



2017 *Guide* TO YOUR BENEFITS



Dear Colleagues:

Welcome to AzCA's 2017 Benefits Plan effective January 1 thru December 31, 2017. We are proud of the fact that we are able to offer a robust benefits plan with such a wide array of options. In keeping with our mission of "strengthening families", AzCA gladly makes significant investments in our benefits to ensure our family of employees maintains excellent health, wellness and spirit. We invite you to take full advantage of our plans, whether it be protecting your health, building your wealth or gaining peace of mind that you and your loved ones are protected.

Thank you for all you do to achieve our mission and making better lives for all the people we touch.

Tifney Tihey
Chief Human Resources Officer



ELIGIBILITY AND COVERAGE

- All regular, full-time (working 30 hours or more per week) employees are eligible for benefits described in this brochure unless otherwise noted. Coverage begins on the first day of the month following completion of 60 days of continuous employment.
- You may elect Medical, Dental, Vision, Supplemental Life and various voluntary insurance options for yourself and eligible dependents. Eligible dependents may include:
 - ◆ Your spouse
 - ◆ Your dependent child(ren) up to age 26

OPEN ENROLLMENT FOR BENEFIT ELIGIBLE EMPLOYEES

- During the open enrollment period of **10/17/2016** through **11/18/2016** you can review, enroll, make changes or cancel your AzCA group sponsored benefit plans.
- You can enroll, change or cancel your medical insurance, dental insurance, vision insurance or elect your FSA (Health and/or Dependent Care) contributions on-line using the **ADP/Workforce Now open enrollment portal**.
- You must complete the necessary forms to enroll, change or cancel voluntary life or any Colonial Life Voluntary Products. Forms can be found on our network at </data/Hr-All Employees/Benefits/Colonial>.
- **ALL EMPLOYEES MUST** enroll in ADP to select benefits (re-enroll) or waive benefits. This information will not be coming from UltiPro. Even if you are not making any changes you must re-enroll in the ADP system.
- **Required:**
 - ◆ You must confirm the amount of contributions for your HSA or FSA, even if zero.
 - ◆ You must confirm your beneficiary designation. Please complete forms in [AzCA/data/Hr-All Employees/Benefits](#).
- Premium contributions are deducted from payroll on a pre-tax basis as allowed by the IRS.
- Remember your benefit elections will remain in place throughout the entire plan year (1/1/2017 to 12/31/2017) **unless** you experience a qualifying event (see "Qualifying Event" below).
- **Due Dates:**
 - ◆ **On-line selections are due on or before 11/18/2016**
- Failure to take any action or return documents will result in no benefits coverage as of 1/1/2017. Since we are changing to ADP you MUST enroll in the system to have coverage. If you do not enroll by 11/18/2016 you will not be able to enroll or make any changes until the next open enrollment period.
- **Please note:** If you no longer want coverage you must waive coverage through ADP/Workforce Now on-line portal.

NEW HIRE ENROLLMENT

- Regular full-time employees (working 30 hours or more per week) are eligible for insurance benefits. Coverage begins on the first of the month following 60 days of continuous employment.
- You will receive information to enroll through your AzCA email. The information will describe your insurance benefits and instructions to complete your selection in the ADP/Workforce Now on-line portal, as well as any paper documents that are required.
- All completed and signed documents **MUST** be submitted to AzCA HR Benefits at Benefits@arizonaschildren.org by the 25th of the month before your effective date. **FAILURE** to return documents or complete the online process by the 25th will result in a waiver of benefits. You will not be able to enroll until the next open enrollment period.
- Remember, your benefit elections will remain in place throughout the entire plan year (1/1/17 to 12/31/17) unless you experience a qualifying event (see "Qualifying Event" below).

QUALIFYING EVENTS

In most cases, you may only make benefit changes during open enrollment. However, if you experience a qualifying event, an event that causes you or a covered dependent to gain or lose eligibility for coverage, you may make changes within 31 days of the qualifying event. For a complete list of Qualifying Events contact AzCA HR Benefits.

The following are some examples of Qualifying Events:

- Marriage
- Adoption
- Legal separation
- Birth
- Divorce
- Death
- You, your spouse, or dependent starts or ends employment that affects eligibility for benefits

YOU MUST NOTIFY HR BENEFITS WITHIN 31 DAYS OF ANY QUALIFYING EVENT

Remember...You can change your name, address, emergency contact, beneficiaries, dependents and phone number in ADP/Workforce Now on-line portal.

UMR HIGH DEDUCTIBLE HEALTH PLANS (HDHP) - UHC CHOICE PLUS NETWORK

UMR MEDICAL	HDHP \$4,000 IN NETWORK BENEFITS	HDHP \$2,600 IN NETWORK BENEFITS
Deductible/Per Plan Year - Individual/Family *Embedded Deductible	\$4,000/\$8,000	\$2,600/\$5,200
Coinsurance Per Plan Year	20%	20%
Maximum Out-of-Pocket Per Person/Per Plan Year	\$5,800/\$11,600	\$5,000/\$10,000
Office Visit	20% after deductible; Preventive - covered 100%	20% after deductible; Preventive - covered 100%
Hospitalization	20% after deductible	20% after deductible
Routine Diagnostic - Lab/X-ray	20% after deductible; Preventive - covered 100%	20% after deductible; Preventive - covered 100%
Complex Diagnostic Testing - MRI/CT/PET	20% after deductible	20% after deductible
Eye Exam - Every Other Plan Year	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Teladoc	\$45 fee	\$45 fee

* An EMBEDDED deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Deductible	Deductible Waived for Certain Preventive Drugs. See Preventive Drug List for Consumer Driven Health Plans Expanded List. For example: Arimidex, Plavix, Lopressor, Lipitor, Abilify, Diabetic Supplies, Humalog, Glucophage, Fosamax, Symbicort, Avandia, Coumadin, Niaspan, Pediatric-Fluoride Preparations	
Generic	\$10 after deductible	\$25 after deductible
Brand	\$30 after deductible	\$75 after deductible
Non-Preferred Brand	\$50 after deductible	\$125 after deductible
Specialty	30 day supply, \$50 after deductible	

RATES - HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

	HDHP \$4,000				HDHP \$2,600			
	Total Premium	AzCa per Month	Employee per Month	Employee per Paycheck	Total Premium	AzCa per Month	Employee per Month	Employee per Paycheck
Employee Only	\$367.10	\$327.00	\$40.10	\$18.51	\$398.32	\$327.00	\$71.32	\$32.92
Employee + Spouse	\$770.89	\$327.00	\$443.89	\$204.87	\$836.45	\$327.00	\$509.45	\$235.13
Employee + Child(ren)	\$734.19	\$327.00	\$407.19	\$187.93	\$796.62	\$327.00	\$469.62	\$216.75
Employee + Family	\$1,174.70	\$327.00	\$847.70	\$391.25	\$1,274.60	\$327.00	\$947.60	\$437.35

PREVENTIVE CARE

Preventive Care is covered 100%, for example: Well-women, Well-men, Well-baby Care, Blood Pressure Screening, Cholesterol Check. **For Example: If the physician charge is \$300, insurance pays 100% of the bill, leaving you with a \$0 balance.** If a diagnosis occurs you will be subject to the appropriate copayment, deductible or coinsurance.

HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled in one of AzCA's HDHP plans, you are eligible to establish, and contribute to, a Health Savings bank account (H.S.A.). Your contribution is tax free, interest earning and can be used for qualified medical expenses for yourself, your spouse or eligible dependents (domestic partners are not eligible dependents as defined by the IRS and therefore are excluded). This account is a personal bank account that you can take with you if you leave AzCA. Your balance is carried over from year to year and is NOT a "use it or lose it" account such as an FSA. You must open an account PRIOR to contributing. To get started go to www.optumbank.com. Reference group number 76412270 when enrolling.

For 2017 the IRS will allow H.S.A. contributions of \$3,400 (per individual) / \$6,750 (per family).

As an added benefit if you enroll in the HDHP \$4,000 plan AzCA will contribution \$62.50 per month into your H.S.A. account while you are actively employed and enrolled in the HDHP \$4,000 plan.

Additional information on H.S.A. accounts can be found on the U.S. Treasury web link: www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx

UMR CLASSIC MEDICAL PLAN - UHC CHOICE PLUS NETWORK

IN NETWORK BENEFITS	
Description of Coverage	CLASSIC
Deductible/Per Plan Year Individual/Family *Embedded Deductible	\$3,000/\$6,000
Coinsurance Per Plan Year	30%
Maximum Out-of-Pocket Individual/Family	\$6,350/\$12,700
Office Visit/Specialist	\$25/\$50
Preventive Services	100%
Hospitalization	30% after deductible
Routine Diagnostic Lab/X-ray	No Charge
Complex Diagnostic Testing MRI/CT/PET	\$250 copay
Eye Exam - Every Other Plan Year	\$25
Emergency Room	\$250
Urgent Care	\$100
Teladoc	\$20 copay

* An EMBEDDED deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$15.00	\$37.50
Brand	\$45.00	\$112.50
Non-Preferred Brand	\$85.00	\$212.50
Specialty	30 day supply \$170	

Refer to the Certificate of Coverage (COC) for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

CHOICE PLUS MEDICAL PLAN EMPLOYEE PAY CONTRIBUTIONS

	CLASSIC			
	Total Premium	AzCa per Month	Employee per Month	Employee per Paycheck
Employee Only	\$448.39	\$327.00	\$121.39	\$56.03
Employee + Spouse	\$941.59	\$327.00	\$614.59	\$283.66
Employee + Child(ren)	\$896.76	\$327.00	\$569.76	\$262.97
Employee + Family	\$1,434.82	\$327.00	\$1,107.82	\$511.30

TELADOC

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online. This program is confidential, available to **anyone enrolled in the UMR medical plan**, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including but not limited to: sore throat, allergies, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections. When you need a doctor, request a consultation either via the website or via telephone at 1-800-835-2362.

Teladoc Costs:
PPO/Classic = \$20 copay
HDHP = \$45 fee

FLEXIBLE SPENDING ACCOUNTS (FSA)

FULL MEDICAL Reimbursement Plan (not open to HSA participants): You may contribute up to \$2,500 per plan year for out of pocket qualified medical/dental/vision/ pharmacy expenses for yourself, your spouse or eligible dependents. Some over the counter (OTC) products may be reimbursed with a prescription only.

Up to \$500 of unused amounts in the Full Medical FSA remaining at the end of 2016 will roll over to the following Plan Year 2017. These amounts can be used during 2017 for expenses incurred in 2017. Amounts carried over do not affect the maximum contribution limit.

LIMITED PURPOSE Reimbursement Plan: If you contribute or plan to contribute to an HSA you can open a Limited FSA, which will only allow reimbursement for dental and vision expenses.

ROLLOVER

You may roll over up to \$500 of unused amounts in the Limited Medical FSA remaining at the end of 2016 to the following Plan Year 2017. These amounts can be used during 2017 for expenses incurred in 2017. Amounts carried over do not affect the maximum contribution limit. The rollover of any unused funds will happen automatically. You do not need to activate it.

DEPENDENT CARE Reimbursement Plan: You may deposit up to \$5,000 per Plan Year (\$2,500 if married, filing separately) to pay for qualified dependent daycare expenses. The expenses are for the care of a child under the age of 13 years, or a dependent who is not capable of self care. You are reimbursed only up to the amount you have contributed at any given time.

If you have a Dependent Care balance at the end of the Plan Year it cannot be returned to you. IRS Rule "USE IT or LOSE IT."

CLAIMS

You can now use a photo to file a claim. Submit a receipt anywhere, anytime from the myplans.cbiz.com website or mobile app. There is no fee for these apps, just search for "MyFlex" at the iTunes® App Store or Google Play . To Log in, use the same ID and password as you do for the MyFlexOnline website.

NOTE: You may not use money in the account for reimbursement of your domestic partner's expenses.

Visit www.myplans.cbiz.com to submit claims, verify receipt or check account balance. You can obtain a claim form on AzCA intranet at [/data/Hr-All Employees/Benefits](#). Your reimbursement check will be issued by CBIZ Flex.

SECTION 125 - PRE-TAX PROGRAM

PREMIUM ONLY Plan: AzCA deducts medical, dental, and vision policy premiums from your paycheck on a pre-tax basis. Because your premiums are deducted on a pre-tax basis, you may reduce your State, Federal and Social Security tax liability. When enrolled in a Section 125 plan, you must remain enrolled in the applicable plans for the entire plan year and cannot deduct your premiums from your taxes at the end of the year.

Colonial Life Voluntary Products premiums are deducted from your paycheck on a post tax basis. Any in force Colonial Life Voluntary Products will be converted to post tax deductions.



VOLUNTARY DENTAL PLANS - AMERITAS

	AMERITAS Low		AMERITAS High	
Annual Maximum	\$1,000		\$1,500	
Deductible Waived for preventive	\$50		\$50	
Preventive	100%		100%	
Basic	80%		80%	
Major	50%		50%	
Implants	Included		Included	
Orthodontia Deductible	N/A		N/A	
Orthodontia Coinsurance	50%		50%	
Orthodontia Maximum	\$1,500		\$1,500	
Dental Rewards Program	Additional accumulation toward annual maximum		Additional accumulation toward annual maximum	
Dependent Age	19; 26 if full-time student		19; 26 if full-time student	
RATES	Employee per Month	Employee per paycheck	Employee per Month	Employee per paycheck
Employee Only	\$33.34	\$15.39	\$37.92	\$17.50
Employee + One	\$61.59	\$28.43	\$69.63	\$32.14
Employee + Family	\$94.11	\$47.05	\$104.79	\$48.36

VOLUNTARY DENTAL PLAN - EDS

	EDS 100N	
Annual Maximum	See schedule of benefits - Schedule can be located online in the AzCA benefits folder	
Deductible Waived for preventive		
Preventive		
Basic		
Major		
Orthodontia Deductible	25% discount program	
Orthodontia Coinsurance		
Orthodontia Maximum		
Dental Rewards Program	N/A	
Dependent Age	26	
RATES	Employee per Month	Employee per paycheck
Employee Only	\$13.91	\$6.42
Employee + One	\$24.60	\$11.35
Employee + Family	\$30.13	\$13.99

VOLUNTARY VISION PLAN - VSP CHOICE

In-Network Benefits	Base	Buy-Up		
Vision Examination	\$10 copay	\$10 copay		
Examination Frequency	Every 12 months	Every 12 months		
Prescription Glasses	\$25 copay	\$25 copay		
Lens Options				
Single, Bifocal, Trifocal	Included in Prescription Glasses copay	Included in Prescription Glasses copay		
Standard Progressive	\$55 copay	\$55 copay		
Premium Progressive	\$95 - \$105 copay	\$95 - \$105 copay		
Custom Progressive	\$150 - \$175 copay	\$150 - \$175 copay		
Lens Enhancement Options	Average savings of 20-25%	Average savings of 20-25%		
Lens Frequency	Every 12 months	Every 12 months		
Frames	"Included in Prescription Glasses copay \$150 allowance (\$80 at Costco), then 20% off balance"	"Included in Prescription Glasses copay \$200 allowance (\$110 at Costco), then 20% off balance"		
Frames Frequency	Every 24 months	Every 12 months		
"Contact Lenses (in lieu of glasses)"	"Elective: \$150 allowance for contacts, fitting & evaluation Contact exam 15% discount Med Necessary: Covered in full"	"Elective: \$200 allowance for contacts, fitting & evaluation Contact exam 15% discount Med Necessary: Covered in full"		
Contact Lens Frequency	Every 12 months	Every 12 months		
Network	Choice Network & Affiliate Providers	Choice Network & Affiliate Providers		
RATES	Employee per Month	Employee per paycheck	Employee per Month	Employee per paycheck
Employee Only	\$5.91	\$2.73	\$9.17	\$4.23
Employee + Spouse	\$11.82	\$5.46	\$18.33	\$8.46
Employee + Child(ren)	\$12.63	\$5.83	\$19.60	\$9.05
Employee + Family	\$20.19	\$9.32	\$31.32	\$14.46

Visit [vsp.com](https://www.vsp.com/scms/benefits/member-id-card.html) for more details on your vision benefit and for exclusive savings and promotions for VSP members. After enrolling go to <https://www.vsp.com/scms/benefits/member-id-card.html> to download a vision insurance card.

BASIC LIFE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - MUTUAL OF OMAHA

- AzCA pays the entire cost for an employee working 30+ hours per week. The coverage amount is based on salary. Amounts above \$50k per year are subject to imputed income tax and deducted through payroll.
- Employee: 2 times salary, plus additional \$10,000 up to \$300,000
- Spouse: \$2,500 maximum
- Dependent Child: \$1,000 (6 months to 19 years; 26 if full-time student) or \$100 (15 days to 6 months).
- AD&D coverage is equal to your life insurance coverage and provides benefits in certain accidental events.

SHORT TERM DISABILITY (STD) – MUTUAL OF OMAHA

- AzCA pays the entire cost for an employee working 30+ hours per week. The coverage is based on 60% of your weekly salary up to \$500. The benefit is not taxable upon disability.
- Elimination period is 14 days for non work-related accident or sickness & benefits will continue for 11 weeks.
- You must use your PTO to cover your pay during the 14 day elimination period, and to cover the remaining 40% of your income until your PTO is exhausted.
- You may purchase additional coverage through Colonial Life Voluntary Products.

LONG TERM DISABILITY (LTD) - MUTUAL OF OMAHA

- AzCA pays the entire cost for an employee working 30+ hours per week. The coverage is based on 60% of your monthly salary up to \$5,000.
- Elimination period is 90 days after the date of your disability and will continue until normal Social Security retirement age (provided qualification continues).

EMPLOYEE ASSISTANCE PROGRAM (EAP) - MUTUAL OF OMAHA

Our duo of employee assistance programs provide you access to registered nurses, master's level counselors and other industry professionals 24/7. Representatives can assist you in dealing with stress, depression, parenting, grief and much more. What we do is mentally and emotionally tasking. Take care of yourself by working thru your concerns with an objective professional.

- Mutual of Omaha EAP – 1.800.316.2796

VOLUNTARY LIFE/AD&D - MUTUAL OF OMAHA

Voluntary Life is available at a cost to the employee through payroll deduction. The employee and/or dependents may need to qualify for benefits. (Dependent children up to age 26).

Employee Only: \$10,000 up to 7x annual salary up to \$350,000 - Guarantee Issue: 3x annual salary up to \$100,000

Spouse: \$5,000 up to \$100,00 not to exceed 50% of employee benefit - Guarantee Issue: 50% of employee benefit up to \$30,000

Child(ren): \$2,000 up to \$10,000 not to exceed 50% of employee benefit - Guarantee Issue: 50% of employee benefit up to \$10,000

VOLUNTARY LIFE/AD&D - MUTUAL OF OMAHA

BI-WEEKLY PREMIUM RATE TABLE			
ATTAINED AGE	EMPLOYEE PER \$10,000	SPOUSE PER \$5,000	CHILD PER \$2,000
Less than 25	\$0.39	\$0.20	\$0.18 regardless of number of children
25-29	\$0.39	\$0.20	
30-34	\$0.39	\$0.20	
35-39	\$0.53	\$0.27	
40-44	\$0.76	\$0.38	
45-49	\$1.22	\$0.61	
50-54	\$1.73	\$0.87	
55-59	\$2.52	\$1.26	
60-64	\$4.08	\$2.04	
65-69	\$7.32	\$3.66	
70-74	\$10.27		
75-79	\$22.04		
80+	\$22.04		

COLONIAL LIFE VOLUNTARY PRODUCTS

Arizona's Children Association is pleased to offer supplemental insurance choices through Colonial Life Voluntary Products Supplemental Insurance. Although many medical costs are covered by a person's health insurance, these programs are designed to replace lost income, as well as out-of-pocket medical or non-medical expenses in the event of an injury or illness. (Expenses such as deductibles, copays, etc.)

Some of the important features:

- You pay the premiums through convenient payroll deduction
- All benefits are paid directly to you
- All benefits are paid in addition to any other insurance you may have
- Family or individual coverage is available with most products
- All plans are portable; they may be taken with you if you leave AzCA's employment with no increase in premium
- Plans are affordable; rates will not increase due to changes in health or claims filed

The available products you can elect:

- Short-Term Disability
- Accident Coverage
- Cancer Insurance
- Critical Illness Insurance
- Medical Bridge Insurance (hospital income)

During open enrollment periods or as a new hire, you should meet individually with a Colonial Life Voluntary Products representative to elect these voluntary benefits and/or to review Colonial Life Voluntary Products benefits you currently have.

RETIREMENT SAVINGS PLAN - EMPOWER RETIREMENT

AzCA provides a 403b Savings and Retirement plan for all employees. Participants may select from an array of mutual fund investment options, including a Targeted Date Fund. Employees may contribute base wages as allowable by law into the Savings Plans as of the first day of hire. Auto enrollment of 3% starts after 30 days of employment if you fail to make any other elections or opt out of the plan. Enrollment/waiver/changes must be completed on the appropriate forms which can be found in </data/Hr-All Employees/Benefits/403b>. Submit completed forms to Benefits@Arizonaschildren.org.

AzCA may also make a matching contribution for those employees deferring a portion of their base salaries as well as a discretionary retirement contribution for all eligible employees as defined below. To be eligible for a discretionary match employees must work at least 1,000 hours in the plan year (Jan 1 – Dec 31) and be an active employee on the last day of the plan year (12/31).

PAID TIME OFF

Paid Time Off (PTO) for eligible employees begins to accrue on their first day of employment. After 90 days of continuous employment, PTO may be used upon approval. Employees may use only what they have accrued. Please refer to the PTO Policy - HR 852 for further details.

HOLIDAYS

AzCA offers employee's 8 paid holidays per calendar year as defined in the Personnel Policies. *(Eligibility starts on date of hire.)*

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Labor Day
- Independence Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

CONTINUATION OF BENEFITS (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, vision, FSA/medical and dental coverage and/or any insured dependents' coverage is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act) with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months. AzCA Human Resources provides the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of coverage is also available for "qualified beneficiaries" up to 36 months when one of the following qualifying events occurs:

- Death of a covered employee
- Divorce or legal separation
- Employee becomes eligible for Medicare
- Dependent child reaches maximum age allowed under group plan

Qualified beneficiaries are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and/or dependent child(ren).

LEGAL NOTICES

Notice of Privacy Practices

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 in April 2003. To obtain a copy, contact HR Benefits.

Model Medicaid/CHIP Notice

Premium Assistance Under Medicaid and the 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

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.aspx
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.flmedicaidtplrecovery.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

LEGAL NOTICES CONTINUED

<p style="text-align: center;">If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –</p>	
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/premiumpynt/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
<p>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:</p>	
<p>U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)</p>	<p>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</p>

CONTACTS

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
AzCA HR	HR Benefits	T: 602.234.3733 x2735 F: 520.884.5582	benefits@arizonaschildren.org
UMR	Medical	800.826.9781	UMR.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
Optum Bank	Health Savings Account	866.234.8913	optumbank.com
Ameritas	Voluntary Dental	800.487.5553	ameritasgroup.com
EDS	Voluntary Dental	800.722.9772	mydentalplan.net
VSP	Voluntary Vision	800.877.7195	vsp.com imember@vsp.com
Mutual of Omaha	Life and AD&D/Vol. Life and AD&D STD and LTD	800.655.5142	mutualofomaha.com
Mutual of Omaha	Employee Assistance Program	800.316.2796	mutualofomaha.com/eap
Colonial Life	Voluntary Products	800.325.4368 520.319.9320 x135	coloniallife.com
CBIZ Flex	Section 125 & FSA	T: 800.815.3023 opt4 F: 800.584.4185	myplans.cbiz.com
CBIZ	Claims Advocate	Angela Schlosser 520.321.7503	aschlosser@cbiz.com
Empower Retirement	403b Plan	800.338.4015	www.empower-retirement.com/ participant

CBIZ Benefits & Insurance Services, Inc.
1765 East Skyline Drive ♦ Tucson, AZ 85718
520.327.6421



About this Booklet. This booklet highlights important features of Arizona's Children Association benefits for its full-time 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 Personnel Policies & Procedures, Summary Plan Descriptions and/or the contracts that govern these plans for the eligibility, limitations and other details of these benefits. 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. All inquiries regarding benefits should be directed to AzCA, Human Resources.