



Town of Oro Valley

Guide For *your* BENEFITS

2017 — 2018

Welcome to Your Benefits

May 8 through 19, 2017 has been designated as open enrollment for your employee benefit plans. The changes that you make during this period will be in effect from July 1, 2017 through June 30, 2018. We are pleased to provide you and your family with a comprehensive benefits package. This booklet provides a summary of your employee benefits and also highlights any changes to the plans.

As a self-funded employer, the Town of Oro Valley is responsible for paying all medical claims. In order to help ensure the Town and employees are receiving the best rates possible, the Town of Oro Valley went out to bid for all benefit plans, receiving quotes for both self-insured and fully-insured scenarios. The bids received confirmed that remaining self-insured for healthcare is more cost effective than fully-insured. The quotes also confirmed that United Healthcare still offers the best rates for our PPO and HDHP with HSA plans.

The bid process also identified three new carriers that will be added to our benefits portfolio. All new carriers offer lower rates and/or better benefits. Dental insurance will now be offered through MetLife with two plans for in and out of network providers. Colonial will now cover the voluntary benefits previously provided by Aflac. Both the Town-paid group life insurance and employee-purchased voluntary life insurance, along with the Town-paid short and long-term (PSPRS only) disability insurance will now be offered through Mutual of Omaha.

The Town will continue vision insurance through Eye Med, and our good friends at Jorgensen Brooks Group will return for the employer-paid Employee Assistance Program. Legal Shield will continue to offer voluntary legal services, identity theft protection and a new service for social media monitoring.

Our biometric program, Know Your Numbers, is offered to employees again this year. Participants who volunteer to complete all portions of Know Your Numbers will receive a \$15 healthcare premium reduction for participating. A new element added to Know Your Numbers this year is the requirement to sign a tobacco use affidavit.

The Healthy Goals Incentive Program was a big hit in its first year with about 45 employees participating. Employees engaged in Healthy Goals may receive \$50 for setting and then following up on a healthy goal through our clinic.

Employee Health Clinic participation has grown dramatically with the second full year of operation seeing 1,031 appointments, an increase from the previous year of 34 percent.

The Human Resources Department is here for you throughout the year in helping you understand and get the most out of your benefits. Please don't hesitate to ask us if you have questions.

Important Information Regarding Plan Changes

Each year during open enrollment, you have the opportunity to make new benefit elections for the coming year. All eligible employees who wish to make any benefit changes must complete and return an enrollment form by Friday, May 19 at 5:00 p.m. Changes are allowed only at the annual open enrollment each year. Per IRS rules, you cannot drop or add coverage for yourself or your dependents mid-plan year unless you have a qualifying change in status such as loss of benefits under another plan, marriage, divorce, legal separation, birth, adoption, placement for adoption or the expiration of COBRA. If you have a qualifying event in family status and want to drop, add or make any changes to your coverage, you must request this change within 31 days of the qualifying event (e.g. within 31 days of the date you lose other coverage, within 31 days of marriage or divorce, within 31 days of date of birth) by completing a new enrollment form and giving it to HR along with documentation. **It is your responsibility to notify HR of a qualifying event.** Per IRS rules, if you waive or terminate coverage during your annual open enrollment period, you will not be able to enroll in the Town's plans until 7/1/2018 unless you have a qualifying event change in family status.

Benefit Plan Eligibility

Employees must work a minimum of 20 hours per week to enroll in any benefit plan. New employees become eligible for coverage the first of the month following 30 days of employment.

You can enroll the following dependents in your benefit plans:

- Your legal spouse (not a domestic partner) and
- Your dependent children.
 - ◆ On the medical & dental plan, dependent children are covered through the end of the month they attain age 26.
 - ◆ On the vision plan, unmarried dependent children are covered through the end of the month they attain age 19, or through the end of the month they attain age 27 if a full-time student at an accredited educational institution.
 - ◆ On the voluntary supplemental life insurance plan, unmarried dependent children are covered through the end of the month they attain age 19, or through the end of the month they attain age 25 if a full-time student at an accredited educational institution.

Medical/Prescription Drug Plan – UnitedHealthcare (UHC)

www.myuhc.com | 866-633-2446

The Town will continue to offer medical and prescription drug plan coverage through UHC. All deductibles and out-of-pocket maximums for both medical plans are administered on a calendar year basis. A brief summary of the in-network coverage under each plan is provided below. More comprehensive plan information can be found on HR’s website in the Summary Plan Description. The PPO Plan includes a low deductible, coinsurance responsibility after the deductible is met, office/urgent care/emergency room visit copayments, and prescription copayments. The HDHP offers a high deductible with no copayments or coinsurance. Once the deductible is met, UHC then pays 100% of the medical expenses and the prescription copayments will apply until the calendar year out-of-pocket is met. Once the out-of-pocket is met, UHC then pays 100% of the prescription expenses.

Highlights of an HDHP include:

- Annual preventive/wellness exams are not subject to the deductible and are covered 100%, if services are received from a UHC participating provider.
- Diagnostic office visits, hospital services and prescription drugs will apply to the deductible and the out-of-pocket maximum.
- If you stay in-network, you will still benefit from UHC’s contracts with their network providers. Only the discounted “allowable” amount will apply towards the deductible, not the full bill.
- When selecting coverage under this HDHP, you are eligible to open a Health Savings Account (HSA).

New PPO Plan Design with UHC

With the continuing rise in healthcare costs, beginning July 1, 2017 there will be changes to the PPO plan benefits. The plan will have a \$750 annual deductible for an individual and \$1,500 deductible for families. The copays for office visits will be \$25 for a primary care doctor and \$50 for a specialist visit. Emergency room visits will move to \$150 and convenience care clinics will have a \$30 copay. The copay for a telemedicine consultation will be reduced to zero, and the coinsurance percentages remain the same.

You have the option at the time of service to choose whether or not you want to utilize network providers. You are free to see any medical provider; however, you will receive a higher level of coverage if you receive your care from a participating UHC network provider.

Refer to each plan’s Summary of Benefit and Coverage for further details. (The below brief summary reflects In-Network Benefits only.)

BENEFIT COVERAGE PPO	PPO PLAN IN-NETWORK	HIGH DEDUCTIBLE HEALTH PLAN IN-NETWORK
Deductible (Individual ♦ Family)	\$750 ♦ \$1,500	\$2,600 ♦ \$5,200
Coinsurance	80% ♦ 20%	100% ♦ 0%
Max Out-of-Pocket (Individual ♦ Family)	\$2,500 ♦ \$5,000	\$3,500 ♦ \$7,000
Includes copayments, deductible and coinsurance	Yes	Yes
Preventive Care		
Office Visits	Covered at 100%	Covered at 100%
Lab, X-Ray & Diagnostic	Covered at 100%	Covered at 100%
Office Visit – Sickness & Injury	\$25 ♦ \$50	Covered at 100% after deductible is met
Virtual Visit / Telemedicine	\$0 copay	Covered at 100% after deductible is met
Outpatient Lab, X-Ray & Diagnostics	\$25 copay	Covered at 100% after deductible is met
Specialty Scans (CT, PET, MRI, MRA)	Covered at 80% after deductible is met	Covered at 100% after deductible is met
Outpatient Surgery	Covered at 80% after deductible is met	Covered at 100% after deductible is met
Inpatient Hospitalization	Covered at 80% after deductible is met	Covered at 100% after deductible is met
Outpatient Mental Behavioral Health	\$0 copay	Covered at 100% after deductible is met
Outpatient Substance Abuse	\$0 copay	Covered at 100% after deductible is met
Rehabilitation Services	\$0 copay	Covered at 100% after deductible is met
Emergency Room	\$150 copay	Covered at 100% after deductible is met
Waived if admitted	Yes	Not Applicable
Urgent Care	\$40 copay	Covered at 100% after deductible is met
Convenience Care Clinics	\$30 copay	Covered at 100% after deductible is met
Prescriptions		
Retail	\$10 ♦ \$30 ♦ \$60	\$10 ♦ \$30 ♦ \$50 after deductible is met
Mail Order	\$20 ♦ \$60 ♦ \$120	\$20 ♦ \$60 ♦ \$100 after deductible is met

UHC Value Pharmacy Network

UHC's Pharmacy Benefit Manager, OptumRx, has developed a more affordable, high-performance network offering. The Value Pharmacy Network features a reduced number of retail pharmacies, while still providing access to tens of thousands of convenient pharmacy locations nationwide. Savings is achieved through lower negotiated fees and more aggressive discounts.

Pharmacies in the Value Network include Walgreens, Fry's and Walmart. Members can quickly and easily find nearby participating network pharmacies by using the online Locate a Pharmacy tool at myuhc.com.

UHC Billing Questions?

If you have a question or concern regarding a medical bill please log on to www.myuhc.com for additional resources, or call the number on the back of your ID card to speak with a UHC representative.

Why is UHC Calling?

UHC may have identified an opportunity to assist in connecting you to resources and benefits of which you may not have been aware, such as:

- Welcome Home
- Healthy Pregnancy
- Care Management
- Pharmacy

UHC may contact you for a variety of reasons including reaching out to you after a hospital stay, to help in managing complex care needs, to offer educational services during a pregnancy, or questions regarding your prescription orders, etc.

Health Savings Account (HSA)

www.optumbank.com | 800-791-9361

Employees who enroll in the HDHP are eligible to establish an HSA with the following benefits:

- An HSA is like a 457 plan for medical expenses; a tax-favored savings account established by the employee.
- The savings in your HSA are immediately available to you to pay for qualified medical expenses not covered by insurance. **
- You may also use your HSA to pay for vision, dental and hearing-aid services and materials. However, money spent on vision, dental and hearing aid services and materials from the HSA account do not count toward your HDHP deductible.
- The amount you choose to contribute into this account on a per paycheck basis is deducted pre-tax.
- Unused funds in your HSA carry forward year-to-year so you don't have to worry about losing your money if you don't spend it.

**IRS Publication 502 provides a full list of eligible expenses.

Who provides the HSA?

The Town offers the pre-tax, payroll deduction HSA option through Optum Bank (Optum). To assist you in funding your HSA, the Town will make pre-tax contributions based on your enrollment. For 2017-2018 the Town will make deposits based on the schedule below.

	July 1, 2017	January 1, 2018	TOTAL
Employee Only	\$500	\$500	\$1,000
Employee + Spouse	\$625	\$625	\$1,250
Employee + Child(ren)	\$625	\$625	\$1,250
Employee + Family	\$625	\$625	\$1,250

How to Enroll in the HSA for payroll deduction

To enroll, complete an Optum Bank enrollment form and submit it to Human Resources

- Payroll deductions from 24 pay periods
- Change or stop deductions anytime with change form
- Maximum contribution for calendar year is \$3,400 for an individual and \$6,750 for a family
- Participants age 55 and older are allowed to make a \$1,000 catch-up contribution

NEW

MetLife Benefits

www.metlife.com/mybenefits

800-ASK-4MET (800.275.4638)

MetLife Billing Questions?

If you have a question or concern regarding a dental bill please log on to www.metlife.com/mybenefits for additional resources, or call 800-ASK-4MET (800-275-4638) to speak with a MetLife representative.

Dental Plan

For the 2017 /2018 benefit plan year dental benefits will be provided by MetLife. In reviewing the high and low plans you will see that there is now an Out-of-Network option on both plans, and the in network benefit has been increased to \$1,750.

The Town pays 100% of the premium for employee-only coverage and most of the premium for dependent coverage on the Low Plan. On the MetLife dental plans, out-of-network coverage is available on both the Low Plan and the High Plan. Out-of-network services are covered at a greater percentage on the High Plan.

You will pay more if you see a non-network dentist. Out-of-network providers are covered at a much lower reimbursement amount. Both plans utilize the same MetLife network of contracted dentists.

*BENEFIT COVERAGE	IN-NETWORK LOW PLAN	OUT-OF-NETWORK LOW PLAN	IN-NETWORK HIGH PLAN	OUT-OF-NETWORK HIGH PLAN
Annual Maximum per Person	\$1,750	\$500	\$1,750	\$1,250
Deductible	\$50/\$150	\$100/\$300	\$50/\$150	\$50/\$150
Waived for Preventive	Yes	No	Yes	No
Preventive	Covered at 100%	Covered at 60%	Covered at 100%	Covered at 80%
Basic	Covered at 80%	Covered at 40%	Covered at 80%	Covered at 60%
Major	Covered at 50%	Covered at 10%	Covered at 50%	Covered at 40%
Orthodontia (Child Only)	Covered at 50% up to a \$1,000 lifetime max - No deductible	Covered at 20% up to a \$250 lifetime max - No deductible	Covered at 50% up to a \$1,000 lifetime max - No deductible	Covered at 50% up to a \$1,000 lifetime max - No deductible

**See the Schedule of Benefit Cost in back of booklet*

Vision Plan – EyeMed

www.eyemedvisioncare.com | 866-299-1358

The Town offers a voluntary vision plan through EyeMed. The chart below provides a brief summary of coverage. Please refer to the EyeMed packet of information in your enrollment materials for more detailed plan information. You are free to see any vision provider; however, you will receive a higher level of coverage if you receive your care from a participating EyeMed SELECT network provider.

**BENEFIT COVERAGE	IN-NETWORK
Vision Exam	\$10 copay
Frames	\$10 copay, \$120 allowance, 20% off balance over \$120
Lenses Single, bifocal, trifocal Progressive	\$25 copay \$25 copay, 80% of charges less \$55 allowance
Contacts Lens Fit and Follow Up	Standard – member pays up to \$40 Premium – 10% of retail price
Lenses (applies to materials only)	Conventional - \$0 copay, \$135 allowance, 15% off balance over \$135 Disposables - \$0 copay, \$135 allowance, plus balance over \$135
Frequency Vision Exam Frames Lenses and Contacts	Every 12 months Every 24 months Every 12 months
Discounts on Laser Vision Correction, lens options and sunglasses provided through this plan	

***See the Schedule of Benefit Cost in back of booklet*

NEW

Mutual of Omaha Benefits

www.mutualofomaha.com/customer-service | 800.877.5176

For the 2017 /2018 benefit plan year group life & disability insurance benefits will be provided by Mutual of Omaha. Group Life and AD&D, Short Term Disability, Long Term Disability (if applicable) and Voluntary Life / AD&D coverage you had in force prior to July 1, 2017, will be continued with Mutual of Omaha.

Life & Short Term Disability

- **Life and AD&D** - Each eligible employee is covered for 1 times your annual salary up to a maximum of \$200,000.
- **Short Term Disability** – Begins after an elimination period of 90 days of disability. Benefits provide you with 66.67% of your weekly earnings as income replacement up to a weekly maximum benefit of \$2,000.

Long Term Disability - Public Safety Employees

The Town offers all eligible Public Safety and CORP Employees an employer paid Long-Term Disability (LTD) plan benefit through Mutual of Omaha. After a 180 day elimination period, benefits provide you with 66.67% of your monthly earnings as income replacement up to a monthly maximum benefit of \$6,700.

Long Term Disability - Non-Public Safety Employees

The Town contributes to the Arizona State Retirement System (ASRS) for long-term disability income protection. Employees wishing to inquire about this benefit can go on-line to www.azasrs.gov or call the ASRS at 520-239-3100 (Tucson office).

Voluntary Life / AD&D

As an eligible employee you are provided the opportunity to purchase additional term life with AD&D insurance for you and your spouse, as well as additional term life insurance for your child(ren). The premiums for this employee-paid benefit are paid through payroll deduction. Please refer to the enrollment materials for information on supplemental life and AD&D policy rates and plan provisions.

Employee Assistance Program (EAP) – Jorgensen Brooks

www.jorgensenbrooks.com | 520-575-8623 or 888-520-5400

EAP provides assistance for balancing work and life. Counselors assist you in solving life's issues:

- Marital or relationship problems
- Substance abuse
- Financial
- Personal issues
- Stress or other concerns

Coverage includes six free visits per issue per family member and all services are strictly confidential.

Flexible Benefit Plan – CBIZ Flex

www.myplans.cbiz.com | 800-815-3023

The Town's Flexible Benefit Plan allows you to pay for premiums, uncovered health care expenses, and child care or other dependent care expenses on a pre-tax basis, reducing your taxable income and saving you money.

Flexible Spending Accounts

By participating in the **Flexible Spending Account (FSA)** program you have the opportunity to save money on taxes and pay for certain health care and/or dependent day care expenses. The **Medical Spending Account** enables employees to set aside money to pay for uncovered health related expenses such as medical, dental and vision plan deductibles, copays and coinsurance, eyeglasses and contact lenses, prescription drug copays and more.

The FSA also provides you the opportunity to set aside dollars on a pre-tax basis to pay for dependent daycare expenses into a **Dependent Care Spending Account**. Please be aware, that per the IRS, you cannot participate in this account and take a dependent daycare tax credit on your taxes at year end.

- Medical Spending Account contribution maximum for plan year 7/1/17 – 6/30/18 is \$2,000
- Dependent Care Spending Account contribution maximum for plan year 7/1/17 – 6/30/18 is \$5,000
- IRS "Use It Or Lose It" rule applies. Money not used by the end of the plan year will be forfeited.

Details and information on the benefits of enrolling in these programs is provided in your open enrollment materials.

Voluntary Benefits available through Colonial

Heidi Plett | heidiplett@coloniallife.com | www.coloniallife.com | 520.237.1136

Colonial policies assist in covering unexpected medical bills, co-pays, deductibles, out-of-pocket expenses and more.

- Colonial policies pay cash benefits directly to you, unless you choose otherwise.
- Colonial pays benefits regardless of any other insurance coverage. Therefore, these benefits are paid in addition to the benefits provided under the UnitedHealthcare medical plan, if you are enrolled in the UnitedHealthcare plan.
- Colonial policies are guaranteed-renewable and fully portable.
- During each annual open enrollment period, you may meet individually with a Colonial representative to elect these voluntary benefits and/or to review Colonial benefits in which you are currently enrolled.

LegalShield Plan

Cassie Prinke | legalhelp@cox.net | www.legalshield.com | 602-999-9643

The Town offers employees access to pre-paid legal services through LegalShield. During each annual open enrollment period, meet individually with a LegalShield representative to elect these voluntary benefits and/or to review LegalShield benefits in which you are currently enrolled.

ICMA-RC 457 Plan

Valerie Honea | vhonea@icmarc.org | 888-883-8614 | Client Services | 800-669-7400

The Town offers eligible employees the opportunity to participate in 457 and Roth IRA retirement savings plans. The 457 is a tax- deferred retirement savings plan which supplements your ASRS, PSRS and CORP retirement benefit; and the Roth is post tax.

Enroll anytime during the year.

Employee Health and Wellness

Wellness Coach – Andrea Curless | healthcoach@orovalleyaz.gov | 520-954-9405

Employee Health and Wellness Program

The Wellness Partnership is a collaboration between the Town of Oro Valley, the Wellness Council of Arizona, United Healthcare and the Onsite Clinic. This program is designed to aid Town of Oro Valley employees with developing healthy living strategies along with building an enhanced work environment. The employee wellness initiative is to aid in developing physical activity, healthy nutrition, stress management, and self care lifestyles. Programs for gaining optimal health, understanding wise health care consumerism along with appropriate disease prevention and management compliance will be offered. This program has been designed by your wellness committee, which meets quarterly. Please watch for and participate in our health awareness campaigns, educational workshops and lifestyle support programs, and be sure to know who your wellness representative is for your department.

Wellness Websites:

- **Self-Care, Medications, Vitamins & Supplements:** www.webmd.com
- **Preventive Care:** www.uhcpreventivecare.com
- **Vaccinations & Immunizations:** www.cdc.gov/vaccines and www2.aap.org/immunizations



Wellness Program Disclosure Notice of Alternative Standards

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. By contacting the Town Wellness Coach she will work with you to find a wellness program with the same reward that is right for you in light of your health status.



Monday, Wednesday and Friday, 9am– 3pm FNP
 Thursday 9am - 3pm Nurse
 Thursday 7am - 9am lab draws

Need an Appointment? CLICK OR CALL!

You can schedule a visit by calling Monday - Friday, 8 a.m. - 5 p.m., locally 229-5334, or from work simply x5334. You can also call the Phoenix number 602-424-2101 or visit www.hcsonsite.com/orovalley and click "Appointment Request." Please bring your insurance ID card with you to your first appointment.

Committed to Your Health!

The Town of Oro Valley now provides on-site medical care through Healthcare Solutions (HCS) with a dedicated team of Family Nurse Practitioners that is committed to providing personalized patient care. The OV Employee Health Clinic provides comprehensive healthcare that includes wellness, preventative care, urgent care and disease management. Patient care is top priority. Nurse Practitioners are specifically picked for the particular needs of our employees to provide various health services.

The OV Employee Health Clinic FAQ

How are medical records stored and confidentiality assured?

HCS utilizes a customized Electronic Medical Records (EMR) program which allows all medical records to be stored electronically on the HCS remote server with multiple layers of security. The on-site clinic does not produce a paper trail. All information is stored electronically at a remote location - no patient information is stored at the individual on-site clinic. A third party with experience in electronic security oversees medical records storage. All patient confidentiality practices, technology and server are audited by HCS HIPAA compliance officer quarterly.

Who can use the clinic?

The OV Employee Health Clinic is available to all employees and eligible dependents that are covered on the Town of Oro Valley's health insurance plan.

Services Offered

- Physical exams
- Wellness checks
- Annual flu shots
- Treatment of acute infections (ear, tonsils, cold, flu)
- Diagnosis and treatment of chronic health conditions (asthma, diabetes, arthritis, hypertension, depression)
- Order and interpret lab tests and x-rays
- Prescribe and manage medications
- Personal healthcare coordination
- Suture wounds
- Counseling and treatment for sexually transmitted diseases
- Weight loss plans
- Referrals to specialists
- Free smoking cessation



Why is it important to become an established patient at the on-site clinic?

HCS recommends that all benefited employees and covered dependents become an established patient. By being an established patient, HCS will be able to triage patient symptoms over the phone and treat appropriately. HCS can refill most medications without an office visit as well as give medical advice. With electronic medical records, clinicians do not have to be on-site to treat patients. This allows HCS practitioners to be available for patients five days a week. HCS will not be able to treat new patients through telemedicine because we will not have a health history or assessment for them.

Will employees still need their healthcare insurance?

The OV Employee Health Clinic is not designed to replace your health plan, but instead to complement and augment your existing medical benefits. HCS will act as a "partner" with other practitioners and, if authorized by the patient, will directly collaborate with all practitioners involved in the patient's care. This collaboration directly reduces unnecessary repeat visits to various specialists and duplication of medical costs.

Does HCS have collaborating specialists to refer patients to as needed?

Quality of care, cost-efficiency and convenience make the OV Employee Health Clinic a superior alternative. HCS has a network of collaborating specialists. These specialists are board certified and patients can generally get an appointment the same day or within a week.

How is the OV Health Clinic staffed?

The OV Employee Health Clinic is staffed on Monday, Wednesday and Friday by a certified Family Nurse Practitioner (FNP). On Thursdays a nurse is available from 9am-3pm and a Phlebotomist from 7am-9am. The FNP has a full scope of practice and can assess, diagnose, prescribe medications and order additional tests as needed, (radiology, labs, etc.). The nurse works under the direction of the FNP and will follow up on your health while running programs such as weight loss, stress & anxiety, smoking cessation and disease management. These clinicians will build trusting confidential relationships and become your healthcare advocates.

Pediatric Services Offered

- Sore throat
- Common cold
- Earache
- Flu
- Pink eye
- Seasonal allergies
- Breathing treatments – asthma
- Rashes
- Eczema
- Sprains & strains (refer for X-rays)
- Sports physicals
- School physicals



Legal Notices

Health Insurance Portability and Accountability Act (HIPAA)

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect on April 14, 2003. To obtain a copy of The Town’s Notice of Privacy Practices, contact your HR department.

CHIP/Medicaid Notice

Premium Assistance Under Medicaid and Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

ALABAMA – Medicaid	Website: www.myalhipp.com . Phone: 1-855-692-5447
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861. Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default/asp
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid	Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	Website: http://www.flmedicaidtprrecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov . Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid	Website: www.dhs.state.ia.us/hipp/ . Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ . Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: http://chfs.ky.gov/dms/default.htm . Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003. TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/MassHealth . Phone: 1-800-462-1120
MINNESOTA – Medicaid	Website: http://mn.gov/dhs/ma/ . Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx . Phone: 1-855-632-7633
NEVADA – Medicaid	Medicaid Website: http://dwss.nv.gov/ . Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ . Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: http://www.ncdhhs.gov/dma . Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org . Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov . Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	Website: http://www.eohhs.ri.gov/ . Phone: 401-462-5300
SOUTH CAROLINA - Medicaid	Website: http://www.scdhhs.gov . Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059
TEXAS - Medicaid	Website: http://gethiptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip . Phone: 1-877-543-7669
VERMONT - Medicaid	Website: http://www.greenmountaincare.org/ . Phone: 800-250-8427
VIRGINIA - Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm . Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm . CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx . Phone: 1-800-562-3022, ext. 15473
WEST VIRGINIA - Medicaid	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx . Phone: 1-877-598-5820, HMS 3rd Party Liability
WISCONSIN - Medicaid and CHIP	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid	Website: https://wyequalitycare.acsw-inc.com/ . Phone: 307-777-7531
To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:	
U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

SCHEDULE OF BENEFIT COSTS PER PAY PERIOD FOR FULL-TIME EMPLOYEES

Benefit Plan	Town Premium	Employee Premium	Know Your Numbers Employee Premium
UnitedHealthcare Choice Plus - PPO			
Employee Only	\$171.45	\$45.25	\$30.25
Employee + Spouse	\$439.20	\$112.52	\$97.52
Employee + Child(ren)	\$327.08	\$84.49	\$69.49
Employee + Family	\$656.81	\$170.26	\$155.26
UnitedHealthcare Choice Plus - HDHP			
Employee Only	\$195.65	\$30.13	\$15.13
Employee + Spouse	\$392.86	\$63.76	\$48.76
Employee + Child(ren)	\$306.50	\$49.75	\$34.75
Employee + Family	\$570.76	\$92.63	\$77.63
Met Life Dental – Low Plan			
Employee Only	\$8.38	\$0.00	
Employee + Spouse	\$15.75	\$1.85	
Employee + Child(ren)	\$18.96	\$2.65	
Employee + Family	\$28.29	\$4.98	
Met Life Dental – High Plan			
Employee Only	\$7.83	\$2.44	
Employee + Spouse	\$14.61	\$6.92	
Employee + Child(ren)	\$17.27	\$8.86	
Employee + Family	\$25.81	\$14.52	
EyeMed Vision			
Employee Only	\$0.00	\$2.70	
Employee + One	\$0.00	\$5.13	
Employee + Family	\$0.00	\$7.54	
Life & Disability Insurance			
Mutual of Omaha Basic Life, AD&D	One times annual salary. 100% paid by the Town of Oro Valley.		
Mutual of Omaha STD and LTD	Short and Long Term Disability. 100% paid by the Town of Oro Valley.		
Mutual of Omaha Optional Life and AD&D	Optional life insurance for employees, spouse and/or children. Costs of these plans are 100% employee paid.		

Other Benefits

Other benefit plans may be offered by the Town of Oro Valley. Please see the Human Resources staff for additional details and cost information.

CBIZ Benefits & Insurance Services, Inc.
1765 East Skyline Drive • Tucson, AZ 85718
REVISED 4/24/17 (520) 327-6421



About This Booklet: This booklet highlights important features of the Town of Oro Valley's employee benefit plans. 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.