Coconino County Benefits Open Enrollment May 18, 2020 – June 1, 2020

Northern Arizona Public Employees Benefit Trust (NAPEBT)

Plan year July 1, 2020 – June 30, 2021

Northern Arizona Public Employees Benefit Trust (NAPEBT)

- City of Flagstaff
- Coconino Accommodation Schools
- Coconino Community College
- Coconino County
- Flagstaff Unified School District
- Kachina Village Improvement District (KVID)
- Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA)

What's new?

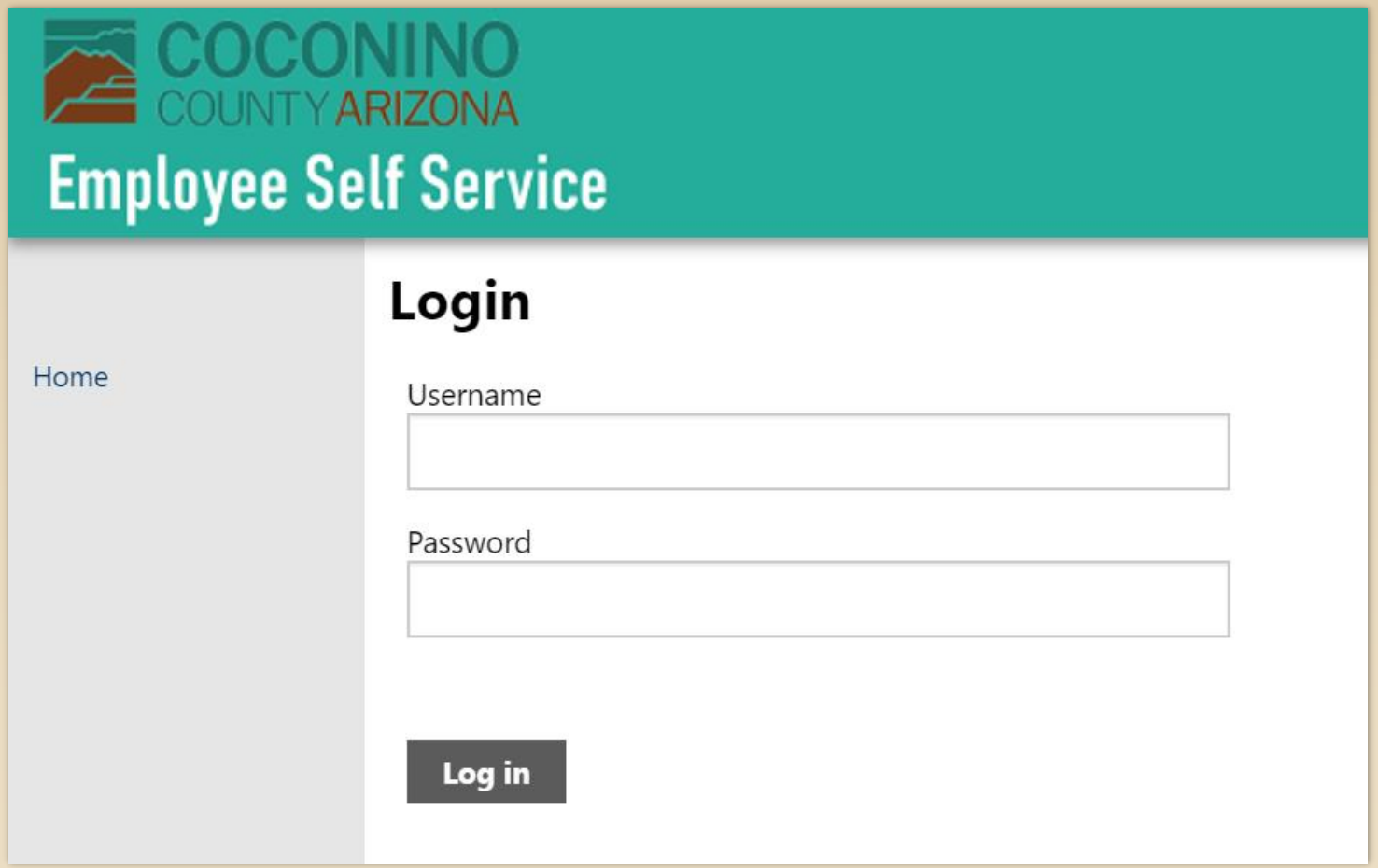
COCONINO COUNTY ARIZONA
Employee Self Service

Benefit open enrollment using Employee Self Service (ESS)!

ESS site:
https://selfservice.coconino.az.gov/mss
or through SharePoint Intranet:
https://coconino365.sharepoint.com/sites/Home

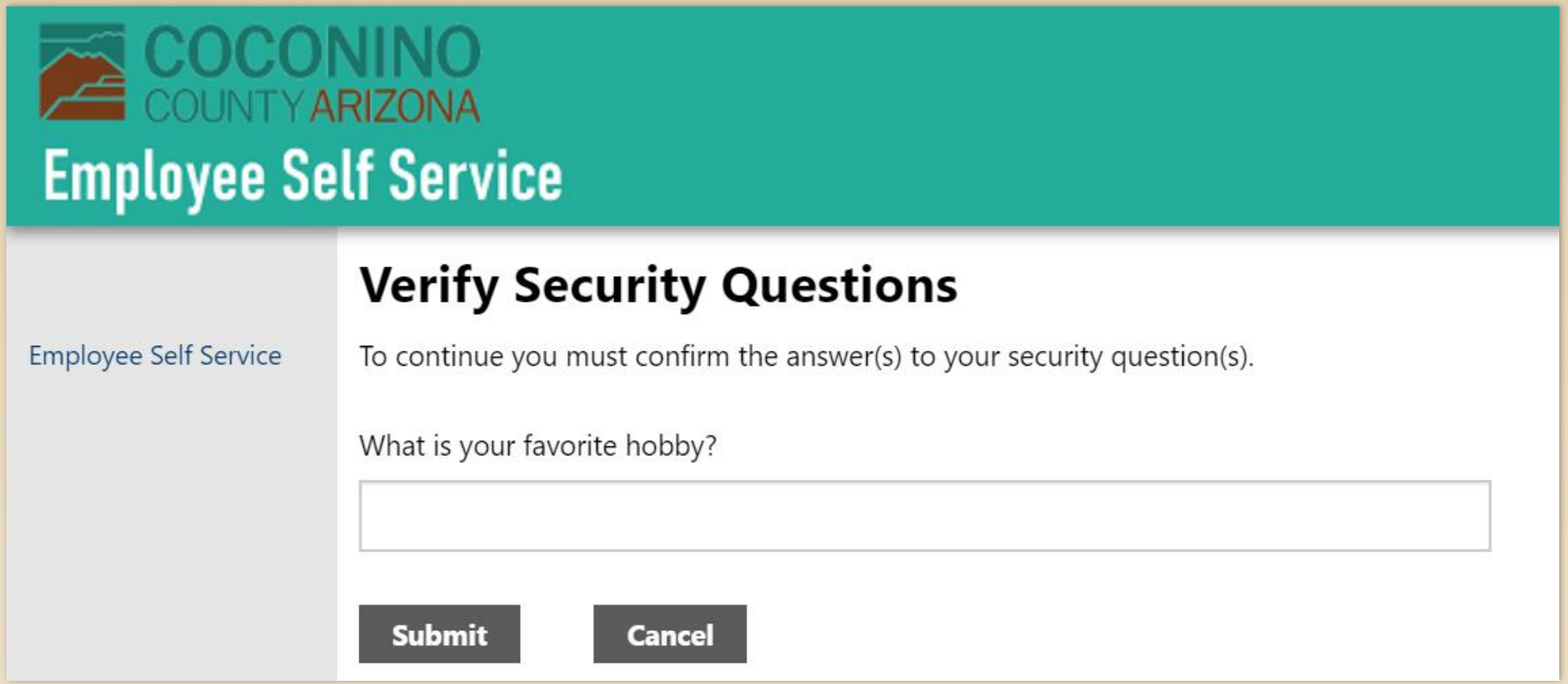
Benefits Enrollment Entry in ESS

Log in to your ESS account through Home page:



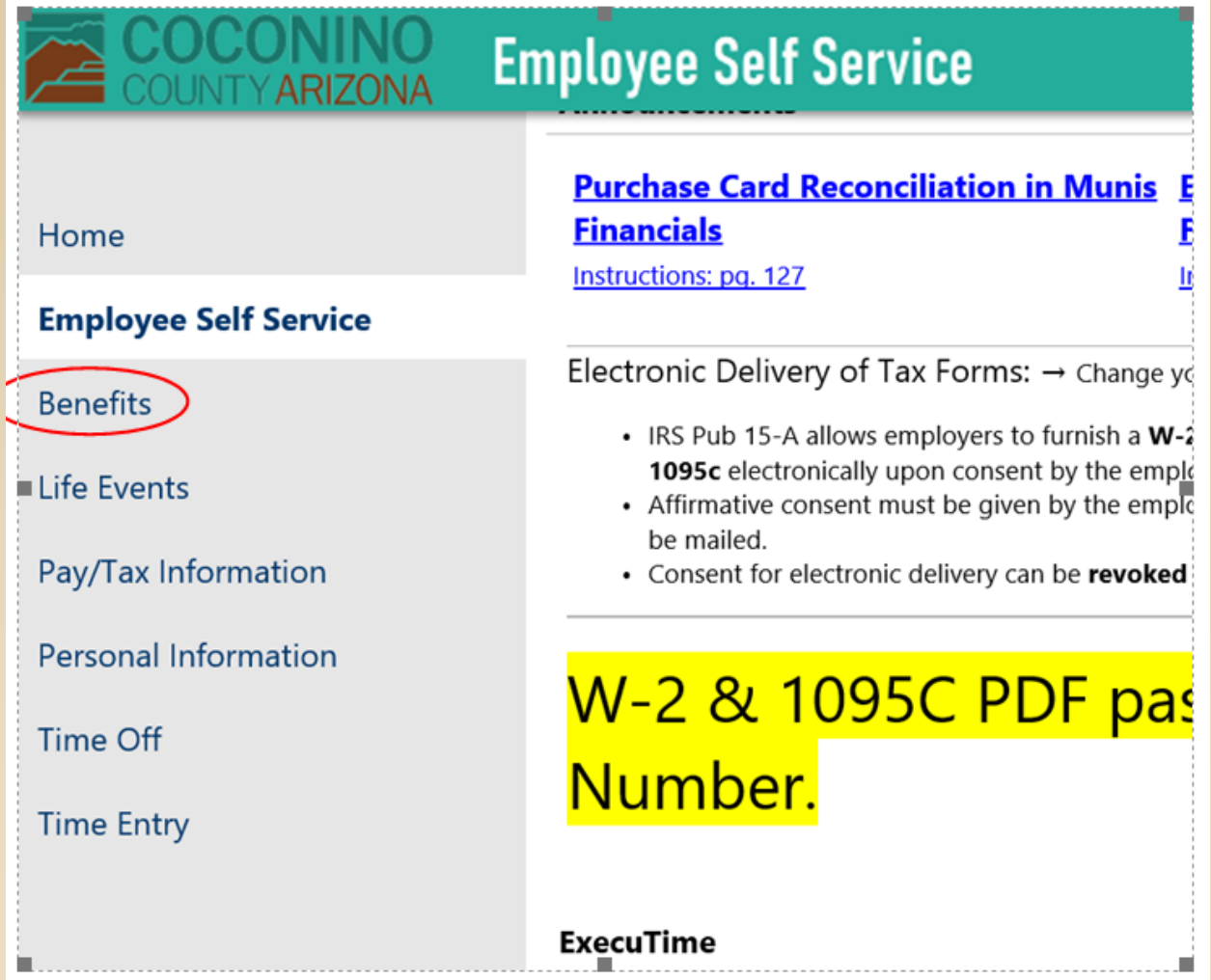
Benefits Enrollment Entry in ESS

You will be asked to verify your security question, then click Submit (same as when log in to Executime):



Benefits Enrollment Entry in ESS

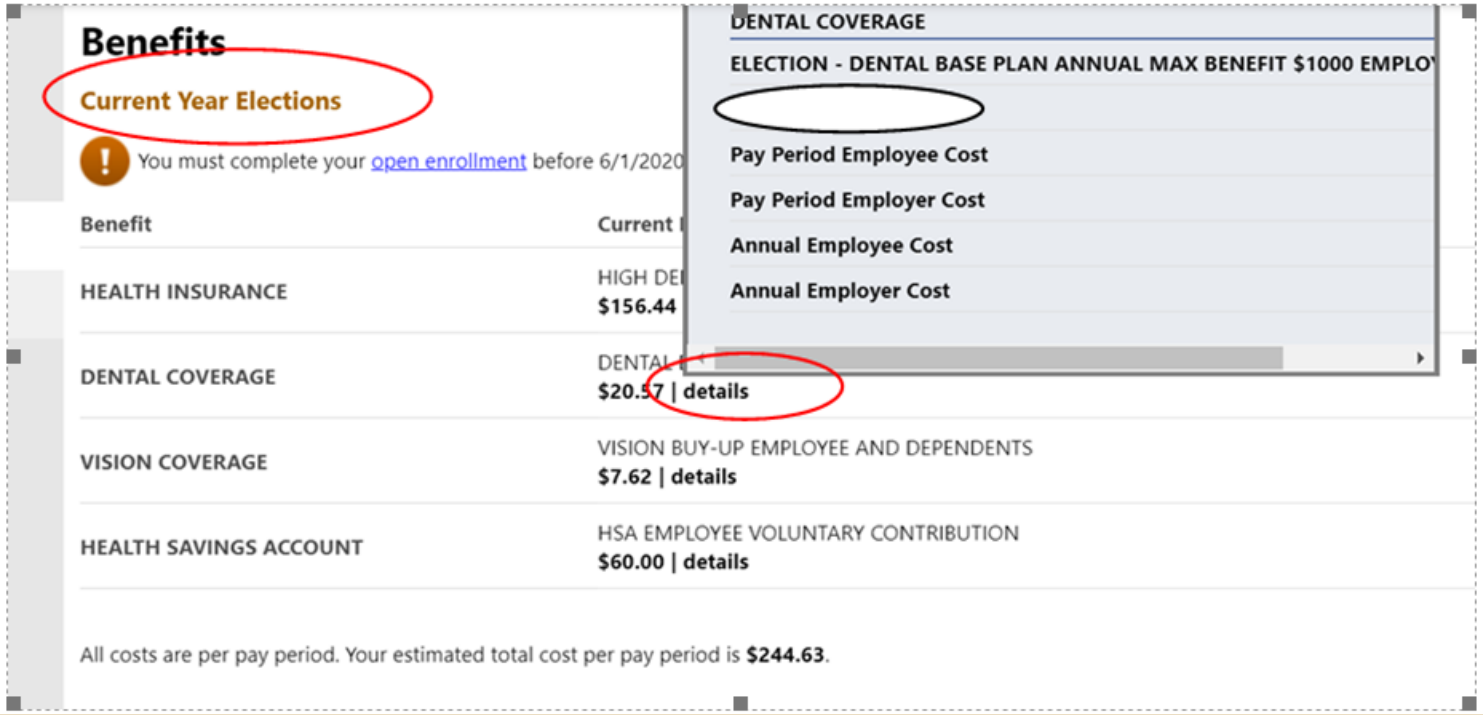
Go to Employee Self Service (ESS) and click Benefits



Benefits Enrollment Entry in ESS

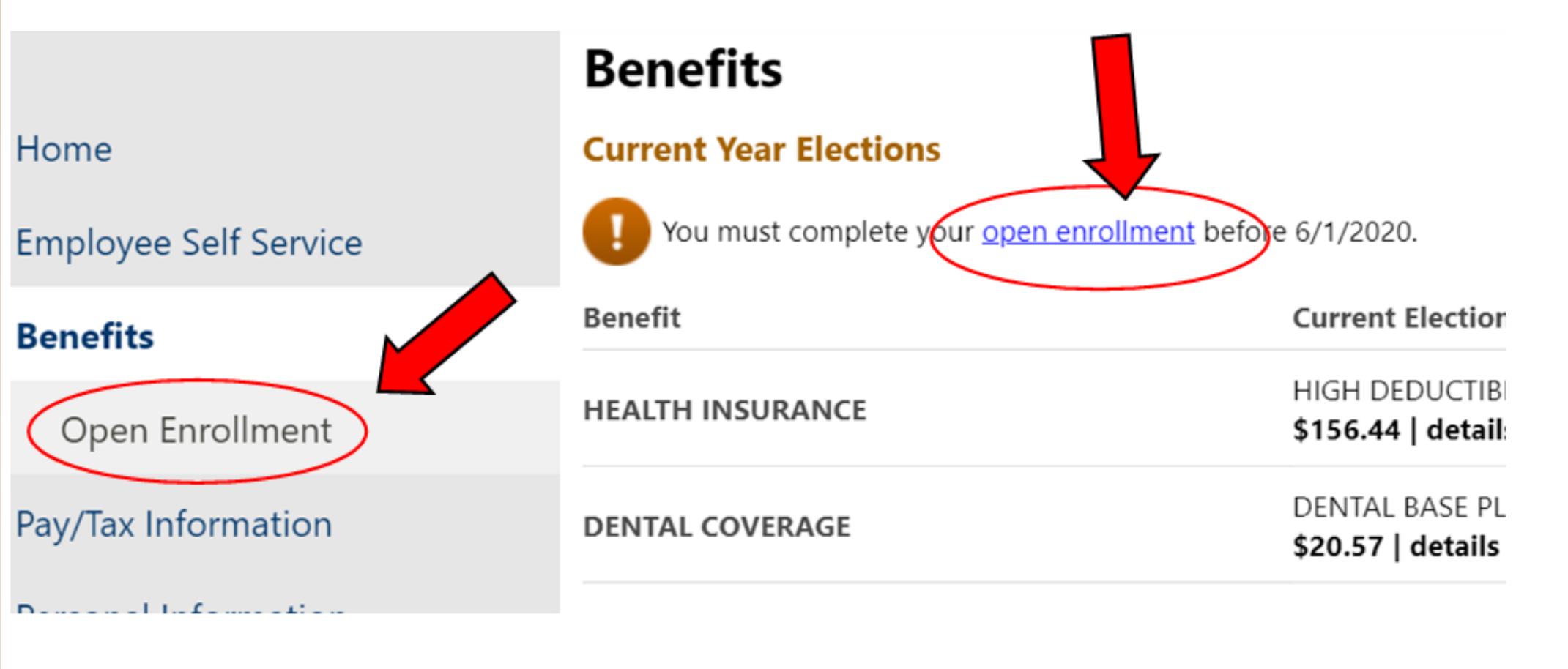
This brings you to a summary of your current year benefit elections.

- ✓ **Review your current year elections**
- ✓ **Hover your "mouse" over details to view benefit costs and dependent**



Benefits Enrollment Entry in ESS

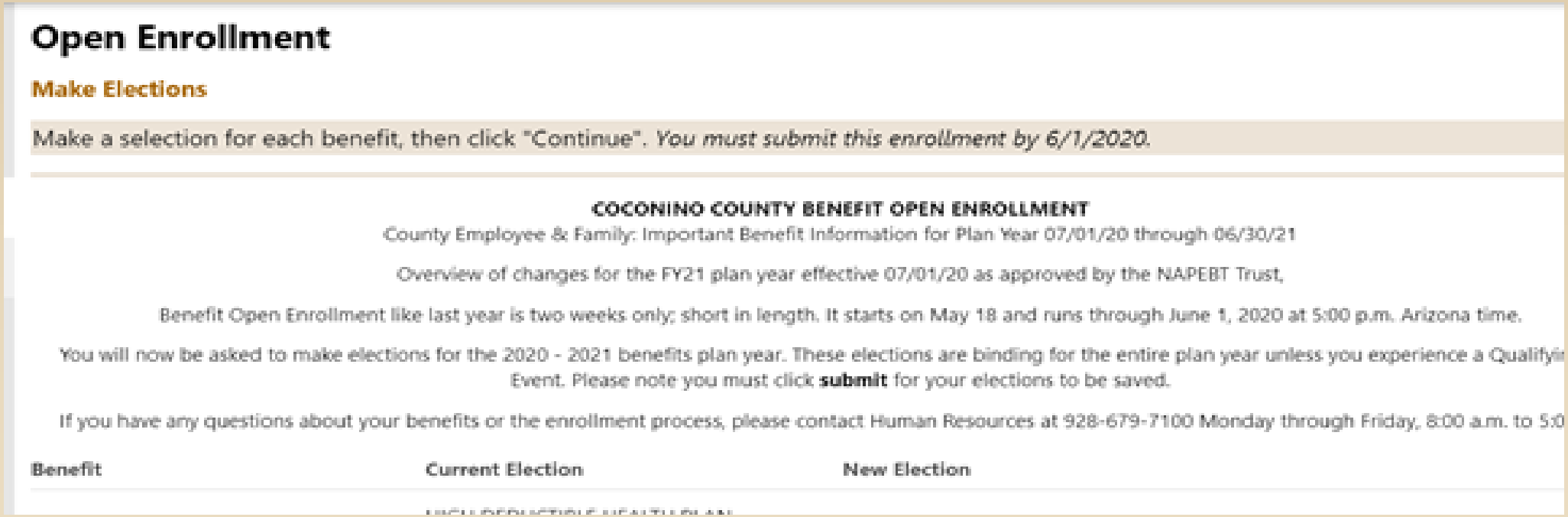
This brings you to the Open Enrollment page where you will make your elections.



Benefits Enrollment Entry in ESS

IMPORTANT:
Read all information before making elections

Once you have read through the important information, scroll down and you are ready to begin selecting your FY21 benefit elections. Your selections will be effective for plan year July 1, 2020 – June 30, 2021.



Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 6/1/2020.*

COCONINO COUNTY BENEFIT OPEN ENROLLMENT

County Employee & Family: Important Benefit Information for Plan Year 07/01/20 through 06/30/21

Overview of changes for the FY21 plan year effective 07/01/20 as approved by the NAPEBT Trust,

Benefit Open Enrollment like last year is two weeks only; short in length. It starts on May 18 and runs through June 1, 2020 at 5:00 p.m. Arizona time.

You will now be asked to make elections for the 2020 - 2021 benefits plan year. These elections are binding for the entire plan year unless you experience a Qualifyi Event. Please note you must click **submit** for your elections to be saved.

If you have any questions about your benefits or the enrollment process, please contact Human Resources at 928-679-7100 Monday through Friday, 8:00 a.m. to 5:0

Benefit	Current Election	New Election

Once you have read through the information, scroll down and you are ready to begin selecting your FY21 benefit elections.

Benefits Enrollment Entry in ESS

Time to make your elections for FY21!!

Benefit	Current Election	New Election	
HEALTH INSURANCE	HIGH DEDUCTIBLE HEALTH PLAN DEDUCTIBLE $3500 EMPLOYEE & DEP 6.44 | **details**	Election Not Made	No changes | Make New Election
DENTAL COVERAGE	NTAL BASE PLAN ANNUAL MAX EFIT $1000 EMPLOYEE AND DEP .57 | **details**	Election Not Made	No changes | Make New Election
VISION COVERAGE	ON BUY-UP EMPLOYEE AND ENDENTS 62	Election Not Made	No changes | Make New Election
HEALTH SAVINGS ACCOUNT	HSA CONT $60.0	Election Not Made	Enrollment in this section requires enrollment in HEALTH INSURANCE
FLEX SPENDING ACCT GEN PURPOSE	No El	Election Not Made	Decline benefit | Make New Election
FSA DEPENDENT CARE REIMBURSE	No Election Made	Election Not Made	Decline benefit | Make New Election

All costs are per pay period. Your estimated total cost per pay period is **$0.00**.

Current Elections are displayed for easy reference as you make your new elections

REMEMBER: Hover over the "details" to see current costs and dependents

As you make your elections, you will see your estimated total cost per pay period

Benefits Enrollment Entry in ESS

You will be required to make one of the following elections for each benefit:

- **No Changes** – Choose if you are **not** making any changes to your current benefit election or dependent(s) and can be done from the main screen without having to click into the benefit.

- **Make New Election** – Choose if you are electing or changing coverage, adding or removing dependent(s) or to Waive (the waive option is **only** for Medical).
  Please do not add yourself as a dependent or spouse. *As an employee, you are automatically covered on the coverage you select.

- **Decline Benefit** – Choose if you are not enrolling in the benefit. This can be done from the main screen without having to click into the benefit.

Benefits Enrollment Entry in ESS

Make New Election(s)

Each election will have important information and links at the top of the screen. The links have been provided so that you can easily access additional benefit information and print the applicable forms required to be completed and submitted to HR.

Benefits

HEALTH INSURANCE

Medical Benefits | Domestic Partner

Select a Health Plan that meets your needs. (The costs shown will not include the Wellness Incentive at this time.) If adding a Domestic Partner a DP Affidavit must be completed. If selecting Health Waiver submit evidence of other group coverage to HR.

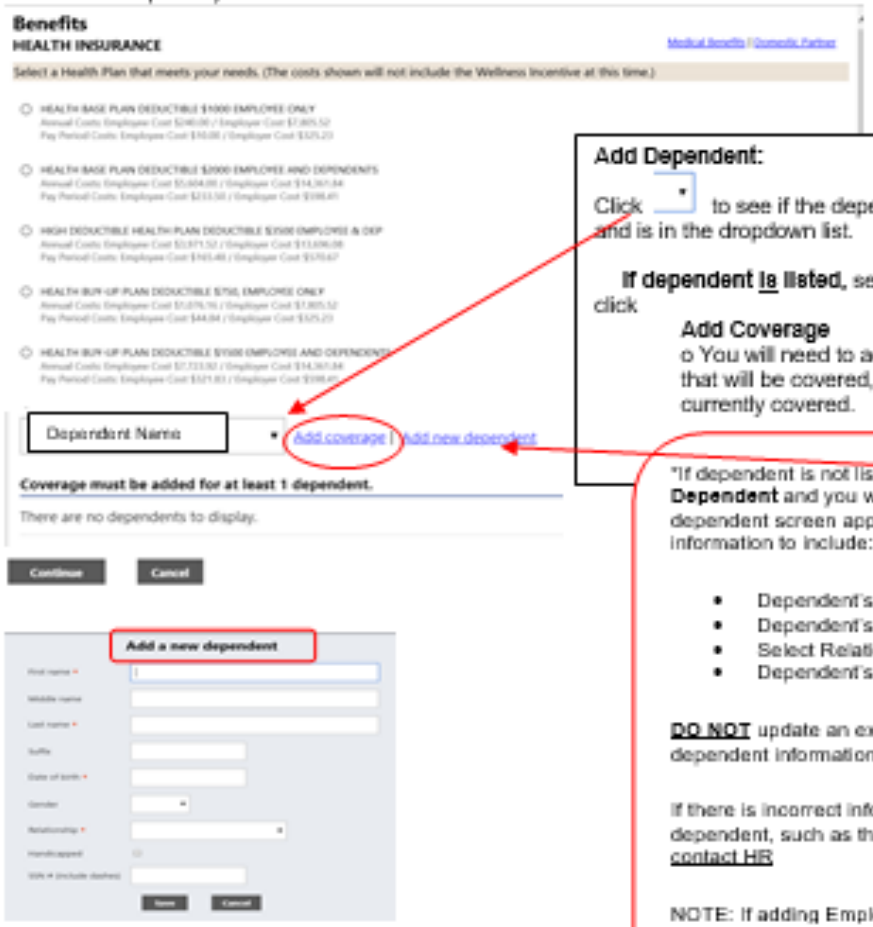
This section contains important information for that benefit, be sure to read before making your selection.

Selecting "Make New" Election requires you to choose a coverage level. If you are choosing coverage other than "Employee Only", you will need to select your dependents or add new dependents.

Benefits Enrollment Entry in ESS

Selecting "Make New" Election requires you to choose a coverage level. If you are choosing coverage other than "Employee Only", you will need to select your dependents or add new dependents.

Choose the option you wish to enroll in:



Add Dependent:

Click to see if the dependent already exists and is in the dropdown list.

If dependent is listed, select the dependent and click

Add Coverage

o You will need to add every dependent that will be covered, even if they are currently covered.

*If dependent is not listed, select **Add New Dependent** and you will see the Add a new dependent screen appear. Complete all fields of information to include:

- Dependent's FULL LEGAL NAME
- Dependent's Date of Birth mm/dd/yyyy
- Select Relationship from drop down box
- Dependent's SSN xxx-xx-xxxx

DO NOT update an existing dependent with new dependent information

If there is incorrect information for an existing dependent, such as the wrong date of birth, please contact HR

NOTE: If adding Employee & Family health coverage, you will repeat the same steps listed above to add additional dependents

Benefits Enrollment Wellness Incentive Program

WELLNESS INCENTIVE PROGRAM

NOTE: The Wellness Incentive Program discounts will be reflected in the first paycheck July 2020 and will not be shown in ESS Health Insurance pricing.

You must have entered your wellness points at the Wellness Portal, www.mywellsite.com/NAPEBT by May 15, 2020 to be eligible for incentives.

If you did not complete a form but earned a Level Two Wellness Incentive, you will be defaulted to payout option which is implemented in August 2020 payroll as an IRS supplemental payment to be eligible your must be on our payroll on the date of payout.

Benefits Enrollment Entry in ESS

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA Medical and FSA Dependent Care Plan Year Elections

*FSA elections **DO NOT** carry over year to year, therefore, you will be **required** to enroll, if you wish to have FSA for the upcoming benefit year.*

FSA Medical - Your election amount is per pay period x 24 pay periods for the plan year. The maximum amount is $114.58 per pay period or $2,750 annual amount.

For more information about Medical FSA plan

Benefits

FLEX SPENDING ACCT GEN PURPOSE

Flexible Spending Account

Flexible Spending Accounts require new enrollment each plan year be selected if participation is desired. Your election amount is per pay period x 24 pay periods for the plan year. The maximum amount is $114.58 per pay period or $2,750 annual amount.

This section contains important information on the annual maximum and how to calculate the per pay period amount.

FSA GENERAL PURPOSE
Annual Costs: Employee Cost $0.00
Pay Period Costs: Employee Cost $0.00
Amount : 0

I Decline

Enter the per pay period amount you wish to be deducted each pay period.

Continue Cancel

Benefits Enrollment Entry in ESS

After clicking Continue, you can hover over the details to see the annual amount.

DENTAL COVERAGE	DENTAL BASE PLAN ANNUAL MAX BENEFIT $1000 EMPLOYEE AND DEP **$20.57 | details**	Election Not Made	No changes | Make New Election
VISION COVERAGE	VISION BUY-UP EMPLOYEE AND DEPENDENTS **$7.62 | details**		
HEALTH SAVINGS ACCOUNT	HSA EMPLOYEE VOLUNTARY CONTRIBUTION **$60.00 | details**		
FLEX SPENDING ACCT GEN PURPOSE	No Election Made	**details**	
FSA DEPENDENT CARE REIMBURSE	No Election Made	Election Not Made	Decline benefit | Make New Election

FLEX SPENDING ACCT GEN PURPOSE

ELECTION - FSA GENERAL PURPOSE	
Pay Period Employee Cost	$90.00
Annual Employee Cost	$2,160.00
Election amount	$90.00

FSA Dependent Care - Your election amount is per pay period x 24 pay periods for the plan year. The maximum amount is $208.33 per pay or $5,000 annual amount.

Benefits Enrollment Entry in ESS

LIFE INSURANCE

Basic Term Life & Accidental Death & Dismemberment Insurance
Provided to all benefit eligible employees – no enrollment necessary.

- $40,000 Coverage

Supplemental Voluntary Term Life Insurance

- Employees may increase existing coverage by $10,000 during open enrollment **without** proof of insurability (up to the guarantee issue limit of $150,000)

Employees not currently enrolled or making a change to spouse and/or children require proof of insurability during open enrollment.

- Spouse may be insured without employee being insured
- Elect additional coverage in $5,000 increment up to a max of $250,000 (not to exceed 100% of employee's total basic and supplemental coverage amount)
- Children may be insured at $10,000 up to the age of 26

*New enrollments require completion of application and evidence of insurability forms be completed and returned to Human Resources. Minnesota Life Insurance will review and determine coverage request acceptance.

Benefits Enrollment Entry in ESS

To Learn more about the Life Insurance coverage offered and premium rates click here.

Benefits

VOLUNTARY TERM LIFE EMPLOYEE

Voluntary Term Life Employee | Life Insurance Benefits | Life Insurance Application

Select Voluntary Term Life Insurance a benefit in addition to employer provided Life Insurance coverage. New Hire election available without underwriting up to max guaranteed issue. Open Enrollment election requires underwriting review and approval.

VOLUNTARY GROUP TERM LIFE EMPLOYEE
Annual Costs: Employee Cost $0.00
Pay Period Costs: Employee Cost $0.00
Amount : 0

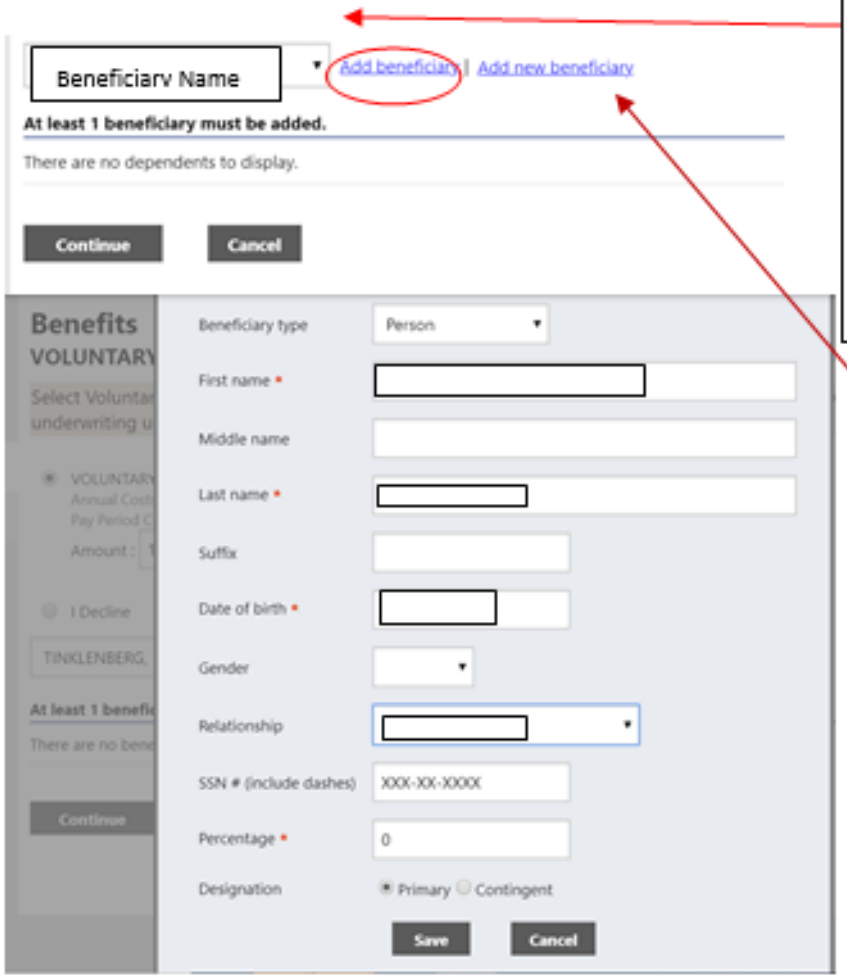
I Decline

Continue Cancel

To obtain enrollment forms click here.

If electing new coverage click radial button and add the amount of coverage requested.

Benefits Enrollment Entry in ESS



Add a Beneficiary:

Click ▾ to see if the beneficiary already exists and is in the dropdown list.

If beneficiary is listed, select and click

Add Beneficiary
o You will need to save that information

*If beneficiary is not listed, select **Add New Beneficiary** and you will see the Add a new beneficiary screen appear. Complete all fields of information to include:

- FULL LEGAL NAME
- Date of Birth mm/dd/yyyy
- Select Relationship from drop down box
- SSN xxx-xx-xxxx

DO NOT update an existing beneficiary with new dependent information

If there is incorrect information for an existing beneficiary, such as the wrong date of birth, please contact HR

You must select at least one beneficiary. You may select additional as contingent

Benefits Enrollment Entry in ESS

Review and Submit your Elections

Now that your elections have been made, you will see a side by side comparison to your current elections and your new elections.

Hovering your mouse over the "details" will display dependents to be enrolled for the upcoming benefit year.

Benefit	Current Election	New Election	
HEALTH INSURANCE	HIGH DEDUCTIBLE HEALTH PLAN DEDUCTIBLE $3500 EMPLOYEE & DEP **$156.44 | details**	HIGH DEDUCTIBLE HEALTH PLAN DEDUCTIBLE $3500 EMPLOYEE & DEP **$165.48 | details**	
DENTAL COVERAGE	DENTAL BASE PLAN ANNUAL MAX BENEFIT $1000 EMPLOYEE AND DEP **$20.57 | details**	DENTAL BASE PLAN ANNUAL MAX BENEFIT $1000 EMPLOYEE AND DEP **$20.57 | details**	Change New Election
VISION COVERAGE	VISION BUY-UP EMPLOYEE AND DEPENDENTS **$7.62 | details**	VISION BUY-UP EMPLOYEE AND DEPENDENTS **$7.62 | details**	Change New Election
HEALTH SAVINGS ACCT-HDHP ONLY	HSA EMPLOYEE VOLUNTARY CONTRIBUTION **$60.00 | details**	HSA EMPLOYEE VOLUNTARY CONTRIBUTION **$90.00 | details**	Decline benefit | Change New Election

Continue

All costs are per pay period. Your estimated total cost per pay period is **$283.67**. The paycheck simulator can show how this effects your net pay.

Click here to view your archived enrollment summaries.

After you have completed making your selections, please select **Continue** at the bottom of the page.

Review and submit your elections.

Benefits Enrollment Entry in ESS

The following summary page should appear:

Review your enrollment

Review

HEALTH INSURANCE	
ELECTION - HIGH DEDUCTIBLE HEALTH PLAN DEDUCTIBLE $3500 EMPLOYEE & DEP	
Dependent(s) will be shown here	
Pay Period Employee Cost	
Pay Period Employer Cost	$570.67
Annual Employee Cost	$3,971.52
Annual Employer Cost	$13,696.08

DENTAL COVERAGE	
ELECTION - DENTAL BASE PLAN ANNUAL MAX BENEFIT $1000 EMPLOYEE AND DEP	
Dependent(s) will be shown here	
Pay Period Employee Cost	$20.57
Pay Period Employer Cost	$15.76
Annual Employee Cost	$493.68

Carefully review your elections:

- ✓ Correct plan and coverage level selected?
- ✓ Are all of your dependents listed?
- ✓ Did you enroll in FSA if you want it for the new benefit year?

Submit Choices | Modify | Cancel

Benefits Enrollment Entry in ESS

Review your summary and either choose <u>SUBMIT CHOICES</u> to complete your enrollment and send to HR or select MODIFY if you want to go back and make changes. If you choose CANCEL you will return to your Current Elections page, but it will not delete the elections you made.

Once submitted you will be directed to a confirmation page.

Scroll down and will see your elections submitted. You may choose to the print this page. If you have a County email you will receive a TYLER email titled Benefit Enrollment Summary for your records.

Confirmation

Confirmation

Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

Enrollment Verification Message:
You have completed your open enrollment. Please print or save a copy for your records. You may return to change your selections up until open enrollment ends at 5 pm Arizona time on June 1, 2020.
Please note that after open enrollment has ended at 5 pm Arizona time on June 1, 2020, you will not be able to make any changes to your employee benefit elections unless you have a Qualifying Life Event (QLE).

*PRINT A COPY OF THE SUMMARY

To print the page, you can:

- Ctrl + P which will bring up the print dialogue box; or
- Print from your internet browser
    - right click and select Print

Benefits Enrollment Entry in ESS

Once you have selected SUBMIT CHOICES, you can continue to make changes to your enrollment selections until 5:00pm on June 1, 2020, by selecting CONTINUE at the bottom left corner of the Open Enrollment page.

After the Open Enrollment portal closes on June 1, you will not be able to make any additional changes through Employee Self Service.

Please contact Human Resources at 928-679-7100 for assistance.

Congratulations you are done!

Medical & Prescription Plans

BCBS of Arizona Group #19676

CVS Caremark #3172

BCBS Customer Service
(928)526-7211 or
1-800-446-8331

Medical Insurance Cost Table

Plan & Coverage Level	Monthly Premium	County Contribution	Employee Cost Per Month with NO Wellness Incentive	Employee Cost Per Month w/ Level 1 Wellness Incentive ($240Annual Discount)	Employee Cost Per Month w/ Level 2 Wellness Incentive ($120 Annual Discount)
Buy-Up Plan - $750 / $1,500 Annual Deductible					
Employee	$740.14	$650.46	**$89.68**	**$69.68**	**$59.68**
Dependent	$1,100.32	$546.35	$553.97	$553.97	$553.97
Family Total	$1,840.46	$1,196.81	**$643.65**	**$623.65**	**$613.65**
Base Plan - $1,000 / $2,000 Annual Deductible					
Employee	$670.46	$650.46	**$20.00**	**$0.00**	**Incentive Option**
Dependent	$993.34	$546.35	$446.99	$446.99	$446.99
Family Total	$1,663.80	$1,196.81	**$466.99**	**$446.99**	**$436.99**
HDHP - $1,750 / $3,500 Annual Deductible					
Employee	$594.98	$650.46	**+**	**#**	**%**
Dependent	$877.30	$546.35	$330.95	$330.95	$330.95
Family Total	$1,472.28	$1,196.81	**$330.95**	**$330.95**	**$330.95**

Employer Contribution for HDHP

- **Who is not eligible for a Health Savings Account (HSA)?**
  - Individuals entitled to Medicare (eligible & enrolled)
  - Individuals covered under another non HDHP
  - Individuals enrolled in AHCCS, Tri-Care, Medicaid, Indian Health Services

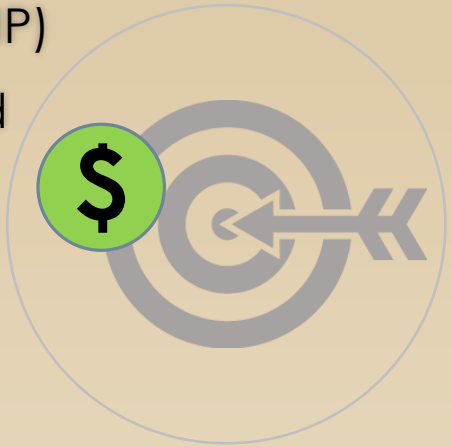
	Monthly ER Contribution to HSA or FSA	Annual ER Contribution to HSA or FSA, if matched	FSAs $500 limit, if not matched by EE ER Contribution /paid out as taxable income
+ Starting	$55.48	$665.76	$500 / $165.76
# Level 1 WIP	$75.48	$905.76	$500 / $405.76
% Level 2 WIP	$85.48	$1025.76	$500 / $525.76

Health Savings Account (HSA)

- Health Savings Accounts earn interest tax-free as long as you own the account
- When your balance reaches $2,000, you can invest it in mutual funds. It's your choice!
- Employees aged 55 and over can make an additional "catch-up" contribution of $1,000 per year
- The Health Equity portal allows you to view and manage your claims, see how much you owe, and process payment (provider or yourself) from the website
- Employees are able to reimburse (provider or yourself) for medical expenses that occurred in previous plan years whiled enrolled in the HDHP
- View eligible qualified expenses at www.healthequity.com
- Education site and complete HSA guidebook at http://learn.healthequity.com/sample/hsa/

Health Savings Account (HSA) – HDHP Only

- Reduces your tax liability
- **Only available** with enrollment in the High Deductible Health Plan (HDHP)
- Maximum Limits per calendar year (Employee and Employer combined contribution total)
  - $3,550 with single coverage
  - $7,100 with family coverage
- Employees aged 55 and over can make an additional "catch-up" contribution of $1,000 per year
- Use for medical, prescription, dental and vision expenses
- Unspent contributions roll over to following years; you never lose your money
- Take your HSA with you when you leave employment or retire (administrative fee applies)
- Pay for COBRA, Medicare or long-term care premiums
- Never pay taxes when used for qualified expenses



Health Care Flexible Spending Accounts (HCFSA)

- Maximum deduction of **$2,750** per calendar year per IRS ($114.58 per paycheck)
- Funds not used by end of plan year will be forfeited (No carryover provision)
  - Grace period: Incur expenses by 9/15/2021 and file claims by 9/30/2021
- 100% of annual election available immediately
- Funds may be used by Debit Card issued by Health Equity or by reimbursement check or direct deposit ($2 fee for paper check reimbursement)
- Use for medical, prescription, dental, and vision expenses
- Ineligible Health Care Expenses
  - Rogaine, teeth bleaching, cosmetic surgery, tanning salon, and health club memberships
  - Dietary supplements, vitamins, not prescribed over-the-counter medication and personal use items
  - View eligible expenses at www.healthequity.com

In – Network Medical Plan Costs

In-Network	Buy-Up Plan	Base Plan	HDHP
Calendar Year Deductible (Person/Family)	**$750 / $1,500**	**$1,000 / $2,000**	**$1,750/$3,500**
PCP Copay – Per Visit	**$35**	**$45**	80%/20%
Specialist Copay – Per Visit	**$45**	**$60**	80%/20%
Telehealth	**$0**	**$0**	**$0**
Chiropractic Copay	**$45**	**$50**	80%/20%
Urgent Care Copay	**$60**	**$80**	80%/20%
Emergency Room Access Fee	**$150**	**$200**	**$150***
Inpatient Hospital Admit Fee	$100	$100	20% after ded
Member Coinsurance	20% after ded	20% after ded	20% after ded
Medical Out of Pocket Max (OOPM) (Person/Family) (Includes Deductible, copays, and coinsurance)	**$4,500 / $9,000**	**$4,750 / $9,500**	**$5,000 / $10,000**
Rx Retail Copay (Generic/Formulary/Non-Formulary)	$8/$35/$55	$8/$35/$55	After ded – 20%/$8 min
Rx Retail 90 day Copay (Generic/Formulary/Non-Formulary)	2.5x Retail Copay	2.5x Retail Copay	After ded – 20%/$8 min
Rx Mail Order 90 day Copay (Generic/Formulary/Non-Formulary)	2x Retail Copay	2x Retail Copay	After ded – 20%/$8 min
Rx Specialty Drug Copay (per 30 day supply)	$65	$65	After ded – 20%/$8 min
Rx Out of Pocket Max (Person/Family)	$2,350 / $4,700	$2,350 / $4,700	Combined w/Medical OOPM
***Out-of-Network* Calendar Year Deductible (Person/Family)**	$1,500 / $3,000	$2,000 / $4,000	$1,750/$3,500 **
Member Coinsurance	40% after ded	40% after ded	40% after ded

- Access/Admit Payment and Deductible applied prior to 80%/20% coinsurance. ** The In and Out-of-Network deductible are combined for HDHP

TeleHealth

- **3 types of TeleHealth Care**
  - Medical
  - Counseling
  - Psychiatry

- **Base Plan and Buy Up Plan** participants have a zero copay for each type of Telehealth Care through BlueCare Anywhere.
- **HDHP** plan participants are subject to a fee schedule until their deductible is met (and then appropriate co-insurance in-network will be applied until the out-of-pocket maximum is met).
- Please see HR for more information.

- Visit with a doctor from your smartphone, computer or tablet
- Virtual visits do not provide emergency care
- See website to "sign up" before you need to see a doctor!

★ HDHP have a zero copay for services through 12/31/20 ★

BlueCareAnywhere

BlueCare Anywhere℠

BlueCare Anywhere FAQs

Useful Information

- Deductibles are calendar year January 1st – December 31st
- Dual-spouse Deductible Coordination
  - Both spouses employed at NAPEBT employers
  - One spouse must have family coverage
- Flu Shots
  - No copay at physician's office or pharmacy
  - No copay at Vera Whole Health Clinic
- Member ID Cards
  - Medical (BCBS of Arizona) – blue and white card
  - Pharmacy (CVS Caremark) – red and white card
  - Have with you at every appointment

Useful Information

- **Waiver of Medical Coverage**
  - Verification of other qualified coverage required – provide to HR
    - Qualified group health plan that is NOT through another NAPEBT employer
      - Marketplace does NOT qualify as a group health plan
    - Qualified public health plan such as AHCCCS, Tri-Care, or Indian Health Services
    - Medicare
- Mayo Clinic in Arizona – identify yourself as a member of NAPEBT
  - In-network provider on all plans
  - Includes Mayo Clinic and Mayo Clinic Hospital services
- Cancer Treatment Centers of America (CTCA)
  - In-network provider on all plans
  - Contracted centers include Phoenix, AZ; Atlanta, GA; and Chicago, IL

Vera Whole Health Clinic

- **Vera Whole Health is an independent primary care health clinic available to employees, spouses and dependents (age 3+)**
  - Base & Buy-Up Plans: Free for preventative care, primary care & acute care
  - HDHP: Free for preventative care, co-pay for primary care & acute care of $75 initial (unless initial is preventative) and $50 subsequent visits
  - In network provider on all NAPEBT plans
- 1500 E. Cedar Ave., Suite 80, Flagstaff, AZ (928) 774-3985
- www.verawholehealth.com/NAPEBT
- *By appointment only – No walk ins*

vera
WHOLE HEALTH

Vera Whole Health Clinic

Primary Care

- Episodic sick care
- Chronic disease management
- Coordination of specialty care
- Provider-dispensed medications & refills
- Onsite labs

Preventive Care

- Annual Whole Health Visit
- Health coaching
- Biometric screens
- Health risk assessments
- Fitness, nutrition
- Immunizations
- Routine injections
- Employee wellness

Acute Care

- Basic wounds
- Suturing, laceration
- Sprains, strains
- Infections
- Asthma
- Colds/URI
- Urinary symptoms
- Acute pediatrics (over age 3)
- Physical Therapy

Occupational Health

- Employment screening/pre-employment physicals
- DOT testing
- NFPA Physicals
- CDL Exams
- Drug screening
- Physical Therapy
- Pulmonary Function Testing
- Limited Orthopedic Treatment

vera
WHOLE HEALTH

Flexible Spending Accounts

Health Equity

1-866-346-5800

https://healthequity.com/

Health Equity Mobile App

Flexible Spending Accounts (FSA)

- **Must re-enroll every open enrollment!**
- May reduce your tax liability
- **Health Care FSA (HCFSA)** allows you to set aside pre-tax dollars to pay for eligible health care expenses not covered by insurance or reimbursed by any other source for qualified health expenses
  - General Purpose HCFSA
  - Limited Purpose HCFSA is elected in conjunction with a High Deductible Health Plan and Health Savings Account (HSA), and may be used for dental and vision expenses only.
- **Dependent Care FSA (DCFSA)** allows you to set aside pre-tax dollars to pay for eligible day care expenses for children up to the age of 13, disabled children over the age of 13, and elder care.

Dependent Care Flexible Spending Accounts (DCFSA)

- Maximum deduction of **$5,000** per calendar year per IRS ($208.33 per paycheck)
- Funds not used by end of plan year will be forfeited (No carryover provision)
  - Grace period: Incur expenses by 9/15/2021 and file claims by 9/30/2021
- Funds are available as contributed
- Funds may be reimbursed by check or direct deposit ($2 fee for paper check reimbursement)
- Ineligible Dependent Care Expenses
  - School expenses for children in kindergarten or older, overnight camping, nighttime babysitting, daycare expenses during extended leave of absence, dependent providing childcare, expenses paid to your child under the age of 19 (even if child is not your dependent)

NAPEBT Wellness Program

Katie Wittekind, Program Manager
928-679-7176
kwittekind@coconino.az.gov

www.mywellsite.com/NAPEBT

NAPEBT Wellness App

Wellsite assistance and support email:
hello@goonlinewellness.com

2021 Wellness Incentive Points due May 15, 2021

Wellness Incentive Program (WIP)

WIP Level	Level 1-12 Points	Level II – 24 Points
Point Possibilities	A combination of any activity that totals 12 points	Complete Level I and earn an additional 12 points
Awards Earned	$240 Health Insurance Award (discount of medical premium)	$120 Cash Award (may be added to your paycheck or FSA/HSA)

Classes and events are open to all members of your household, 12 years of age and older

Point Possibilities*

- Annual Medical Exam: 12 points
- Biometrics & Health Assessment: 8 points
- Champions: 8 points
- Preventative Screenings: 4 points
- Volunteer: 4 points
- Classes & Events: 1-6 points
- Challenges: 4-6 points
- Vera Health Coaching: 4-6 points
- Online Classes: 1-6 points
- 360 Min of Physical Activity: 1 point
- Health Buddies: 1 point

*See Information Packet for all options

Dental Plans

Delta Dental of Arizona Group #1331

1-602-938-3131, option 1

https://www.deltadental.com/

Dental Plans

Plan & Coverage Level	Monthly Premium	County Contribution	Employee Cost Per Month
Buy-Up Plan - $2,000 Annual Maximum Benefit			
Employee	$44.60	$31.52	$13.08
Dependent	$58.20		$58.20
Family Total	$102.80	$31.52	$71.28
Base Plan - $1,000 Annual Maximum Benefit			
Employee	$31.52	$31.52	$0.00
Dependent	$41.14		$41.14
Family Total	$72.66	$31.52	$41.14

Annual Maximum Benefit Per Person	$1,000	$2,000
Routine Services (Adult cleanings 4 per year; age 14 & older)	100%	
Basic Services (fillings, extractions, root canals)	80%	
Major Services (crowns, dentures, bridges)	50%	
Orthodontia (Age 8-19) Must be banded prior to age 17	50% $1,000 Maximum Lifetime Benefit	
Calendar Year Deductible	$50 per employee $150 per family	

Vision Plans

VSP Group #12239817

1-888-520-5400

Vision Plans

	Monthly Premium	County Contribution	Employee Cost Per Month
Choice Buy-Up Plan			
Employee	$7.18	$0.78	$6.40
Total for Family	$16.02	$0.78	$15.24
Choice Base Plan			
Employee	$0.78	$0.78	$0.00

Eligibility is for dependents up to age 26

A VSP vision insurance card is not provided

Vision Plans

	Choice Buy-Up In-Network	Choice Plan Exam (Core) In-Network
Eye Exam *(Once every 12 months)*	**$15.00 Copay**	
Prescription Lenses *(Once every 12 months)*	$25 Material Co-pay Lenses and/or Frames **Lens Options:** Tints, Scratch Coating	20% Discount on a complete pair of prescription glasses.
Frames *(Once every 24 months)*	$25 Material Co-pay Lenses and/or Frames $150 Allowance **Marchon Frame Benefit:** Extra $20 for members to spend on featured frame brands. 20% off additional costs.	
Contacts Instead of Glasses *(every 12 months)*	15% Discount off lens exam (not to exceed $60) $130 Allowance for contacts	15% Discount on Contact Lens Exam
Diabetic Eye Care Diabetic eye disease for type 1 & 2, glaucoma or age-related macular degeneration	Additional Coverage: $20 co-pay	N/A
Tru Hearing	**Access program for members offering a savings of up to $2,400 per pair of digital hearing aids.**	
Laser VisionCare Program	**Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities.**	

Life Insurance Plans

Minnesota (Securian) Life Insurance Group #33585

Life and AD&D Plans

- Basic Term Life & Accidental Death & Dismemberment Insurance
  - Provided by Minnesota Life
  - $40,000 Coverage
  - Can be converted upon separation of employment
  - Update your beneficiary information using ESS
- Voluntary Term Life Insurance
  - Employees may increase coverage by $10,000 during open enrollment without proof of insurability (up to the guarantee issue limit of $150,000)
  - Spouse may be insured without employee being insured
    - Elect additional coverage in $5,000 increment up to a max of $250,000 (not to exceed 100% of employee's total basic and supplemental coverage amount)
  - Children may be insured at $10,000 up to the age of 26
  - Spouse and children require proof of insurability during open enrollment
  - Coverage is portable upon separation of employment

Employee Assistance Program (EAP)

- Jorgensen Brooks Group EAP Services
  - Crisis Services 24/7
  - EAP provides employees up to 6 free sessions per issue, per person, per year
  - Services are confidential
  - Online: www.jorgensenbrooks.com
  - Toll Free: 1-888-520-5400

Your EAP Can Help With:

- Work/Life Balance
- Stress & Time Management
- Depression/Anxiety
- Legal & Financial Difficulties
- Substance Abuse
- Child/Elder/Adult Care Issues
- Preparing for Retirement
- Emotional & Psychological Issues Transitions
- Loss & Grief
- Family & Marital Problems
- Life Changes & Transitions

EAP For Public Safety and Peace Officers

- ARS 38-672 for Public Safety Officers
  - Jorgensen Brooks provides up to 12 visits for Post Traumatic Stress Disorder due to exposure to a traumatic event at work as defined by this legislation.

- ARS 38-673 for Peace Officers
  - Coconino County provides up to 12 visits for Post Traumatic Stress Disorder due to exposure to traumatic event at work as defined by this legislation
  - Coconino County provides up to 24 additional visits if related to a diagnosis of work related PTSD, deemed necessary by a licensed health professional, and occurring within one year of the first visit related to the PTSD diagnosis
    - The additional 24 visits must be with a licensed psychiatrist or psychologist who may be chosen by the peace officer

See policy 7.1 or contact HR for more information

Virtual Vendor Day

Virtually meet representatives from Blue Cross Blue Shield of AZ, Delta Dental, AFLAC, Liberty Mutual, VSP, Nationwide, ICMA-RC, CVS Caremark, and more!

Learn about the benefit coverages and the optional benefits that are available to you!

Wednesday, May 27th, 2020

Any questions?

More information is located on SharePoint Intranet **Employee Benefits** page:

https://coconino365.sharepoint.com/sites/HumanResources/SitePages/Benefits-%26-Programs.aspx

Coconino County Human Resources **Employee Benefits** page:

https://coconino.az.gov/258/Employee-Benefits

Coconino County Human Resources
928-679-7100
M-F, 8:00 am – 5:00 pm
Closed on Memorial Day, May 25, 2020

COCONINO COUNTY ARIZONA