



# West Yavapai Guidance Clinic

## Benefits Guide

### DEAR EMPLOYEE:

It is once again time for the annual open enrollment for our employee benefit plans. West Yavapai Guidance Clinic is pleased to provide you and your family with a comprehensive, market competitive benefits package that protects your personal health and financial well being. This document highlights the changes to your plans effective 01/01/2017 through 12/31/2017.

*Remember if you have a **Qualifying Event** during the year, you must request the coverage change within **30 days** of the **Qualifying Event** by submitting an enrollment form to your **Benefits Department**.*

**EFFECTIVE**

*January 1, 2017 - December 31, 2017*



# Welcome to your benefits

## IMPORTANT PLAN CHANGES:

- West Yavapai Guidance Clinic will continue to cover 100% of the cost of 'employee only' coverage on the High Deductible Health Plans and a significant share of the cost of dependent coverage for Medical.
- West Yavapai Guidance Clinic will continue to provide employees with 100% company paid life, AD&D up to \$50,000, and long term disability insurance.

## BENEFIT PLAN ELIGIBILITY

Employees must be considered full time (40 hrs. weekly) or part time employees (those working a minimum of 30 to 39 hours per week) to enroll in the medical, dental and vision plans, and to be eligible for company paid life insurance/AD&D and long term disability and the flexible spending accounts. New employees become eligible for all benefits on the 1st of the month following 30 days of employment. West Yavapai Guidance Clinic must receive your completed enrollment forms before coverage can begin.

### Waiving Coverage:

West Yavapai Guidance Clinic will continue to allow employees who do not wish to participate in the company paid benefits to waive coverage with proof of other qualifying coverage and receive credit in the amount of the company contribution for these plans. NOTE: A waiver form is required

### You can enroll the following dependents in your benefit plans:

- Your legal spouse and or qualified significant other/partner
- Your unmarried dependent children up to age 26

## DOMESTIC PARTNERS

- You may enroll your domestic partner in your insurance benefits, if all IRS requirements are met.
- The requirements are listed on the Domestic Partnership Affidavit, which you must complete and sign.
- You can obtain the Affidavit from your HR Department.
- The portion of premium payroll deducted for Domestic Partner coverage can be deducted pre-tax if proof of legal marriage is provided.
- Domestic Partners are eligible for continuation of coverage under COBRA with proof of legal marriage.
- The portion the company pays for your domestic partner is taxable income only if there is no legal marriage certificate on file.

## OPEN ENROLLMENT

Each year there is an open enrollment period during which you can choose the benefits you want for the upcoming year. It is important to choose your benefit options carefully because the choices you make will be fixed for the entire calendar year and cannot be changed until the next open enrollment period unless you experience a qualifying event. If you experience a qualifying event you have 30 days from the change in status to notify Human Resources.

## QUALIFYING EVENTS

The IRS has certain rules regarding when you can make changes to your benefits. In most cases, you may only make benefit changes during open enrollment. 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 during the year. For a complete list of Qualifying Events contact the HR Department.

*The following are some examples of Qualifying Events:*

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

## YOU MUST NOTIFY HR WITHIN 30 DAYS OF THE QUALIFYING EVENT.



## COMPANY CONTRIBUTION SCHEDULE

West Yavapai Guidance Clinic will continue to provide all eligible employees with a set contribution to be utilized to cover the costs of elected benefits.

Scheduled Hours Per Week	Contribution Level	Amount
40 Hours	100%	\$635.00
38 Hours	95%	\$603.25
36 Hours	90%	\$571.50
34 Hours	85%	\$539.79
32 Hours	80%	\$508.00
30 Hours	75%	\$476.25

## PRE-TAX PREMIUMS

The Flexible Benefit Plan allows you to pay for your medical, dental and vision plan premiums with pre-tax dollars.

Due to this pre-tax deduction, changes to your benefits are allowed only during the annual open enrollment period each year. Per IRS rules, employees cannot drop or add coverage for themselves or their dependents mid-plan year unless they have a qualifying change in family status such as loss of benefits under another plan, marriage, divorce, legal separation, birth, adoption or placement for adoption, or a HIPAA qualifying “special event.” If you experience a qualifying event, coverage may be added or dropped by submitting an enrollment form to the Benefits Department within 30 days of the event.

## FLEXIBLE SPENDING ACCOUNT (FSA)

In addition to the pretax savings you may choose to contribute up to a maximum of \$2,600 per plan year (01/01/2017–12/31/2017) in pre-tax dollars to an FSA. The Flexible Spending Account (FSA) provides you an opportunity to save tax dollars while paying for uncovered health care expenses. They can include medical and dental plan deductibles, co-pays and coinsurance, eyeglasses and contact lenses, prescription drug co-pays and more.

Once you make your annual contribution election(s) to the Flexible Spending Account, **you cannot change or drop your contributions until the next plan year unless you have a qualifying change in family status.** Therefore, it is important to carefully consider how much you will contribute to your account(s) in the coming year as the IRS prohibits any changes in the middle of a plan year.

**“Use It or Lose It” Rule:** IRS regulations prohibit employers from returning to you any money deposited to Health Care that is not used at the end of the plan year. Unused dollars are considered to be forfeitures, per IRS rules.





## HEALTH SAVINGS ACCOUNT (HSA)

	Bank of Cashton	Optum Health Bank
Claims Integration	No	No
Portable (You can keep the account if you leave your employer)	Yes	Yes
Contribution through Payroll	Yes	Yes
Investment options	Yes	Yes
Debit Cards	Yes	Yes
Fees	\$25.00 Annually	\$1.00 per month if balance less than \$500

- If you are enrolled in the High Deductible Health Plan, you are eligible to enroll in a HSA. You must establish the account through Bank of Cashton or OptumHealth Bank. For calendar year 2017 the contribution limits are \$3,400 for individual, \$6,750 for family, with a \$1,000 catch up for those 55 years and older. Your contribution is tax free, earns interest and you can invest your HSA contributions according to the financial institution.
- West Yavapai Guidance Clinic will contribute \$10.75 per month (\$129.00/year) for Employee only non-tobacco user coverage on the HSA 2600 medical plan and \$57.57 per month (\$690.84/year) for Employee only non-tobacco user coverage on the HSA 4000 medical plan.
- You may choose to use the funds in your HSA for current qualified healthcare expenses or save it for future healthcare expenses for yourself, your spouse or eligible dependents. (Domestic Partners are eligible dependents as defined by IRS with proof of legal marriage. Otherwise they are not considered eligible and thus HSA contributions are not allowed as reimbursable for their expenses.)
- Your balance is carried over from year-to-year and is NOT A “USE IT OR LOSE IT” if unused. This is your money, so the dollars stay with you.
- To enroll in a Bank of Cashton or OptumHealth Bank account follow the link provided on the employee intranet portal or by going to [bankofcashton.com](http://bankofcashton.com) or [optumbank.com](http://optumbank.com) and create an account.

## 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:

\$20.00 copay with Classic & Performance Plans  
 \$45.00 fee with HDHP Plan





# Medical & Prescription Drug Plans

## UMR - UHC CHOICE PLUS NETWORK

Effective 01/01/2017, West Yavapai Guidance Clinic will offer four medical plans through UMR

Description of Coverage	HDHP \$4,000	HDHP \$2,600	Classic	Performance
Deductible (Individual/Family)	\$4,000/\$8,000	\$2,600/\$5,200	\$3,000/\$6,000	\$1,500/\$3,000
Coinsurance (on allowed amount)	80%/20%	80%/20%	70%/30%	70%/30%
"Max Out-of-Pocket (Individual/Family) (Includes deductible, copayments and coinsurance)"	\$5,800/\$11,600	\$5,000/\$10,000	\$6,350/\$12,700	\$4,500/\$9,000
	In Network	In Network	In Network	In Network
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Non-Preventive Visits	20% after deductible	20% after deductible	\$25/\$50	\$25/\$50
Lab	20% after deductible	20% after deductible	100% Covered	100% Covered
X-Ray (Excluding Specialty Scans)	20% after deductible	20% after deductible	100% Covered	\$75
Major Diagnostic Scans (MRI/PET/CT)	20% after deductible	20% after deductible	\$250	30% after deductible
Inpatient Hospitalization	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Emergency Room	20% after deductible	20% after deductible	\$250	\$250
Urgent Care	20% after deductible	20% after deductible	\$100	\$100
Routine Eye Exam - One every two years	20% after deductible	20% after deductible	\$25	\$25

Pharmacy Benefits	HDHP \$4,000 & HDHP \$2,600		Classic & Performance	
	Retail - 30 days	Mail Order - 90 days	Retail - 30 days	Mail Order - 90 days
Generic	\$10 copay after deductible	\$25 copay after deductible	\$15	\$37.50
Brand	\$30 copay after deductible	\$75 copay after deductible	\$45	\$112.50
Non-Preferred Brand	\$50 copay after deductible	\$125 copay after deductible	\$85	\$212.50
Specialty	30 day supply, \$50 after deductible		30 day supply for \$170 copay	

PLAN CHOICE	Semi-Monthly Tobacco Rates (Full Time)	Semi-Monthly NON Tobacco Rates (Full Time)
<b>HDHP 2600</b>		
Employee	\$69.31	\$0.00
Employee+Spouse	\$480.06	\$323.22
Employee+Child(ren)	\$442.72	\$293.35
Family	\$890.83	\$651.84
<b>HDHP 4000</b>		
Employee	\$40.04	\$0.00
Employee+Spouse	\$418.60	\$274.06
Employee+Child(ren)	\$384.19	\$246.53
Family	\$797.17	\$576.92
<b>Classic</b>		
Employee	\$116.25	\$32.18
Employee+Spouse	\$578.63	\$402.08
Employee+Child(ren)	\$536.60	\$368.46
Family	\$1,041.04	\$772.01
<b>Performance</b>		
Employee	\$186.47	\$88.36
Employee+Spouse	\$726.09	\$520.05
Employee+Child(ren)	\$677.04	\$480.81
Family	\$1,265.74	\$951.77



# Dental & Vision Plans

## VOLUNTARY DENTAL - AMERITAS

Effective 01/01/2017, West Yavapai Guidance Clinic will continue to offer dental benefits through Ameritas.

In-Network Benefits	AMERITAS - Low Plan	AMERITAS - High Plan
Annual Maximum	\$1,000	\$1,250
Deductible - Waived for preventive	\$50 / \$150	\$50 / \$150
Preventive	100%	100%
Basic	80%-90%-100%	80%-90%-100%
Major	50%	50%
Orthodontia Coinsurance	N/A	50% - Child Only
Orthodontia Maximum	N/A	\$1,250 (Lifetime)
Dental Rewards Program	Additional accumulation toward annual maximum	
FUSION Benefit	\$100 to use for eye exams, frames and lenses	

RATES	AMERITAS - Low Plan				AMERITAS - High Plan			
	Total Monthly	Employer Contribution	Employee per Month	Per Paycheck	Total Monthly	Employer Contribution	Employee per Month	Per Paycheck
Employee Only	\$26.78	\$26.78	\$0.00	<b>\$0.00</b>	\$32.96	\$26.78	\$6.18	<b>\$3.09</b>
Employee + One	\$49.04	\$26.78	\$22.26	<b>\$11.13</b>	\$62.15	\$26.78	\$35.37	<b>\$17.69</b>
Employee + Family	\$79.93	\$26.78	\$53.15	<b>\$26.58</b>	\$106.61	\$26.78	\$79.83	<b>\$39.92</b>

Participants have 90 days from the date of service to file a FUSION claim with Ameritas.

## VOLUNTARY VISION - VSP

Effective 01/01/2017, West Yavapai Guidance Clinic will continue to offer vision benefits through VSP.

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	Base Plan				Buy-Up			
	Total Monthly	Employer Contribution	Employee per Month	Per Paycheck	Total Monthly	Employer Contribution	Employee per Month	Per Paycheck
Employee Only	\$5.91	\$0.00	\$5.91	<b>\$2.96</b>	\$9.17	\$0.00	\$9.17	<b>\$4.59</b>
Employee + Spouse	\$11.82	\$0.00	\$11.82	<b>\$5.91</b>	\$18.33	\$0.00	\$18.33	<b>\$9.17</b>
Employee + Child(ren)	\$12.63	\$0.00	\$12.63	<b>\$6.32</b>	\$19.60	\$0.00	\$19.60	<b>\$9.80</b>
Employee + Family	\$20.19	\$0.00	\$20.19	<b>\$10.10</b>	\$31.32	\$0.00	\$31.32	<b>\$15.66</b>



# Life and Disability Plans

## LIFE INSURANCE PLAN/AD&D – MUTUAL OF OMAHA 100% COMPANY PAID

West Yavapai Guidance Clinic will continue to provide for all employees working 30 hours or more weekly, 100% company paid life insurance of \$50,000 through Mutual of Omaha. Please refer to the Mutual Certificate of Coverage for detailed plan information. Coverage is automatic for all, benefits eligible employees who have met the eligibility waiting period. Important to note: You should have a completed beneficiary form on file with Human Resources.

## SUPPLEMENTAL LIFE FOR ELIGIBLE EMPLOYEES AND DEPENDENTS - 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. (Children up to age 19 - 23 if full time student)

**Employee Only: \$20,000** up to 5x annual salary up to \$500,000 - **\*Guarantee Issue:** 5x annual salary up to **\$130,000**

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

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

\*Guarantee Issue Amount means the amount of life insurance Mutual of Omaha will issue without requiring Evidence of Insurability.

EMPLOYEE PER PAYCHECK PREMIUM RATE TABLE												
	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
<25	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00	4.40	4.80	5.20
25-29	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00	4.40	4.80	5.20
30-34	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50	4.95	5.40	5.85
35-39	1.10	1.65	2.20	2.75	3.30	3.85	4.40	4.95	5.50	6.05	6.60	7.15
40-44	1.70	2.55	3.40	4.25	5.10	5.95	6.80	7.65	8.50	9.35	10.20	11.05
45-49	2.60	3.90	5.20	6.50	7.80	9.10	10.40	11.70	13.00	14.30	15.60	16.90
50-54	3.80	5.70	7.60	9.50	11.40	13.30	15.20	17.10	19.00	20.90	22.80	24.70
55-59	6.40	9.60	12.80	16.00	19.20	22.40	25.60	28.80	32.00	35.20	38.40	41.60
60-64	10.40	15.60	20.80	26.00	31.20	36.40	41.60	46.80	52.00	57.20	62.40	67.60
65-69	16.50	24.75	33.00	41.25	49.50	57.75	66.00	74.25	82.50	90.75	99.00	107.25
70-74	25.70	38.55	51.40	64.25	77.10	89.95	102.80	115.65	128.50	141.35	154.20	167.05
75-100	44.00	66.00	88.00	110.00	132.00	154.00	176.00	198.00	220.00	242.00	264.00	286.00

SPOUSE PER PAYCHECK PREMIUM RATE TABLE											
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
<25	0.20	0.40	0.60	0.80	1.00	1.20	1.40	1.60	1.80	2.00	
25-29	0.20	0.40	0.60	0.80	1.00	1.20	1.40	1.60	1.80	2.00	
30-34	0.23	0.45	0.68	0.90	1.13	1.35	1.58	1.80	2.03	2.25	
35-39	0.28	0.55	0.83	1.10	1.38	1.65	1.93	2.20	2.48	2.75	
40-44	0.43	0.85	1.28	1.70	2.13	2.55	2.98	3.40	3.83	4.25	
45-49	0.65	1.30	1.95	2.60	3.25	3.90	4.55	5.20	5.85	6.50	
50-54	0.95	1.90	2.85	3.80	4.75	5.70	6.65	7.60	8.55	9.50	
55-59	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00	
60-64	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00	
65-69	4.13	8.25	12.38	16.50	20.63	24.75	28.88	33.00	37.13	41.25	
70-74	6.43	12.85	19.28	25.70	32.13	38.55	44.98	51.40	57.83	64.25	
75-100	11.00	22.00	33.00	44.00	55.00	66.00	77.00	88.00	99.00	110.00	

ALL CHILDREN PER PAYCHECK PREMIUM RATE TABLE*										
RATE	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
		\$0.06	\$0.09	\$0.12	\$0.15	\$0.18	\$0.21	\$0.24	\$0.27	\$0.30

\* Regardless of how many children you have, the premium is not a per child premium and is the same for one or all children.

Employee Premium                      Spouse Premium                      Child(ren) Premium                      Total Semi-Monthly Premium

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_



## LONG TERM DISABILITY (LTD) PLAN MUTUAL OF OMAHA 100% COMPANY PAID

West Yavapai Guidance Clinic will continue to offer all full time eligible employees company paid LTD coverage through Mutual of Omaha.

Coverage	Benefits Begin	Weekly Benefit	Duration
Long Term Disability	Day 91	60% of salary to a maximum of \$15,000 per month	Social Security Normal Retirement Age

## VOLUNTARY SHORT TERM DISABILITY (STD) PLAN MUTUAL OF OMAHA

Coverage	Benefits Begin	Weekly Benefit	Duration	Monthly Rate
Short Term Disability	Day 15	60% of salary to a maximum of \$1,000 per week	11 Weeks	0.66 per \$10 of weekly benefit

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha's Employee Assistance Program (EAP) has trained professionals to work with you as you search for solutions to personal and workplace issues. The program is voluntary and confidential; only your EAP professional will know you have called. This program is paid for by your company, and includes assistance for you, your domestic partner and your immediate dependent family members.

### Services include:

- 24/7 toll-free phone access to EAP professionals
- Service for immediate and dependent family members
- EAP staff members are highly trained, master's level professionals who will provide support and, if needed, refer you to other helpful resources.

## COMPANY PAID RETIREMENT BENEFITS 401-K

### Contribution Schedule

Years of Service	Contribution Formula <i>based on gross compensation</i>	Effective Date <i>First of the month following date of hire</i>
2	5%	2 Years
4	6%	4 Years
6	7%	6 Years
8	8%	8 Years
10	9%	10 Years
12	10%	12 Years
14	15%	14 Years
19	18%	19 Years
24	20%	24 Years

### PAID TIME OFF ALLOWANCE

- 0-2 Years 15 days per year
- 3-5 Years 20 days per year
- 6-15 Years 25 days per year
- 16 and Up 30 days per year

### HOLIDAY SCHEDULE

- New Year's Day (January 1st)
- Martin Luther King Jr. Birthday (January 21st)
- Memorial Day (May)
- Independence Day (July 4th)
- Labor Day (September)
- Veterans Day (November 11)
- Thanksgiving Day (November)
- Day after Thanksgiving (November)
- Christmas Day (December 25th)

### EDUCATIONAL BENEFITS (CEU)

TITLE	HOURS YEARLY
MD(s)	2,000
Psych NP(s)	1,000
MD	1 week
PHP	1 week

### LICENSING PAID

MD, Nursing, DEA, Malpractice





# 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 your HR department.

## 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](http://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](http://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](http://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 –**

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



**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 –**

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



# CONTACTS

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
HR Department	Human Resources	928.445.5211 ext 3624	HR@wygc.org
UMR	Medical	800.826.9781	myumr.com
CVS/Caremark	Pharmacy Customer Service	888.202.1654	caremark.com
Bank of Cashton	Health Savings Account	800.205.7203	bankofcashton.com
Optumhealth Bank	Health Savings Account	800.791.9361	optumbank.com
Ameritas	Dental	800.487.5553	ameritasgroup.com
VSP	Vision	800.877.7195	vsp.com
Mutual of Omaha	Basic Claim Questions	800.655.5142	mutualofomaha.com
Mutual of Omaha	Disability Claims	800.877.5176 402.997.1865 Fax	newdisabilityclaim@mutualofomaha.com
Mutual of Omaha	Life Claims	800.877.5176 402.997.1835 Fax	submitgrplife@mutualofomaha.com
CBIZ	Claims Advocate Angela Schlosser	520.321.7503	aschlosser@cbiz.com
Steven Calabrese	Retirement Services	928.445.5211	s.calabrese@wygc.org
EAP - Mutual of Omaha	Employee Assistance	800.316.2796	mutualofomaha.com/eap
CBIZ Flex	Flexible Spending Account	800.815.3023 Opt 4 800.584.4185 Fax	myplans.cbiz.com



# WEST YAVAPAI GUIDANCE CLINIC

**About This Booklet:** This booklet highlights important features of West Yavapai Guidance Clinic'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.

