.4567 and indicate that you are a member of the Cigna identity theft program and group #57 for assistance.

**Will preparation and estate planning:** Help protect your and your family's financial future. This simple, online will preparation tool lets you create a customized will built around your state-specific laws. You can also create other legal documents, like a living will and power of attorney document. It's easy, safe and secure. Get prepared: [CignaWillCenter.com](http://CignaWillCenter.com)

## CONTACTS

PROVIDER	PHONE NUMBER	WEBSITE/EMAIL
UMR - Medical	800.826.9781	www.umar.com
CVS/Caremark	888.202.1654	www.caremark.com
Delta Dental	800.352.6132 or 602.938.3131 Option 1	www.deltadentalaz.com
EDS - Dental	800.722.9772	www.mydentalplan.net
EyeMed Vision	866.268.4063	www.eyemedvisioncare.com
Fidelity Investments - Retirement Plan	800.294.4015	www.netbenefits.com
Wellspring Financial Partners - Retirement Plan Consultants	520.327.1019	http://wellspringfinancialpartners.com/
BASIC - Flexible Spending Account (FSA)	800.444.1922	www.basiconline.com
Cigna - Life and Disability Plans	800.362.4462	www.cigna.com/customerforms
HealthEquity - Health Savings Account (HSA)	866.346.5800	www.healthequity.com http://healthequity.com/ hsamemberguide/#12
Jorgensen Brooks Group - Employee Assistance Program (EAP)	888.520.5400	www.jorgensenbrooks.com www.worklife-benefits.com Company Code: jorgensenbrooks
Cigna - Employee Assistance Program (EAP)	800.538.3543	www.mycigna.com
CBIZ Claims Advocate	Angela Schlosser 520.321.7503	aschlosser@cbiz.com



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

CBIZ Benefits & Insurance Services  
1765 East Skyline Drive  
Tucson, AZ 85718  
NOV 2, 2017 FINAL

