



City of Chandler

# BENEFITS CONNECTION

*knowing • choosing • living*

## 2017 BENEFITS CONNECTION GUIDE

*...for retirees & their families*

### INSIDE

Get the details about the benefits available to you as a retiree of the City of Chandler. This Guide is sponsored by Blue Cross Blue Shield of Arizona.





**Benefits Connection.** It's all about knowing your benefits, choosing wisely for you and your family, and living fitter, healthier lives. The City of Chandler provides our retirees with medical, dental, vision and hearing benefits. Read this Guide carefully. Talk it over with your family. Then make the best decision for you for 2017. **Know. Choose. Live.**

This guide should provide you with everything you need to know about your benefit options for 2017. Remember, once you make your benefit elections, you will not be allowed to make a change unless you experience a qualifying life event. NOTE: You may not be eligible for all of the benefits outlined in this guide. Retirees are only eligible for the benefit plans for which they are currently enrolled.

Carefully review this guide and then enroll in the plan that is right for you and your family. There's a lot to think about and this guide is designed to help you understand your options.

*This guide provides a general overview and summary of the City's benefit program. It is not intended to be an authoritative or exhaustive description of these benefits nor does it create any contract for, or entitlement or right to, any of the benefits described herein. In the event of a conflict, the terms of the City of Chandler's agreements with the benefit providers and the provider-supplied materials describing the coverage offered have precedence over the benefit descriptions contained in this guide.*

## Connecting With Your Benefits

|  |   |  |    |
|--|---|--|----|
| Connect to Your Health .....                     | 3 | Your Medical Connection .....              | 8  |
| Knowing Your Numbers—Get a Biometric Screening . | 3 | Know These Key Terms.....                  | 8  |
| Connect to Wellness .....                        | 4 | Knowing, Choosing—2017 Medical Plans ..... | 9  |
| Knowing—Complete Your Health Assessment .....    | 4 | Your Dental Connection .....               | 11 |
| HealthyBlue Programs.....                        | 5 | Your Vision and Hearing Connection .....   | 13 |
| Knowing—Eligibility .....                        | 6 | Important Contact Information .....        | 14 |
| Contributing to the Connection .....             | 7 |  |    |

## Got Questions? Get Connected!

When you have questions, there are helpful people ready to assist you. You can call our carriers directly—there is a list of their website addresses and phone numbers on the back cover of this guide.

## Your Human Resources Contacts

If you have benefits questions, you can always contact Human Resources for further assistance.

| CALL  | FOR   |
|---|---|
| <b>Human Resources</b> (ext. 2350)                                    | General information about enrollment.   |
| <b>Nichole Bombard</b> (ext. 2376)<br><b>Lynna Soller</b> (Ext. 2359) | Medical, dental and vision benefits.  |
| <b>Nichole Bombard</b> (ext. 2376)<br><b>Lynna Soller</b> (ext. 2359) | Deferred compensation (457), City-paid life insurance, pension system questions (ASRS/PSPRS), Retirement Health Savings Plan (RHSP).  |
| <b>Carol Osterhaus</b> (ext. 2371)<br><b>Lynna Soller</b> (ext. 2359) | Benefit issues that have not received a satisfactory resolution, comments about benefit providers' performance and/or benefit plan design and appeals to benefit providers. |

## Connect to Your Health

The City of Chandler is committed to helping you connect with the information you need to know about your health status now and how you can improve it moving forward. You have an opportunity to pursue a healthy future when you take advantage of these programs.



### PREVENTIVE CARE

Under the Affordable Care Act, commonly known as the health care reform law, most preventive care services, such as annual physicals, mammograms, and well-child or well-baby visits are covered 100 percent by the Red, White and Blue plans as long as in-network providers are used. This means you pay nothing for that visit. You can find a complete list of preventive care services on the Healthcare.gov website.

**NOTE:** If you discuss another health issue during a preventive services visit, you may have to pay a fee for your visit.

## Knowing Your Numbers— Get a Biometric Screening

What you don't know can hurt you. That's why the City's Annual Biometric Screening is available to retirees so that you can monitor your health by checking your:

- Blood pressure
- Blood glucose level
- Total cholesterol and HDL
- Waist circumference

This information can help you and your doctor determine your risks and mark the progress you make toward a healthier you.

### HEALTHWAYS FITNESS YOUR WAY

\$25.00 monthly fee for access to 9500+ gyms nationwide for members of the City's BC/BS of AZ health plan.

To sign up or get more information login to [www.blue365deals.com](http://www.blue365deals.com) or login to your [azblue.com](http://azblue.com) account and choose Blue 365 under Health & Wellness.



## Connect to Wellness

The City of Chandler also offers a variety of tools and resources to keep you moving forward on the road to wellness. Through our Wellness programs, you and your family have access to:

- Flu shot clinics
- Health/financial seminars
- Biometric Screenings
- Health Assessment
- An interactive website
- Nutrition programs
- Wellness resources
- Mobile on-site mammography
- Mobile prostate screenings
- Other screenings

For more information about the Wellness initiatives, visit the Wellness page on **[www.chandleraz.gov/benefits](http://www.chandleraz.gov/benefits)**. The site provides details on the Wellness programs being offered and a glimpse of upcoming programs.

There is also a list of many other Wellness resources. Check out what's available and take action toward building a better you and achieving your goal to live healthy.



### BENEFITS/WELLNESS EVENTS ARE ONLINE

Make sure your spouse and kids know they can get the latest information about Wellness events and resources at **[www.chandleraz.gov/benefits](http://www.chandleraz.gov/benefits)**. We want to make it as easy as possible for your family to stay informed about the city's benefits and how we are supporting your efforts to live healthier lives.

## HealthyBlue Programs

In addition to the City's Wellness Program, the following HealthyBlue programs are available at your fingertips through Blue Cross Blue Shield of Arizona (BCBSAZ):

- Web access 24 hours a day
- Online health information, resources and seminars
- Walking Works physical activity program
- Health discounts
- Interactive games/quizzes
- Nurse on Call
  - ✓ Telephone consultations with nurses 24/7
  - ✓ Wide variety of services online
- Drug Cost/Copay Calculator
- Hospital comparison tool
  - ✓ Compare hospitals based on:
    - Specific procedures performed
    - Distance from your home
    - Number of relevant procedures performed
- Rate of complication and average length of stay
- Health coaching
  - ✓ Access to a health coach that will help you set goals and track your progress
  - ✓ Learn how to maintain your health and stay on a positive path by working with a professional who will guide you every step of the way
- Care management
  - ✓ Resources and advocacy for members with complex or chronic health needs. Examples include:
    - Hospital discharge planning
    - Assistance in coordinating health care providers for complex cases
    - Assistance with navigating the health care system and optimizing your benefits
- Health Conditions Support Program
  - ✓ As a participant in the Health Conditions Support Program, you will get the support you need to manage a chronic health condition through one-on-one telephone calls with a nurse or a medical counselor
  - ✓ You can also receive assistance for in-home device monitoring if you qualify
- Blue 365 Discount Program
- Patient-Centered Medical Home Program



### NURSE ON CALL

Immediate answers to your health questions from an experienced, registered nurse, anytime, day or night.

Call **866-422-2729** or start a chat online by logging in to your [azblue.com](http://azblue.com) account and choosing Nurse on Call under Health & Wellness.

For more information on the HealthyBlue programs, visit the BCBSAZ website at [www.azblue.com](http://www.azblue.com) or call **877-694-2583**.

### THINKING ABOUT HAVING A BABY? EARLY IN YOUR PREGNANCY?

Are you planning to have a baby, or haven't reached the 16th week of your pregnancy? If so, consider enrolling in the HealthyBlue Beginnings program offered under BCBSAZ. Call **855-466-2229** to enroll and receive:

- A preconception program with education, counseling and a free pregnancy kit
- A maternity nurse toll-free telephone support line, 24/7
- A comprehensive book to guide you through pregnancy
- A dedicated maternity nurse to assist with high-risk maternity care
- A support line available until your baby is six weeks old
- A \$100 GIFT CARD to Babies "R" Us if you enroll by the 16th week of your pregnancy and you complete the program by taking the final outcomes assessment

Access HealthyBlue Beginnings at [www.azblue.com](http://www.azblue.com).

## Knowing—Eligibility

### ELIGIBILITY

To be eligible for City of Chandler benefits, you must be an eligible retiree. Your eligible dependents can also sign up for benefit coverage if they are:

- Your legally married spouse (If you are divorced you must contact HR to drop the ineligible dependent)
- A child of an employee or retiree, who is married or unmarried, and is less than 26 years old<sup>1</sup>, including your:
  - ✓ Biological or birth child
  - ✓ Legally adopted children (or a child placed for adoption with the retiree)
  - ✓ Stepchild (when the parent is legally married to the eligible retiree)
  - ✓ Foster child
  - ✓ Child under legal custody or legal guardianship of the retiree
- Children who are the subject of a valid Qualified Medical Child Support Order (QMCSO) as determined by Human Resources
- A disabled child of an eligible retiree who has reached age 26, if the disabled child is unmarried, primarily supported by the retiree and is incapable of sustaining employment by reason of mental or physical disability—see Human Resources for more details.

<sup>1</sup> An adult child is eligible through the end of the month of their 26th birthday.

You must submit a benefit change request to the City of Chandler, in writing, within 31 calendar days of the qualifying event.

DO NOT wait to submit the Benefits Change Form until you have the required proof of dependent verification documentation or you may be denied coverage.

## Knowing—Changes

### MAKING CHANGES TO YOUR COVERAGE

According to IRS rules, you are allowed to make certain benefit changes during the plan year only if you experience a qualifying life event. To make a change, you must notify Human Resources, in writing, within 31 calendar days of the event.

Examples of qualifying life events include:

- Becoming Medicare-eligible.
- Marriage, divorce, death of a spouse and annulment.
- Birth, death, adoption and placement for adoption.
- Change in employment status for you, your spouse or your dependent.
- Change in dependent eligibility due to age

Benefit changes must be consistent with the qualifying life event. For example, if your spouse loses coverage through their employer and you decide to add the spouse to your medical plan, you cannot change medical plans. You will only be allowed to add your spouse to your existing plan. If you want to change medical plans, you will have to wait until the next Open Enrollment period.

### SPECIAL ENROLLMENT OPPORTUNITY

The City provides a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program Reauthorization Act (CHIPRA) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIPRA.

For these enrollment opportunities, you will have 60 days — instead of 31 — from the date of the Medicaid/CHIPRA eligibility change to request enrollment in the City of Chandler group health plan. Contact Human Resources if you have any questions.

## Contributing to the Connection Here is what you pay for your coverage.

|                             | RED PLAN        | BLUE PLAN       | WHITE PLAN      |
|-----------------------------|-----------------|-----------------|-----------------|
| <b>MEDICAL</b>              | Monthly premium | Monthly premium | Monthly premium |
| <b>Retiree only</b>         | \$765.74        | \$643.54        | \$514.84        |
| <b>Retiree + spouse</b>     | \$1,278.70      | \$1,074.66      | \$859.74        |
| <b>Retiree + child(ren)</b> | \$1,133.18      | \$952.34        | \$761.90        |
| <b>Retiree + family</b>     | \$1,860.58      | \$1,563.70      | \$1,250.98      |

| <b>DENTAL</b>                | Monthly premium |
|------------------------------|-----------------|
| <b>Retiree only</b>          | \$51.00         |
| <b>Retiree + one</b>         | \$83.00         |
| <b>Retiree + two or more</b> | \$135.00        |

| <b>VISION</b>       | Monthly premium |
|---------------------|-----------------|
| <b>Retiree only</b> | \$9.80          |
| <b>Family</b>       | \$21.26         |



### HAVE YOU MOVED? MAKE SURE TO STAY CONNECTED!

Have you moved recently or are you planning to move? If so, make sure you update your address by emailing [benefits@chandleraz.gov](mailto:benefits@chandleraz.gov). You may also include your personal email address. You could miss out on an opportunity to participate in valuable benefits if we don't know how to reach you. While the City can provide you with a wealth of resources, they are only valuable if you use them.

You must change your address with ASRS/PSPRS or ICMA-RC (Deferred Comp) by contacting them directly. See contact information at the back of the Guide.

## Your Medical Connection

When it comes to our medical plans, you should choose what works best for you and your family. Each health plan offered by the City of Chandler has its unique features. The Red and Blue plans are similar with only minor differences. The White Plan is a high-deductible health plan (HDHP) that puts you in control of your health care spending and saving. You should choose a medical plan that fits your needs and budget based on balancing the cost of:

- Premiums
- Deductibles
- Coinsurance
- Copays

Generally, if you choose a plan with a higher deductible and coinsurance, your monthly premium will be smaller. Consider your family's overall health situation in order to choose the plan that's right for you.

| RED PLAN  | BLUE PLAN   | WHITE PLAN   |
|---|---|--|
| <ul style="list-style-type: none"> <li>● Highest premium option</li> <li>● Lower deductibles</li> <li>● Lower coinsurance</li> <li>● Some copays</li> </ul> | <ul style="list-style-type: none"> <li>● Lower premium option</li> <li>● Higher deductibles</li> <li>● Higher coinsurance</li> <li>● Some copays</li> </ul> | <ul style="list-style-type: none"> <li>● Lowest premiums</li> <li>● Highest deductibles</li> <li>● Lower coinsurance</li> <li>● No copays</li> </ul> |

## Know These Key Terms

| TERM                                      | DEFINITION   |
|---|--|
| <b>Coinsurance</b>                        | Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You have to pay the deductible before you receive the coinsurance benefit. Your coinsurance share is higher for out-of-network claims.  |
| <b>Copay</b>                              | A flat amount you pay when you visit a health care provider or fill an in-network prescription. For example, if you enroll in the Red Plan and have an office visit with your Primary Care Physician (PCP), you would pay a \$25.00 copay.   |
| <b>Deductible</b>                         | A fixed amount you pay before the Red, White or Blue plans begin to pay. Deductibles are higher on out-of-network claims. Amounts applied to the in-network deductible will also apply to meet the out-of-network deductible; the amounts applied to the out-of-network deductible do not apply to meet the in-network deductible.   |
| <b>High Deductible Health Plan (HDHP)</b> | A high-deductible health plan (HDHP) is a health insurance plan with lower premiums and higher deductibles than a traditional health plan.   |
| <b>In-network provider</b>                | A provider who contracts with the City's claims administrator, Blue Cross Blue Shield of Arizona, and provides a discount off their regular fees.  |
| <b>Out-of-pocket maximum (OOP)</b>        | This is your safety net in the City of Chandler medical plans that protects you from catastrophic medical expenses. Once you pay the individual maximum or family maximum, additional covered medical claims for the year are paid 100 percent by the City and you pay nothing. Deductibles, coinsurance you pay after meeting the deductible, copays for doctor visits or prescriptions, and Emergency room access fee (what you pay in addition to the deductible) apply toward the OOP. |
| <b>Preventive services</b>                | Red, White and Blue plans cover 100 percent of preventive service visits made to in-network providers. Preventive services help you avoid getting sick in the first place. Mammograms, flu shots, prostate exams and well-baby visits are examples of preventive services.<br><br>NOTE: If you discuss another health issue during a preventive services visit, you may have to pay a fee for your visit.  |

# Knowing, Choosing—2017 Medical Plans

## PLAN QUALITIES

|                                      | RED PLAN  | BLUE PLAN  | WHITE PLAN   |
|--------------------------------------|---|--|--|
| <b>Cost</b>                          | Highest monthly premium, but lower deductible (see chart below)   | Lower monthly premium, but higher deductible than the Red Plan (see chart below)   | Lowest monthly premium in 2017, but highest deductible (see chart below) |
| <b>Flexibility to choose doctors</b> | Same level of flexibility to choose doctors using the BCBS of Arizona network — generally, out-of-pocket costs are lower when you use an in-network provider.   |  |  |
| <b>Prescription drugs</b>            | You pay a copay when you fill a prescription with an in-network pharmacy. Refer to out-of-network pharmacy description below.   | You pay the full cost of prescription drugs until you satisfy the deductible, then you pay a copay when you fill a prescription with an in-network pharmacy. Refer to out-of-network pharmacy description below. |  |
| <b>In-network provider advantage</b> | You save money when you choose in-network providers because you receive negotiated discounts for services.  |  |  |
| <b>Lifetime maximum</b>              | No lifetime maximum on any plan.  |  |  |
| <b>Protection</b>                    | Same level of protection. All three plans feature an out-of-pocket maximum to protect you in case you and your family have unusually large health care expenses in a single plan year — if you reach the out-of-pocket maximum, the plan will pay the rest of your covered charges for the remainder of the year. |  |  |

## MEDICAL PLAN COMPARISON

**NOTE: ALL SERVICES MUST BE MEDICALLY NECESSARY.**

| BENEFITS   | RED PLAN                              |                      | BLUE PLAN            |                      | WHITE PLAN           |                      |
|--|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|  | IN-NETWORK                            | OUT-OF-NETWORK       | IN-NETWORK           | OUT-OF-NETWORK       | IN-NETWORK           | OUT-OF-NETWORK       |
| <b>Deductible</b>                                      |                                       |                      |                      |                      |                      |                      |
| <b>Member</b>  | \$250                                 | \$500                | \$500                | \$1,500              | \$1,500              | \$4,500              |
| <b>Family</b>  | \$500                                 | \$1,000              | \$1,000              | \$3,000              | \$3,000              | \$9,000              |
| <b>Out-of-Pocket Maximum</b>                           |                                       |                      |                      |                      |                      |                      |
| <b>Member</b>  | \$2,250                               | \$4,500              | \$2,500              | \$6,000              | \$3,000              | \$8,000              |
| <b>Family</b>  | \$4,500                               | \$9,000              | \$5,000              | \$12,000             | \$6,000              | \$16,000             |
| <b>Physician Services</b>                              |                                       |                      |                      |                      |                      |                      |
| <b>Primary care office visit</b>                       | \$25 copay                            | 30% after deductible | 15% after deductible | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Adult physical exams</b>                            | No charge                             | Not covered          | No charge            | Not covered          | No charge            | Not covered          |
| <b>Well-child care</b>                                 | No charge                             | Not covered          | No charge            | Not covered          | No charge            | Not covered          |
| <b>GYN (preventive care)</b>                           | No charge                             | Not covered          | No charge            | Not covered          | No charge            | Not covered          |
| <b>Specialist office visit</b>                         | \$40 copay                            | 30% after deductible | 15% after deductible | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Diagnostic Services</b>                             |                                       |                      |                      |                      |                      |                      |
| <b>X-ray</b>   | 100% <sup>1</sup>                     | 30% after deductible | 100% <sup>1</sup>    | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Complex radiology (MRI, MRA, CT Scan, PET Scan)</b> | 10% after deductible                  | 30% after deductible | 15% after deductible | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Lab</b>   | 100% <sup>1</sup>                     | 30% after deductible | 100% <sup>1</sup>    | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Allergy tests and treatment</b>                     | Applicable office visit copay applies | 30% after deductible | 15% after deductible | 40% after deductible | 10% after deductible | 30% after deductible |
| <b>Pap test (preventive)</b>                           | No charge                             | Not covered          | No charge            | Not covered          | No charge            | Not covered          |

| BENEFITS   | RED PLAN                                   |   | BLUE PLAN                                  |   | WHITE PLAN                        |   |
|--|--|---|--|---|-----------------------------------|---|
|  | IN-NETWORK                                 | OUT-OF-NETWORK  | IN-NETWORK                                 | OUT-OF-NETWORK  | IN-NETWORK                        | OUT-OF-NETWORK  |
| <b>Mammography (preventive)</b>  | No charge                                  | 30% (deductible waived)   | No charge                                  | 40% (deductible waived)   | No charge                         | 30% (deductible waived)   |
| <b>Hospital Services</b>   |  |   |  |   |                                   |   |
| <b>Inpatient (including semi-private room and board and physician and surgeon charges)</b> | 10% after deductible                       | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Outpatient surgery</b>  | 10% after deductible                       | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Emergency Services</b>  |  |   |  |   |                                   |   |
| <b>Hospital emergency room</b>   | \$100 access fee plus 10% after deductible |   | \$100 access fee plus 15% after deductible |   | 10% after deductible              |   |
| <b>Ambulance</b>   | No charge                                  |   | No charge                                  |   | 10% after deductible              | 10% after deductible  |
| <b>Urgent care facilities</b>  | \$50 copay                                 | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Other Facilities</b>  |  |   |  |   |                                   |   |
| <b>Skilled nursing facility</b>  | 10% after deductible <sup>2</sup>          | 30% after deductible <sup>2</sup>   | 15% after deductible <sup>2</sup>          | 40% after deductible <sup>2</sup>   | 10% after deductible <sup>2</sup> | 30% after deductible <sup>2</sup>   |
| <b>Home health care</b>  | 10% after deductible                       | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Mental Health Treatment</b>   |  |   |  |   |                                   |   |
| <b>Inpatient</b>   | 10% after deductible                       | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Outpatient (individual or group counseling)</b>   | No charge                                  | 30% after deductible  | No charge                                  | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Substance Abuse Treatment</b>   |  |   |  |   |                                   |   |
| <b>Inpatient</b>   | 10% after deductible                       | 30% after deductible  | 15% after deductible                       | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Outpatient</b>  | No charge                                  | 30% after deductible  | No charge                                  | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Other Services</b>  |  |   |  |   |                                   |   |
| <b>Durable medical equipment</b>   | No charge                                  | 30% after deductible  | No charge                                  | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Prosthetics</b>   | No charge                                  | 30% after deductible  | No charge                                  | 40% after deductible  | 10% after deductible              | 30% after deductible  |
| <b>Outpatient short-term rehabilitation (physical therapy)</b>                             | \$40 copay <sup>3</sup>                    | 30% after deductible <sup>3</sup>   | 15% after deductible <sup>3</sup>          | 40% after deductible <sup>3</sup>   | 10% after deductible <sup>3</sup> | 30% after deductible <sup>3</sup>   |
| <b>Chiropractic care</b>   | \$35 copay <sup>4</sup>                    | 30% after deductible <sup>4</sup>   | 15% after deductible <sup>4</sup>          | 40% after deductible <sup>4</sup>   | 10% after deductible <sup>4</sup> | 30% after deductible <sup>4</sup>   |
| <b>Prescription Drugs</b>  |  |   |  |   |                                   |   |
| <b>Retail – Up to 30-day supply</b>  |  |   |  |   |                                   |   |
| <b>Level one</b>   | \$10 copay                                 | Applicable copay, plus difference between pharmacy price and allowed amount | \$10 copay                                 | Applicable copay, plus difference between pharmacy price and allowed amount | \$10 copay, after deductible      | 30% after deductible, plus difference between pharmacy price and allowed amount |
| <b>Level two</b>   | \$30 copay                                 |   | \$30 copay                                 |   | \$30 copay, after deductible      |   |
| <b>Level three</b>   | \$50 copay                                 |   | \$50 copay                                 |   | \$50 copay, after deductible      |   |
| <b>Level four</b>  | \$100 copay                                |   | \$100 copay                                |   | \$100 copay, after deductible     |   |
| <b>Mail order – Up to 90-day supply</b>  | 2x retail copay                            | Not covered   | 2x retail copay                            | Not covered   | 2x retail copay, after deductible | Not covered   |

<sup>1</sup> 100% Freestanding Independent Lab or if only service performed in physician's office; physician office visit cost share applies if x-ray received in a physician's office and an office visit is billed.

<sup>2</sup> Annual limit of 240 days applies.

<sup>3</sup> Annual 60 visit limitation (PT, OT, ST) applies.

<sup>4</sup> Annual 20 visit limitation applies.

# Your Dental Connection

Good dental health is important for many reasons—some unrelated to your mouth or teeth. If your dentist notices signs of gum disease, it can be a red flag that an underlying condition like hypertension or anemia could be affecting your overall health. To help you stay on top of your dental health, the City offers you and your eligible dependents comprehensive dental coverage through Delta Dental of Arizona. Here are some important points to remember about how the plan works:

**1. Freedom to visit any licensed dentist of your choice**—While you have this freedom, use it wisely. You may pay more out of your pocket if you visit a dentist that is not part of the Delta Dental of Arizona PPO or Premier Network. What the plan does pay is based on what it considers “reasonable, usual and customary.” This means, what it covers is determined by what a service typically costs in your geographic area.

**2. Savings when you visit a network provider**—The Delta Dental of Arizona plan allows you to see any licensed dental provider you choose. But, by visiting a contracted in-network PPO or Premier dental provider (your network is the PPO Plus Premier Network...the largest available network!), you will save money.

Remember, those listed as PPO providers offer the deepest discounts and will save you the most money, followed by those listed as Premier providers. Stay in-network and save!

**3. You won’t get a bill later**—With the exception of your deductible and shared responsibility, participating providers accept Delta Dental of Arizona’s payment as “paid in full” so you won’t receive a bill later.

## NEED A NEW CARD?

Log in to your [www.deltadentalaz.com](http://www.deltadentalaz.com) account to print a new one.

## KNOWING—ABOUT PREAUTHORIZATION AND MORE

Be sure to get any service over \$250 preauthorized by Delta Dental of Arizona before you proceed. You may risk the chance of not being covered.

Don’t get stuck paying more than you should. You may be billed for the balance of what the plan does not cover. This is called “balance billing.” Consider the following before obtaining a service:

- Make sure the provider and facility are a part of the Premier network. If you’re not sure, call the provider or Delta Dental of Arizona directly.
- Find out the cost for a service and how much the plan will cover. This will help you determine whether or not you will be billed later.
- If you will have to pay out-of-pocket for a service, consider searching for a participating provider so you can receive the maximum benefit.



## CONNECT IN-NETWORK!

You will always receive the deepest discounts, by using a Delta Dental of Arizona PPO network dentist. **NOTE:** PPO dentists are also members of the Premier Network but offer an additional discounted rate.

## CHOOSING—GO IN-NETWORK!

To locate a participating provider:

- Visit [www.deltadentalaz.com](http://www.deltadentalaz.com) and select “Dentist Search” from the “Looking for a Dentist” section of the home page.
- Call **800-352-6132**, select Option 5 and follow the automated instructions.
- Be sure to select the “Delta Dental of Arizona Premier Network” or ask your dentist.



## Here's a summary of your coverage under the dental plan.

|                |  |
|----------------|--|
| Deductible     | \$25 per person/\$75 per family (applies to both in- and out-of-network)   |
| Annual maximum | <p>\$2,000 per person for basic and major services</p> <ul style="list-style-type: none"> <li>• All Preventive services do not contribute to the calendar year maximum</li> <li>• All basic and major services contribute to the calendar year maximum</li> <li>• Orthodontia has a separate lifetime maximum benefit of \$2,000 per individual</li> </ul> |

| ROUTINE SERVICES  | BASIC SERVICES   | MAJOR SERVICES   | ORTHODONTIC SERVICES  |
|---|--|--|---|
| Covered at 100%   | Covered at 80%   | Covered at 70%   | Covered at 50%  |
| <p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>• Exams, evaluations or consultations (twice in a benefit year)</li> <li>• X-rays               <ul style="list-style-type: none"> <li>- Full mouth/Panorex or vertical bitewings (once in a three-year period)</li> <li>- Bitewing (twice in a benefit year)</li> <li>- Periapical</li> </ul> </li> </ul> <p><b>Preventive</b></p> <ul style="list-style-type: none"> <li>• Routine cleanings (limited to twice<sup>1</sup> in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a five-year period)</li> <li>• Topical application of fluoride (children through age 17, twice a benefit year)</li> <li>• Space maintainers (for missing posterior primary 'baby' teeth up to age 14)</li> <li>• Third cleaning benefit<sup>1</sup></li> </ul> | <p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>• Fillings               <ul style="list-style-type: none"> <li>- Silver amalgam, synthetic white fillings (once per surface every two years)</li> <li>- Stainless steel crowns (for primary 'baby' teeth only)</li> <li>- Sealants for children (once per three-year period for permanent molars and bicuspsids through age 18)</li> </ul> </li> </ul> <p><b>Oral surgery:</b> Extractions, general anesthesia (for surgical extractions or other surgical procedures performed in a dental office)</p> <p><b>Endodontics</b></p> <ul style="list-style-type: none"> <li>• Root canal treatment (permanent teeth)</li> <li>• Pulpotomy (primary 'baby' teeth)</li> </ul> <p><b>Periodontics</b></p> <ul style="list-style-type: none"> <li>• Treatment of gum disease (non-surgical, once every two years; surgical, once every three years)</li> </ul> <p><b>Emergency</b></p> <ul style="list-style-type: none"> <li>• Treatment for the relief of pain and limited prescriptions</li> </ul> | <p><b>Prosthetics</b></p> <ul style="list-style-type: none"> <li>• Bridges</li> <li>• Partial dentures</li> <li>• Complete dentures</li> </ul> <p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Onlays</li> </ul> <p><b>Bridge and denture repair</b></p> <ul style="list-style-type: none"> <li>• Repair of such appliances to their original condition including relining of dentures</li> </ul> <p><b>Replacement</b></p> <ul style="list-style-type: none"> <li>• Replacements are covered once every five years for all major services from date last performed. Does not provide for lost, misplaced or stolen bridges or dentures</li> </ul> <p><b>Implants</b></p> <ul style="list-style-type: none"> <li>• Limitations apply</li> </ul> | <p><b>Benefits for adults and children</b></p> <p>Lifetime orthodontia benefit limited to a maximum of \$2,000 per patient — payable in two payments — on initial banding and twelve months after (includes Invisalign).</p> <p>This maximum is separate from the calendar year maximum for your other dental benefits.</p> |

<sup>1</sup> An additional third dental cleaning per benefit year is available to covered persons with a diagnosis of diabetes, pregnancy, renal dialysis, suppressed immune system (due to chemotherapy, HIV positive, organ transplant, or stem cell/bone marrow transplant), head and neck radiation or high risk cardiac conditions.

## Your Vision and Hearing Connection

The City of Chandler offers a vision benefit through Vision Service Plan (VSP) that covers eye exams, frames, lenses and contact lenses. Here's how it works:

1. Locate a provider in the VSP Signature Doctor network by calling **800-877-7195** or visiting VSP's website at **www.vsp.com**.  
**NOTE:** You have the option of visiting a non-VSP provider, but it will typically cost you more and you'll have to pay the provider in full at the time you receive services. You must submit your itemized receipts to VSP for reimbursement within 12 months.
2. Contact the vision provider and identify yourself as a VSP member who is a City of Chandler retiree.
3. The doctor will contact VSP to verify your coverage and obtain authorization for services.
4. VSP will pay the doctor directly for covered services and materials and you pay the difference. It's that easy! Keep in mind, if you visit a non-VSP provider, you will pay more AND you'll have to pay up front and submit a claim to VSP for reimbursement.
  - You can get new frames every two plan years.
  - You can get exams, new lenses and contacts every plan year.
  - No deductible; maximum benefit set by VSP.
  - Review the table below carefully.

| BENEFITS  | VSP PROVIDER  | NON-VSP PROVIDER  |
|---|---|---|
| Exam—one per plan year <sup>1</sup>                     | \$10 copay  | Plan pays up to \$50 after copay  |
| Frames <sup>2</sup> —every two plan years <sup>1</sup>  | \$15 copay in addition to the exam; covered up to \$160 allowance   | Plan pays up to \$70 after copay  |
| Lenses <sup>2</sup> —every plan year <sup>1</sup>       | \$15 copay  | Reimbursement ranges from \$50 to \$125 per pair depending on the type of lenses  |
| Contact lenses vs. glasses every plan year <sup>1</sup> | \$10 copay for the contact lens exam. Lenses covered up to \$160 allowance; 15% off contact lens fitting and evaluation | Reimbursement ranges up to \$105 per pair depending on the type of contact lenses |

<sup>1</sup> Plan year begins January 1 and ends December 31.

<sup>2</sup> Only one \$15 copay is required when lenses and frames are purchased at the same time.

**NOTE:** When you receive vision services, you will need to provide your Social Security number to verify eligibility and benefits.

### DISCOUNT ON HEARING AIDS

VSP Vision Care offers discounts on hearing aids through its partners, TruHearing®.

At no cost, you can sign up for the TruHearing MemberPlus program to receive discounts such as:

- Savings of up to 50% on hearing aids, based on model.
- Yearly comprehensive hearing exams for \$75.
- Up to three follow-up visits to get the fitting just right.
- Protection from loss or damage.
- Forty-eight batteries per purchased hearing aid.

You can learn more online at <https://www.truhearing.com/vsp/> or by calling **877-396-7194**.

### VSP DIABETIC EYECARE PLUS PROGRAMS

If you have diabetes, staying on top of your eye health is critically important. When you enroll in the vision plan, you can visit a VSP doctor as often as needed and only pay a copay for the diabetes-related services.

## Important Contact Information

| BENEFIT                                | PROVIDER NAME                              | POLICY NO.                                     | PHONE  | WEBSITE   |
|--|--|--|--|---|
| City of Chandler Human Resources       |  | N/A  | 480-782-2350   | <a href="http://www.chandleraz.gov/benefits">www.chandleraz.gov/benefits</a>      |
| Medical                                | Blue Cross Blue Shield of Arizona (BCBSAZ) | 28399  | 866-595-5993   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| Care Management                        | BCBSAZ                                     | 28399  | 877-694-2583   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| ESolutions (password help)             | BCBSAZ                                     | 28399  | 602-864-4844   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| Nurse On Call                          | BCBSAZ                                     | 28399  | 866-422-2729   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| Disease Management                     | BCBSAZ                                     | 28399  | 866-422-2729   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| Health Coaching                        | BCBSAZ                                     | 28399  | 866-422-2729   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| HealthyBlue Beginnings                 | BCBSAZ                                     | 28399  | 855-466-2229   | <a href="http://www.azblue.com">www.azblue.com</a>                                |
| <b>NEW</b> Mail Order Pharmacy Service | Optum RX                                   | 28399  | 866-325-1794   | <a href="https://catamaranhomedelivery.com">https://catamaranhomedelivery.com</a> |
| Health Savings Account (HSA)           | HealthEquity (24/7)                        |  | 866-960-8026   | <a href="http://www.healthequity.com">www.healthequity.com</a>                    |
| Dental                                 | Delta Dental of Arizona                    | 1193   | 602-938-3131 or<br>800-352-6132                          | <a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>                  |
| Vision                                 | Vision Service Plan (VSP)                  | 12-138410                                      | 800-877-7195   | <a href="http://www.vsp.com">www.vsp.com</a>                                      |
| Deferred Compensation                  | ICMA Retirement Corporation                | 301601   | 800-669-7400<br>(if you don't know<br>your PIN, press 0) | <a href="http://www.icmarc.org">www.icmarc.org</a>                                |
| Retirement Health Savings Plan (RHSP)  | ICMA Retirement Corporation                | 801217   | Local representatives:<br>888-883-8578                   |   |
| Pension Plan                           | Arizona State Retirement System            | Account #:<br>420120                           | 602-240-2000   | <a href="http://www.azasrs.gov">www.azasrs.gov</a>                                |
| Pension Plan                           | Public Safety Personnel Retirement System  | Account #:<br>For Fire: 004<br>For Police: 005 | 602-255-5575   | <a href="http://www.psprs.com">www.psprs.com</a>                                  |
| Reimbursement from RHSP                | Meritain Health Inc.                       | 801217   | 888-587-9441   | N/A   |



# **BENEFITS CONNECTION**

*knowing • choosing • living*

