



City of Chandler

BENEFITS CONNECTION

knowing • choosing • living

2017 BENEFITS CONNECTION GUIDE

...for active employees & their families

INSIDE

Get the details about the benefits available to you as a member of the City of Chandler Team. 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 medical, dental, vision, life insurance and retirement benefits and much more. 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.

Use your plans wisely and you'll get the most value from your benefits. Take the time to do your research and get your family involved. You can work together as a team to come up with the solution that will meet your needs and keep you and your family members healthy.

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.

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YOUR CONTRIBUTIONS

Your benefits contributions are made on a pre-tax basis. If you would like to have these contributions made on a post-tax basis, contact Human Resources at x2350 for the appropriate paperwork (the election cannot be made through Oracle Employee Self Service). If you have questions about the tax implications of this option, please consult with your tax advisor.

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 contact Human Resources for further assistance.

CALL	FOR
Human Resources (ext. 2350)	General information about enrollment.
Ruby Womack-Chappell (ext. 2346) Additional Contacts: Denisse Ruiz (ext. 2355) Stacey Finkelstein (ext. 2356)	Insurance plan enrollment and eligibility. General information about medical, dental, vision, voluntary life, FSA, EAP, home/auto insurance, HSA contribution changes, prepaid legal and tuition reimbursement.
Nichole Bombard (ext. 2376) Lynna Soller (ext. 2359)	Deferred compensation (457), City-paid life insurance, pension system questions (ASRS/PSPRS), Retirement Health Savings Plan (RHSP).
Carol Osterhaus (ext. 2371) Lynna Soller (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. Information on or questions about the Health Savings Account (HSA), ACA Compliance and Wellness Program.
Stacey Finkelstein (ext. 2356)	Comments or feedback regarding plan enrollment or eligibility.
Chris Jarosik (ext. 2372)	Long Term Disability, Short Term Disability, Family Medical Leave Act (FMLA).

AZBlue MOBILE APP

AZBlue is another innovative step by Blue Cross Blue Shield of Arizona to help improve the way your health care is made available through technology. Chandler employees and their families can access valuable information to make decisions directly from their smartphone. With AZBlue you can:

- Access your ID card and email it to your doctor's office right from the app
- Quickly locate the closest in-network urgent care provider
- Review your coverage summary for you and your family

Download the free application today through the Google Play Store (Android devices) and App Store (Apple devices). Simply search for "AZBlue" and download the app.



Connect to Your Health

Maintain your healthy choices and build new ones by participating in City of Chandler wellness events throughout the year. Connect with co-workers as you encourage each other towards better health, all while making health and wellness fun with motivational City of Chandler wellness rewards throughout the year

In addition, throughout the year you will have the opportunity to earn financial incentives by completing designated wellness activities.

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 or login to your azblue.com account and choose **Blue 365** under **Health & Wellness**.



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.

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
- On-Point Wellness Rewards
- An interactive website
- Nutrition programs
- Wellness resources
- Mobile on-site mammography
- Mobile prostate screenings
- Other screenings
- Onsite health coaching
- An employee discount at the Tumbleweed Recreation Center
- Onsite Yoga at Work

For more information about the Wellness initiatives, visit the Wellness page on Chanweb. 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.



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
- Drug Cost/Copay Calculator
- Nurse on Call
 - ✓ Telephone consultations with nurses 24/7
 - ✓ Wide variety of services online
- 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: primary care that is patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety for the patient.

For more information on the HealthyBlue programs, visit the BCBSAZ website at www.azblue.com or call **877-694-2583**.

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. 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. As an employee, you can continue to find information — including employee-only wellness activities — on Chanweb.



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 account and choosing Nurse on Call under Health & Wellness.

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.

Knowing—Eligibility

ELIGIBILITY

Eligibility for medical plan benefits include:

- A full-time budgeted employee averaging at least 30 hours of service per week
- A part-time budgeted employee averaging at least 20 hours of service per week
- A non-budgeted employee averaging at least 30 hours of service per week
- An Elected Official

Eligibility for dental plan, vision plan and other employee benefits include:

- A regular employee or initial probationary employee who works in a budgeted position averaging at least 20 hours of service per week
- An Elected Official

Note: All other employees are not eligible for these benefits.

IF BOTH YOU AND YOUR SPOUSE WORK FOR THE CITY

For medical, dental and vision plan benefits:

Eligible employees who are legally married to each other may both enroll as individuals, or one may enroll as an eligible dependent, but not both. Any eligible dependents may enroll as dependents of one employee or the other, but not both.

For life insurance benefits:

Each employee may have spouse and child life insurance coverage on the other employee/dependents. Each employee may have life insurance coverage on the same child.

ELIGIBLE DEPENDENTS

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 old¹, including your:
 - ✓ Biological or birth child
 - ✓ Legally adopted children (or a child placed for adoption with the employee)
 - ✓ Stepchild (when the parent is legally married to the eligible employee)
 - ✓ Foster child
 - ✓ Child under legal custody or legal guardianship of the employee
- 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 employee who has reached age 26, if the disabled child is unmarried, primarily supported by the employee and is capable of sustaining employment by reason of mental or physical disability—see Human Resources for more details.

¹ 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 within 31 calendar days of the event.

Examples of qualifying life events include:

- Marriage, divorce, death of spouse and annulment
- Birth, death, adoption and placement for adoption
- Change in employment status for you, your spouse or your dependent
- A significant cost change (up or down)
- 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.

MEDICAL	RED PLAN				BLUE PLAN				WHITE PLAN			
	Monthly			Employee per pay period	Monthly			Employee per pay period	Monthly			Employee per pay period
	Total premium	Employer 80%	Employee 20%		Total premium	Employer 80%	Employee 20%		Total premium	Employer 100%	Employee 0%	
Employee only	\$765.74	\$612.58	\$153.16	\$76.58	\$643.54	\$514.84	\$128.70	\$64.35	\$514.84	\$514.84	\$0.00	\$0.00
Employee + spouse	\$1,278.70	\$1,022.96	\$255.74	\$127.87	\$1,074.66	\$859.72	\$214.94	\$107.47	\$859.74	\$859.74	\$0.00	\$0.00
Employee + child(ren)	\$1,133.18	\$906.54	\$226.64	\$113.32	\$952.34	\$761.88	\$190.46	\$95.23	\$761.90	\$761.90	\$0.00	\$0.00
Employee + family	\$1,860.58	\$1,488.46	\$372.12	\$186.06	\$1,563.70	\$1,250.96	\$312.74	\$156.37	\$1,250.98	\$1,250.98	\$0.00	\$0.00

DENTAL	Monthly			Employee per pay period
	Total premium	Employer	Employee	
Employee only	\$51.00	\$51.00	\$0.00	\$0.00
Employee + one	\$83.00	\$58.00	\$25.00	\$12.50
Employee + two or more	\$135.00	\$67.50	\$67.50	\$33.75

VISION	Monthly			Employee per pay period
	Total premium	Employer	Employee	
Employee only	\$9.80	\$0.00	\$9.80	\$4.90
Family	\$21.26	\$0.00	\$21.26	\$10.63

NOTE: If you are in a non-pay status, you are still responsible for paying your monthly premium.

For voluntary term life rates, see the table on page 19.

Health Care and Dependent Care FSAs and HSA deductions are made on a 26 pay period contribution basis.

All other deductions (medical, dental, vision, etc.) are made on a 24 pay period contribution basis.



Keep Your Information Up to Date

Have you moved recently or are you planning to move? If so, make sure you update your address using Oracle Employee Self Service. 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. And don't forget, in Oracle Employee Self Service, you can access your current benefit elections and beneficiaries, as well as important documents related to your coverage.

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 or you won't pay a contribution at all. Consider your family's overall health situation in order to choose the plan that's right for you.



Know These Key Terms

TERM	DEFINITION
Coinsurance	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.
Copay	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.
Deductible	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.
Dependent Care Flexible Spending Account (DCFSA)	The DCFSA is used to pay expenses related to dependent day care services for your child(ren) under the age of 13 as well as older children or adults who are mentally or physically incapable of caring for themselves. See page 12.
Health Care Flexible Spending Account (HCFSA)	The HCFSA is used to pay for eligible health care expenses that are not already covered by your medical, dental or vision plans for you and your qualified dependents. When you enroll, you determine how much you want to contribute per paycheck to your FSA. The amount is then deducted from your pay before federal, state and Social Security (FICA) taxes are deducted, thereby reducing your taxable income. See page 12. White Plan participants may not enroll in the HCFSA.
Health Savings Account (HSA) (White Plan only)	A medical savings account available to taxpayers who are enrolled in a high-deductible health plan. When you enroll, you determine how much you want to contribute per paycheck to your HSA. The amount is then deducted from your pay before federal, state and Social Security (FICA) taxes are deducted, thereby reducing your taxable income. Funds must be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), funds roll over year to year if you don't spend them. You may not be reimbursed for expenses through the HSA unless the funds are in the account. White Plan participants only.
High Deductible Health Plan (HDHP)	A high-deductible health plan (HDHP) is a health insurance plan with lower premiums and higher deductibles than a traditional health plan. Being covered by an HDHP is also a requirement for having a health savings account.
In-network provider	A provider who contracts with the City's claims administrator, Blue Cross Blue Shield of Arizona, and provides a discount off their regular fees.
Out-of-pocket maximum (OOP)	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.
Preventive services	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. 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
Cost	Highest monthly premium, but lower deductible (see chart below)	Lower monthly premium, but higher deductible than the Red Plan (see chart below)	No monthly premium in 2017, but highest deductible (see chart below)
Flexibility to choose doctors	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.		
Prescription drugs	You pay a copay when you fill a prescription with an in-network pharmacy. Refer to out-of-network pharmacy description on the next page.	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 on the next page.	
In-network provider advantage	You save money when you choose in-network providers because you receive negotiated discounts for services.		
Protection	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
Deductible						
Member	\$250	\$500	\$500	\$1,500	\$1,500	\$4,500
Family	\$500	\$1,000	\$1,000	\$3,000	\$3,000	\$9,000
Out-of-Pocket Maximum						
Member	\$2,250	\$4,500	\$2,500	\$6,000	\$3,000	\$8,000
Family	\$4,500	\$9,000	\$5,000	\$12,000	\$6,000	\$16,000
Physician Services						
Primary care office visit	\$25 copay	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Adult physical exams	No charge	Not covered	No charge	Not covered	No charge	Not covered
Well-child care	No charge	Not covered	No charge	Not covered	No charge	Not covered
GYN (preventive care)	No charge	Not covered	No charge	Not covered	No charge	Not covered
Specialist office visit	\$40 copay	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Diagnostic Services						
X-ray	100% ¹	30% after deductible	100% ¹	40% after deductible	10% after deductible	30% after deductible
Complex radiology (MRI, MRA, CT Scan, PET Scan)	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Lab	100% ¹	30% after deductible	100% ¹	40% after deductible	10% after deductible	30% after deductible
Allergy tests and treatment	Applicable office visit copay applies	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Pap test (preventive)	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
Mammography (preventive)	No charge	30% (deductible waived)	No charge	40% (deductible waived)	No charge	30% (deductible waived)
Hospital Services						
Inpatient (including semi-private room and board and physician and surgeon charges)	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient surgery	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Emergency Services						
Hospital emergency room	\$100 access fee plus 10% after deductible		\$100 access fee plus 15% after deductible		10% after deductible	
Ambulance	No charge		No charge		10% after deductible	10% after deductible
Urgent care facilities	\$50 copay	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Other Facilities						
Skilled nursing facility	10% after deductible ²	30% after deductible ²	15% after deductible ²	40% after deductible ²	10% after deductible ²	30% after deductible ²
Home health care	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Mental Health Treatment						
Inpatient	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient (individual or group counseling)	No charge	30% after deductible	No charge	40% after deductible	10% after deductible	30% after deductible
Substance Abuse Treatment						
Inpatient	10% after deductible	30% after deductible	15% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient	No charge	30% after deductible	No charge	40% after deductible	10% after deductible	30% after deductible
Other Services						
Durable medical equipment	No charge	30% after deductible	No charge	40% after deductible	10% after deductible	30% after deductible
Prosthetics	No charge	30% after deductible	No charge	40% after deductible	10% after deductible	30% after deductible
Outpatient short-term rehabilitation (physical therapy)	\$40 copay ³	30% after deductible ³	15% after deductible ³	40% after deductible ³	10% after deductible ³	30% after deductible ³
Chiropractic care	\$35 copay ⁴	30% after deductible ⁴	15% after deductible ⁴	40% after deductible ⁴	10% after deductible ⁴	30% after deductible ⁴
Prescription Drugs						
Retail – Up to 30-day supply						
Level one	\$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
Level two	\$30 copay		\$30 copay		\$30 copay, after deductible	
Level three	\$50 copay		\$50 copay		\$50 copay, after deductible	
Level four	\$100 copay		\$100 copay		\$100 copay, after deductible	
Mail order – Up to 90-day supply	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay, after deductible	Not covered

¹ 100% 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.

² Annual limit of 240 days applies.

³ Annual 60 visit limitation (PT, OT, ST) applies.

⁴ Annual 20 visit limitation applies.

Knowing—About the HSA

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a savings account for health plan expenses. It's a place where you can keep some money on hand to cover your health care expenses. With the HSA, you can pay for visits to your doctor, braces for your kids, eye glasses or anything else health-care related. And, just like a savings account at your bank, it earns interest on the account funds and is protected by the FDIC.

Once dollars are in your HSA, they're yours forever. You don't have to use them all up in one year. Instead, the funds can continue to build and grow for use in the future, including after you retire or no longer work for the City. This is why we say the WHITE Plan can help you think about and plan for covering future health care needs.

NOTE: It is the member's responsibility to ensure that funds are used for qualified health care expenses. The City will take no liability or responsibility for monitoring, documenting or in any way substantiating the use of HSA funds.

WHO IS ELIGIBLE FOR AN HSA?

To be eligible for an HSA, you must only be covered by an HSA-compatible health insurance plan, not enrolled in Medicare and not claimed as a dependent on another person's tax return. Your eligibility to contribute to an HSA is determined on the first of each month. The White Plan is a qualified plan!

WHAT KINDS OF COVERAGE WOULD MAKE ME HSA INELIGIBLE?

Any health plan that is not an HSA-compatible plan would make you ineligible to contribute to an HSA. This includes coverage under a spouse's plan which is not an HSA-compatible plan and enrollment in a General Medical Flexible Spending Account or Health Reimbursement Account.

BE AWARE: Consult your tax advisor if you have questions prior to enrolling.

HSA TAX ADVANTAGES

You also enjoy triple tax advantages with an HSA. The amount you contribute is deducted from your pay before federal, state and Social Security (FICA) taxes are deducted, thereby reducing your taxable income. You do not pay taxes on the interest you earn on the account and you do not pay taxes when you use HSA funds to cover qualified medical expenses. You should know there are limits on how much you can contribute to an HSA each year.

The federal government sets the contribution limits and usually adjusts them each year. For 2017, the limit is \$3,400 for individual and \$6,750 for all other tiers. If you're 55 years old or older, you can contribute an additional \$1,000/year over the individual and family limits. This limit includes any employer money deposited on your behalf.

CAUTION: You can take money out of your HSA any time, but you will pay penalties and taxes if those funds aren't used for qualified health care expenses. The City recommends you talk with your tax advisor about joining an HDHP with HSA.

Remember, it is your responsibility to assure that you are an "HSA eligible" individual while contributions are made to your HSA. You are also responsible for monitoring your contributions to ensure they remain within the annual contribution limits. The plan administrator does not provide tax advice and no inference may be made that the information contained here constitutes tax advice.

The information contained in this document is for general guidance only and is subject to change due to changes in IRS rules and regulations. You should consult a qualified tax advisor with regard to any questions you may have about the tax effects of an HSA on your individual circumstances. The plan administrator assumes no responsibility for the accuracy of tax statements expressed in this document in relation to an individual's tax situation.

To learn more about Health Savings Accounts, visit www.healthequity.com/hsalearn.



You can also get easy, on-the-go access to all of your HSA information by using the HealthEquity mobile app. Download the app for free at the Apple App Store or Google Play.

Choosing—Is an FSA Right For You?

FLEXIBLE SPENDING ACCOUNTS (FSA)

There are many good reasons for signing up for a Flexible Spending Account (FSA). FSAs allow you to set aside some of your pay on a pre-tax basis and then you can use that money to pay for health care or dependent care-related expenses you would pay for anyway.

If you are not enrolled in the White Plan, any employee can elect the Health Care FSA (HCFSA) to budget for and pay qualified health expenses. **You cannot enroll in an HCFSA if you enroll in the White Plan.**

Any employee can also enroll in a Dependent Care Flexible Spending Account (DCFSA), which allows you to pay for qualified dependent care expenses (childcare, etc.) so you can work.

NOTE: Our FSAs are administered by Flexible Benefits Administrators, Inc. (FBA).

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

The HCFSA is used to pay for eligible health care expenses that are not already covered by your medical, dental or vision plans for you and your qualified dependents. When you enroll, you determine how much you want to contribute per paycheck to your FSA. The amount is then deducted from your pay before federal, state and Social Security (FICA) taxes are deducted, thereby reducing your taxable income.

You are allowed to contribute up to \$2,500 a year to your HCFSA, subject to the following limitations:

- If you and your spouse file taxes separately, your maximum contribution is \$2,500.
- If your spouse also has a HCFSA through his or her job, your combined contributions cannot exceed \$2,500.

When you have an eligible expense, you can use your debit card or file a claim to be reimbursed from your FSA. And here's the great part—you're not required to have the full amount in your account to cover an expense. As soon as you begin contributing to your FSA, you can draw on your full yearly election even if you have not yet contributed enough to cover your expenses!

When you access or work with your FSA(s), you will need to use your COC employee ID number and the employer ID "COCH" to register.



PAYING FOR YOUR PURCHASES

When you enroll in the Health Care FSA, you will receive a special FBA debit card to pay your eligible expenses, including deductibles, copayments, coinsurance, prescription drug costs and your dental and vision expenses. At the time of service, simply use your FBA debit card to pay. The money is then automatically deducted from your HCFSA so you don't have to file a claim form and wait to be reimbursed. It's that easy!

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

The DCFSA is used to pay expenses related to dependent day care services for your child(ren) under the age of 13 as well as older children or adults who are mentally or physically incapable of caring for themselves. Typical eligible expenses include payments to a person providing care in a day care center, nursery school, or your home.

You may contribute up to \$5,000 a year to your DCFSA, subject to the following limitations:

- If you and your spouse file taxes separately, your maximum contribution is \$2,500 (married filing separately) or \$5,000 (married filing jointly).
- If your spouse also has a DCFSA through his or her job, your combined contributions cannot exceed \$5,000.
- If your spouse is disabled or a full-time student, your contributions cannot exceed \$200 per month if you have one child or \$400 per month if you have two or more children.

NOTE: Under the DCFSA, you must have the funds available in your account before you can submit a request for reimbursement.

KNOWING—KEEP YOUR RECEIPTS!

You may be asked by FBA to validate a purchase, so it's important you keep your receipts. Under IRS rules, all payments must be validated to ensure they are eligible health care expenses. If you cannot prove it was for a health care related expense, you may be asked to reimburse your FBA account.



NEED HELP? LOG ON!

FBA offers a comprehensive website for participants. Simply log in to www.myhealthcareonline.com/fba to get information about the plan, set up your account, obtain forms, request direct deposit of your FSA reimbursements, track your claims and balances, and find plan information about eligible expenses.

You can also visit the IRS website at www.irs.gov for a complete list of eligible expenses and any limitations that apply. If you still need help, feel free to contact FBA directly at **800-437-3539**.

CHOOSING—IS AN FSA RIGHT FOR YOU?

Here is some important information you need to have before you decide to enroll in a flexible spending account:

- The minimum annual contribution is \$250 and the maximum is \$2,500 for a Health Care Flexible Spending Account (HCFSA) and up to \$5,000 for a Dependent Care Flexible Spending Account (DCFSA).
- **You must re-enroll every year.**
- For the 2017 plan year, you can incur eligible expenses from January 1, 2017 until March 15, 2018. This allows you 14½ months to use your 12-month election.
- Visit www.myhealthcareonline.com/fba for a comprehensive list of drugs that are reimbursable.
- Most over-the-counter medications are not eligible for reimbursement unless you have a prescription from your doctor.
- Review IRS Publication 502 for eligible/non-eligible expenses.
- If you pay for an expense and do not use your FBA card, submit your claims to FBA no later than March 31, 2018.
- **You cannot enroll in the HCFSA if you enroll in the White Plan.**

You can also manage your HCFSA and DCFSA by downloading the mobile app from FBA to your iPhone or Android. With the FBA mobile app, you can:

- Check account details
- Upload receipts by taking a photo
- View recent transactions
- View account notices and alerts
- Confirm reimbursements

Get the most up to date information any time, any place!



AN FSA IS A SMART WAY TO SAVE!

An FSA can help reduce your taxes and increase your take-home pay — giving you extra dollars for the things you really want. **You cannot enroll in an HCFSAs if enrolled in the White Plan.**

Here are some examples of how your savings can increase your take-home pay.

EXAMPLE #1	EXAMPLE #2	EXAMPLE #3
Salary: \$25,000	Salary: \$40,000	Salary: \$60,000
Health Care FSA contribution: \$1,500	Health Care FSA contribution: \$1,750	Health Care FSA contribution: \$2,000
Take-home pay increase: \$341 ¹	Dependent Care FSA contribution: \$4,000	Dependent Care FSA contribution: \$4,500
	Take-home pay increase: \$1,303 ²	Take-home pay increase: \$1,473 ²

Examples are based on federal and Social Security tax for 2016. This may vary depending on your state and local taxes.

¹ Based on single filing status.

² Based on married filing jointly with two dependents (including spouse).

Please be advised that these projections are only estimates of tax information and should not be assumed to be tax advice; they are intended for illustrative purposes. Be sure to consult a tax advisor to determine the appropriate tax advice for your situation.

ESTIMATE YOUR EXPENSES—AN EFFECTIVE STRATEGY

Use the handy worksheets below to help you estimate your expenses for the year. This will help you determine how much you should contribute to each account given your personal needs.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKSHEET	
Expense	Amount
Estimate your out-of-pocket medical expenses for you and your family	
Deductibles	\$
Co-pay or coinsurance for office visits and other services	\$
Prescription drug deductible and co-pay	\$
Your cost for care not covered by the plan	\$
Estimate your out-of-pocket dental expenses for you and your family	
Deductible	\$
Your share of upcoming costs for:	\$
• Basic services	\$
• Major services	\$
• Orthodontia	\$
Your cost for extra dental cleanings or care not covered	\$
Estimate your out-of-pocket vision expenses for you and your family	
Vision exams and/or the cost of glasses, prescription sun glasses or contacts not covered by the plan	\$
Total expenses	\$
Divide total expenses by 26 to determine how much to contribute each pay period	\$

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 in-network 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 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 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	\$2,000 per person for basic and major services <ul style="list-style-type: none"> All Preventive services do not contribute to the calendar year maximum All basic and major services contribute to the calendar year maximum Orthodontia has a separate lifetime maximum benefit of \$2,000 per individual

ROUTINE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
Covered at 100%	Covered at 80%	Covered at 70%	Covered at 50%
Diagnostic <ul style="list-style-type: none"> Exams, evaluations or consultations (twice in a benefit year) X-rays <ul style="list-style-type: none"> Full mouth/Panorex or vertical bitewings (once in a three-year period) Bitewing (twice in a benefit year) Periapical Preventive <ul style="list-style-type: none"> Routine cleanings (limited to twice¹ 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) Topical application of fluoride (children through age 17, twice a benefit year) Space maintainers (for missing posterior primary 'baby' teeth up to age 14) Third cleaning benefit¹ 	Restorative <ul style="list-style-type: none"> Fillings <ul style="list-style-type: none"> Silver amalgam, synthetic white fillings (once per surface every two years) Stainless steel crowns (for primary 'baby' teeth only) Sealants for children (once per three-year period for permanent molars and bicuspid through age 18) Oral surgery: Extractions, general anesthesia (for surgical extractions or other surgical procedures performed in a dental office) Endodontics <ul style="list-style-type: none"> Root canal treatment (permanent teeth) Pulpotomy (primary 'baby' teeth) Periodontics <ul style="list-style-type: none"> Treatment of gum disease (non-surgical, once every two years; surgical, once every three years) Emergency <ul style="list-style-type: none"> Treatment for the relief of pain and limited prescriptions 	Prosthodontics <ul style="list-style-type: none"> Bridges Partial dentures Complete dentures Restorative <ul style="list-style-type: none"> Crowns Onlays Bridge and denture repair <ul style="list-style-type: none"> Repair of such appliances to their original condition including relining of dentures Replacement <ul style="list-style-type: none"> 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 Implants <ul style="list-style-type: none"> Limitations apply 	Benefits for adults and children <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>

¹ 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 employee.
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 ¹	\$10 copay	Plan pays up to \$50 after copay
Frames ² —every two plan years ¹	\$15 copay in addition to the exam; covered up to \$160 allowance	Plan pays up to \$70 after copay
Lenses ² —every plan year ¹	\$15 copay	Reimbursement ranges from \$50 to \$125 per pair depending on the type of lenses
Contact lenses vs. glasses every plan year ¹	\$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

¹ Plan year begins January 1 and ends December 31.

² 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 use COC + your employee number: COC####.

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.

Your Insurance and Retirement Connection

The City of Chandler provides you with basic life and accidental death and dismemberment (AD&D) coverage at no cost to you to provide financial protection for your loved ones.

BASIC LIFE AND AD&D INSURANCE

As a City of Chandler employee, you automatically receive basic life and AD&D coverage for yourself in the amount of one times your annual salary. The minimum insurance amount is \$50,000 (if you make less than that per year) and the maximum amount is \$200,000.

If your death is due to a motor vehicle accident and you were wearing your seatbelt, your beneficiary(ies) receives an additional 10 percent in coverage (up to a maximum of \$25,000). AD&D insurance covers you in the event you lose a limb, your sight, hearing or speech in an accident. Your AD&D coverage terminates at retirement. You have the option to continue a portion of basic life coverage when you retire from the City.

COMMUTER INSURANCE (GROUP TRAVEL ACCIDENT)

The commuter insurance plan offers you coverage in the event you lose your life in an accident while traveling to and from work, or traveling on City business. Your beneficiary(ies) receives \$200,000 and an additional \$20,000 if you were wearing your seat belt. This coverage is paid 100% by the City.

CHOOSING—BENEFICIARIES

Always make sure your beneficiary information for your life insurance and retirement plans is up-to-date. It's an important step in making sure your wishes are met. You can update your beneficiaries for life insurance in Employee Self Service. You must contact the retirement system and ICMA-RC directly to update beneficiaries with them.

VOLUNTARY TERM LIFE INSURANCE

Want additional insurance for you and your family? The voluntary term life plan through VOYA Financial, Inc. allows you to purchase additional life insurance coverage for yourself, your spouse and your children.

Coverage for You

- Available in increments of \$10,000
- Minimum insurance amount: \$10,000
- Maximum insurance amount: \$500,000 or five times your salary, whichever is less

Coverage for Your Spouse

- Available in increments of \$5,000
- Minimum insurance amount: \$5,000
- Maximum insurance amount: 50 percent of your employee amount

Coverage for Your Children

- \$10,000/child

Benefit amounts reduce to 65 percent of the original coverage amount when the insured reaches age 70, and to 50 percent when the insured reaches age 75. Your voluntary term life coverage is portable. This means if you change jobs or retire, you can apply for coverage until you reach age 70.

KNOWING—OTHER BENEFITS FROM VOYA

- **Funeral Planning and Concierge Services:** Everest, an independent consumer advocate, will be available to aid you in funeral planning for yourself and eligible family members. Funeral Planning and Concierge Services provided by Everest Funeral Package, LLC, Houston, TX 77056. Services are not available to residents of all states.
- **VOYA Travel Assistance:** You and your dependents will have access to pre-trip information and emergency personal and medical services when traveling more than 100 miles from home. VOYA Travel Assistance services provided by Europ Assistance USA, Bethesda, MD 20814. Services are not available to residents of all states.

If you are enrolling for the first time, you may need to complete the insurer's evidence of insurability (EOI) application. A separate EOI application must be completed for each person that requires underwriting. Contact Human Resources if you require an EOI.

This is a summary of benefits only. Please refer to your certificate for a complete description of benefits, limitations and exclusions.

KNOWING—MAXIMUM COVERAGE, NO QUESTIONS ASKED

If you are a new hire:

- **Employee:** When you are initially eligible for coverage, you can elect up to the maximum guaranteed issue amount of \$120,000 without having to answer questions relating to your health.
- **Spouse:** When you are initially eligible for coverage, you can elect up to the maximum guaranteed issue amount of \$60,000 (50 percent of the employee election) without having to answer questions relating to your spouse's health.
- **Children:** When you are initially eligible for coverage, you can elect up to the maximum guaranteed issue amount of \$10,000 per child without providing proof of good health on your children.

WHAT YOU PAY FOR PROTECTION

How much you pay toward the cost of your coverage depends on your age, the amount of insurance you elect and whether or not you or your spouse use tobacco products. You only pay one premium for child coverage regardless of the number of children you cover.

VOLUNTARY TERM LIFE INSURANCE MONTHLY RATES

To calculate the monthly premium, select the appropriate category and find the correct age bracket in the table below. Age should be determined as of January 1, 2017. Multiply the "Rate per \$1,000" by the number of \$1,000 increments being purchased.

For example, you are a 35-year-old non-tobacco user electing \$25,000. Your cost is $25 \times \$0.09 = \2.25 per month.

VOLUNTARY TERM LIFE INSURANCE MONTHLY RATES

To calculate the monthly premium, select the appropriate category and find the correct age bracket. Age should be determined as of January 1, 2017. Multiply the "Rate per \$1,000" by the number of \$1,000 increments being purchased.

For example, you are a 35-year-old non-tobacco user electing \$25,000. Your cost is $25 \times \$0.09 = \2.25 per month.

Employee (Non-tobacco user)											
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate per \$1,000	0.034	0.048	0.058	0.07	0.09	0.14	0.218	0.402	0.80	1.32	1.964
Spouse (Non-tobacco user)											
Rate per \$1,000	0.024	0.034	0.042	0.054	0.07	0.126	0.168	0.36	0.64	0.972	1.546
Employee (Tobacco user)											
Rate per \$1,000	0.048	0.07	0.082	0.106	0.144	0.234	0.374	0.676	1.03	1.55	2.22
Spouse (Tobacco user)											
Rate per \$1,000	0.034	0.05	0.06	0.082	0.114	0.187	0.29	0.492	0.707	1.152	1.629
Child ¹ rate is 0.123 per month per \$1,000 of coverage regardless of the number of eligible children covered.											

The rates shown are guaranteed through 12/31/2017.

¹ Children may be covered through the end of the month they turn 26.

KNOWING—SHORT-TERM AND LONG-TERM DISABILITY

Even if you're just planning a trip around the block, it helps to be protected from the unexpected. That's what you do when you protect yourself from the unforeseen with disability insurance. If you find yourself in a situation where you can't work, the short-term disability (STD) and long-term disability (LTD) plans replace a portion of your lost income if you qualify and are a regular-status employee. For additional details on the plans, please refer to the policy under Benefits on Chanweb.

Short-Term Disability (STD) Plan:

If you are approved for short-term disability, this benefit will replace $66\frac{2}{3}$ percent of your pay. Benefits begin on the 60th day of disability or when all of your sick time is exhausted, whichever is later. Benefits end on the 180th day of your disability.

Matrix Absence Management can help you with your STD claim. Call **866-533-3438**.

Long-Term Disability (LTD) Plan:

If you are approved for this benefit and your disability continues beyond 180 days, you receive $66\frac{2}{3}$ percent of your pay until you are no longer disabled or you become eligible for retirement, whichever occurs first.

KNOWING—FAMILY AND MEDICAL LEAVE

The Family and Medical Leave Act (FMLA) is a federal law that provides employees the right to take a leave of absence for their own or an eligible family member's health condition or approved military reason, while maintaining job protection. It is the City of Chandler's policy to grant up to 12 weeks of family and medical leave for basic leave and military qualifying exigency leave and up to 26 weeks of family and medical leave for military caregiver leave during a rolling 12-month period to eligible employees in accordance with FMLA. Employees should contact Matrix Absence Management to file for FMLA at **866-533-3438** or online at **www.matrixeservices.com**.

KNOWING—RETIREMENT BENEFITS

Saving early can help you reach your retirement goals so you can maintain your current lifestyle and live your dreams. The City offers you three ways to save for your retirement.

1. Arizona State Retirement System and Public Safety Personnel Retirement System

The City makes sizable contributions on your behalf to your retirement system. These are combined with your contributions to provide a valuable source of future income.

2. Retirement Health Savings Plan (RHSP)

Offered through ICMA Retirement Corporation (ICMA-RC), the RHSP was established by the City to assist employees in saving money for health care expenses during retirement. While you are employed, the City will contribute \$15 per pay period (\$390 per year), which will be deposited into your RHSP account on a tax-free basis. In addition, if you have excess vacation that is subject to forfeiture, you may have vacation hours¹ converted to cash and deposited in your account. (Note: The deposited amount is not considered compensation with ASRS or PSPRS.)

If you retire from the City or are approved for LTD benefits within 180 days of separation, and are eligible to retire at separation:

- 50 percent of any remaining sick leave will be deposited into your account tax-free.
- With five or more years of City service, \$800 for every year of service will be deposited into your RHSP account.

¹ Up to 60 hours per year or equivalent as computed under the rule addressing fire personnel working more than a 40-hour work week.

RHSP ELIGIBILITY

A participant must be at least age 50 for benefit reimbursement eligibility, which will apply to those employees or elected officials who are vested in the Plan (five or more years of service) and separate from City service without retiring. A participant may start receiving reimbursement prior to age 50 if they retire from one of the state retirement systems (ASRS or PSPRS).

THE DEFERRED COMPENSATION PLAN [457(B)]

ICMA-RC administers the plan. Not only does the plan offer you an additional way to set aside part of your salary tax free, but now you may also set aside dollars that have already been taxed into a Roth 457 option. You may want to speak with a financial advisor about the pros and cons of pre-tax and after-tax retirement savings to decide which option is right for you.

You can select funds for your account investments from a robust lineup of options and you have an option to open a brokerage account. The City, in partnership with ICMA-RC, is committed to providing transparency about fees charged to your account to help pay for maintaining it. So you can count on fee disclosure notices to help you understand what is being charged and what it's being used for. Remember, there are some IRS limits on how much you can contribute to the plan.

KNOWING—USE WWW.ICMARC.ORG

ICMA-RC offers a comprehensive website that allows you to:

- View your account balance
- Manage your allocation of funds
- View information concerning the performance of various funds
- Update your personal information, such as your address and telephone number and beneficiaries.
- Remember, you must update your information with ICMA-RC in addition to updating your benefits in Oracle Self Service. To get access, simply log on to www.icmarc.org and register.

THREE THINGS TO REMEMBER...

1. The money in your RHSP cannot be used until after you leave the City and meet the eligibility criteria.
2. A “qualified beneficiary” as defined by the IRS is a surviving spouse or eligible dependent. In the event of your death, the RHSP funds can only be transferred to a qualified beneficiary. The funds cannot be left to an ex-spouse, an ineligible child (e.g., your child age 26 or older), a parent, brother, sister, aunt, uncle, etc.
3. Always make sure the beneficiary information for your life insurance and retirement plans is up-to-date.

CHOOSING—MAXIMIZE YOUR CITY-PAID DEFERRED COMPENSATION CONTRIBUTIONS

If you are in an employee group that is eligible for a City contribution toward your 457 plan, that amount, plus your own deferrals, will count toward the overall annual maximum for the tax calendar year.

In 2016, the IRS limit for elective deferrals to a 457 deferred compensation plan is \$18,000 for those under age 50. Employees age 50 or older may contribute up to an additional \$6,000, for a total of \$24,000. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of \$36,000. Please note, the IRS has not confirmed the contribution limit for 2017, therefore limits may change.

If you want to have the maximum annual amount deferred into your 457 account while enjoying the full benefit of the City's contributions, we encourage you to closely manage your account regularly. This may help you avoid reaching the maximum IRS contribution before the end of the year. If that happens, you won't be able to take full advantage of the remaining City contributions, so consider adjusting your deferrals throughout the year to avoid reaching the annual maximum before the last pay period of the tax year.

PLEASE NOTE: The City of Chandler, the ICMA-RC and its affiliates to include TD Ameritrade, are NOT responsible for your investment choices and/or any investment action you may take.

KNOWING—EXTRA BENEFITS!

The following additional benefits are available to you anytime during the year or as you need them.

EMPLOYEE NETWORK DISCOUNTS

All City employees are members of the Employee Network, which entitles you to great savings and discounts at many merchants and entertainment venues. Go to www.employeenetwork.com for additional details and discounts.



PRIOR PUBLIC OR MILITARY SERVICE? READ THIS!

You may be eligible to purchase prior public sector service through ASRS or PSPRS if you worked for a public sector employer or served in the military before joining the City of Chandler. If so, and you purchase that service, you may be able to retire earlier than you planned and/or receive a higher monthly pension when you retire. Please call your retirement plan to inquire or go to their website for more information on this valuable option.

AUTO AND HOME INSURANCE

The City offers group coverage through Liberty Mutual's Group Savings Plus® program, which features auto, home and other personal insurance. Because it is offered on a group basis, your coverage may cost you less than if you were to purchase it on your own.

- **Valuable Possessions Coverage.** Additional protection for your possessions, such as jewelry, fine art, silver and musical instruments.
- **Personal Liability Protection.** An additional layer of coverage that picks up where your home and auto policies leave off.
- **Other Personal Insurance.** Includes coverage for motorcycles, recreational vehicles, motorboats and seasonal dwellings. You also receive discounts that save you money on your insurance, around-the-clock claims service, guaranteed rates for 12 months and much more!

You can enroll for this benefit any time during the year.

To obtain a free quote, call Liberty Mutual at **480-857-8662 ext. 55955**. Don't forget to ask Liberty Mutual to have your premiums deducted from your paycheck!

PET INSURANCE

The City of Chandler is pleased to offer you the option of enrolling in pet insurance through Nationwide. With Nationwide Pet Insurance you can be reimbursed up to 90% for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations and more. There are no age limits or age-based premium increases, and it covers many items other policies do not such as spay/neuter, hereditary conditions, prescription therapeutic diets and dental.

Nationwide offers two plans. Both have a \$250 annual deductible and a \$7,500 maximum annual limit. In addition, Nationwide offers unlimited, 24/7 access to veterinary professionals via helpline—a free online service. To learn more about both plans and get a quote for your pet today, visit www.PetsNationwide.com.

EMPLOYEE ASSISTANCE PLAN—E4 HEALTH

Everyday life can be overwhelming as you juggle work and personal responsibilities— not to mention the unexpected issues that occasionally pop up. The Employee Assistance Plan (EAP) is offered through E4 Health at no cost to you and is a confidential counseling and referral service that is available 24 hours a day, 365 days a year to you and members of your household.

The EAP offers a wealth of resources and can help you deal with a wide range of challenges, including:

- Care for children, family members or pets.
- Lifestyle planning (new parent coaching, weight management, smoking cessation, stress management, etc.)
- Home maintenance and repair.
- Travel and recreation.
- Housing and relocation.
- Volunteering.
- Event and party planning.
- Financial and legal counseling.
- In-person and telephonic counseling (up to 10 sessions per issue per year) to address family/relationship concerns, depression, anxiety, grief, substance use, etc.

To speak to an EAP counselor, call **800-227-2195**. For more details, you can also visit **www.helloe4.com**.

TUITION REIMBURSEMENT

Available to all regular employees of the City, this plan offers reimbursement for courses taken at a fully accredited school or other City-approved education programs.

- up to \$5,000 – regular full-time
- up to \$3,250 – regular part-time

NOTE: The courses or training must be in an area related to a City career field and meet the City's eligibility requirements.

For more details, refer to the Tuition Reimbursement Policy on Chanweb or call Human Resources at ext. **2350**.

SHORT-TERM DISABILITY "GAP" PROGRAM

The STD "Gap" Program, through Colonial Life, is a voluntary benefit that gives you additional protection in the event you don't have enough leave hours to carry you through the City-sponsored STD waiting period (59 days) and/or you want another source of income during your period of disability. The STD "Gap" Program does not replace the City's STD plan.

Here are some highlights of the coverage you can purchase:

- Coverage is for off-the-job illnesses or injuries.
- The benefit period is three months and can begin on the first day of disability or the 14th day, depending on the waiting period you choose.
- There are four waiting periods to pick from (first number is for accidents and the second number is for illnesses): 0/7days, 7/7 days, 0/14 days, 14/14 days.
- The program pays regardless of any other insurance or source of income.
- You may customize your coverage to better suit your needs.
- If you're between the ages of 17 and 69, you can apply for this benefit.
- A payment of \$400 up to \$3,000 per month, tax-free, may be chosen (not to exceed 60 percent of your income).

The most common reasons to enroll in the STD "Gap" Program include:

- Cancer
- Childbirth
- Heart attacks
- Muscle or bone disorders
- Nervous system disorders
- Strokes

You can enroll for this benefit any time during the year.

Your coverage begins on the date your application is approved and your premiums must be paid via your personal banking account, not through payroll deduction. You may keep the coverage until you reach age 70 without an increase in what you pay for it. Also, if you leave the City, you can keep your coverage.

NOTE: Claims are handled directly by Colonial Life and not through the City.

To obtain a free quote, call the City's Colonial Life representative at **602-433-8144**.



LEGALSHIELD AND IDSHIELD

LegalShield offers you, your spouse and eligible dependent children with a nationwide network of legal experts who will assist you with your day-to-day legal needs. IDShield provides employees, their spouse and up to eight eligible dependent children up to the age of 18 with privacy monitoring, security monitoring, consultation and identity recovery services.

Included with your plan benefits are:

- Personal legal advice.
- Legal contract and document review.
- Letters written on your behalf.
- Preparation of a will and living will.
- Help with moving traffic violations.
- Assistance with debt collection/credit issues.
- Help with mortgage, refinance or short sales.
- Trial defense services.
- Continuous credit monitoring and identity theft restoration.

And much more. **You can enroll in these plans any time throughout the year.**

To enroll, simply contact the City's LegalShield representative at **602-617-3209** or enroll online at **www.legalshield.com/info/chandleraz**.

Your payments for these plans are made directly to LegalShield.

Monthly Premiums

	INDIVIDUAL	FAMILY
LegalShield	\$16.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$25.90	\$33.90

Important Contact Information

BENEFIT	PROVIDER NAME	POLICY NO.	PHONE	WEBSITE
City of Chandler Human Resources		N/A	Ext. 2350	Chanweb Click on Divisions » Human Resources » Benefits www.chandleraz.gov/benefits
Medical	Blue Cross Blue Shield of Arizona (BCBSAZ)	28399	866-595-5993	www.azblue.com
Care Management	BCBSAZ	28399	877-694-2583	www.azblue.com
ESolutions (password help)	BCBSAZ	28399	602-864-4844	www.azblue.com
Nurse On Call	BCBSAZ	28399	866-422-2729	www.azblue.com
Disease Management	BCBSAZ	28399	866-422-2729	www.azblue.com
Health Coaching	BCBSAZ	28399	866-422-2729	www.azblue.com
HealthyBlue Beginnings	BCBSAZ	28399	855-466-2229	www.azblue.com
NEW Mail Order Pharmacy Service	Optum RX	28399	866-325-1794	https://catamaranhomedelivery.com
Health Savings Account (HSA)	HealthEquity (24/7)		866-960-8026	www.healthequity.com
Dental	Delta Dental of Arizona	1193	602-938-3131 or 800-352-6132	www.deltadentalaz.com
Vision	Vision Service Plan (VSP)	12-138410	800-877-7195	www.vsp.com
Life Insurance	VOYA, Financial, Inc.	67475-3	Customer Service: 800-537-5024 Life Claims: 888-238-4840	www.voya.com
Deferred Compensation	ICMA Retirement Corporation	301601	800-669-7400 (if you don't know your PIN, press 0)	www.icmarc.org
Retirement Health Savings Plan (RHSP)	ICMA Retirement Corporation	801217	Local representatives: 888-883-8578	
Flexible Spending Accounts (FSAs)	Flexible Benefits Administrators, Inc. (FBA)	N/A	800-437-3539	www.mywealthcareonline.com/fba
Family and Medical Leave Act (FMLA)	Matrix Absence Management	N/A	866-533-3438	www.matrixeservices.com
Pension Plan	Arizona State Retirement System	Account #: 420120	602-240-2000	www.azasrs.gov
Pension Plan	Public Safety Personnel Retirement System	Account #: For Fire: 004 For Police: 005	602-255-5575	www.psprs.com
Employee Assistance Plan (EAP)	E4 Health Inc	N/A	800-227-2195	www.helloe4.com
Employee Discount Program	The Employee Network	N/A	N/A	www.employee-network.com
Auto and Homeowners Insurance	Liberty Mutual	N/A	480-483-8467 Ext. 55955	www.libertymutual.com/tinakawar
Legal Shield	Legal Shield	N/A	602-617-3209	www.legalshield.com/info/chandleraz
Short-Term Disability	Matrix Absence Management	N/A	866-533-3438	N/A
STD "Gap" Program	Colonial Life	N/A	602-433-8144	www.coloniallife.com
Pet Insurance	Nationwide Pet Insurance	N/A	877-738-7874	www.PetsNationwide.com
Workers' Compensation	Corvel 24/7 To report injury/accident	N/A	877-764-3574	N/A



BENEFITS CONNECTION

knowing • choosing • living

