



Retiree Guide

INSIDE

Read on for details about the benefits available to you as a retiree of the City of Chandler team. This guide is sponsored by Blue Cross Blue Shield of Arizona.





TRAVELING DOWN THE *benefit highway*

The City of Chandler cares about you and your family. We know each individual seeks a different health care path, so we offer a variety of health plans.

As you travel with us down the benefit highway, you will need to consider which course makes the best sense to you. Carefully review this guide, attend the Open Enrollment meeting 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 new options.

The Retiree Open Enrollment meeting is Thursday, October 15 at 10 a.m. in the City Council Chambers. Open Enrollment runs from November 2 – November 16 for the period of January 1 through December 31, 2016.

The Red, White and Blue health plans are the property of the City of Chandler's self-funded health program.

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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TOUR GUIDES

When you have questions, there are several folks ready to point you in the right direction. First, you can call your carriers directly. You can find a list of their website addresses and phone numbers on the back cover of this guide. If your issue isn't resolved, then contact Human Resources for further assistance. Below is a list of your Human Resources staff so you know who to contact for help with your questions.

CALL	FOR
Human Resources (480-782-2350)	General information about enrollment.
Chris Jarosik (480-782-2372) Lynna Soller (480-782-2359)	Medical, dental, vision and life insurance, retirement plans, RHSP and retirement systems.
Carol Osterhaus (480-782-2371) Lynna Soller (480-782-2359)	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 Wellness programs.
Rae Lynn Nielsen (480-782-2353)	Comments or feedback regarding benefit administration.

MEDICARE PART D

If you (and/or your dependents) are eligible for Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the insert in your enrollment packet. It verifies prescription drug coverage under all of the City of Chandler medical options are considered "creditable coverage" for your eligibility for Medicare Part D coverage.



GET MOVING

Chandler

The City of Chandler is committed to helping you get all the information you need to know about your health status now and how you can improve it moving forward. You're in the driver's seat, traveling toward a healthy future when you take advantage of these programs. Once a year, you have an opportunity to complete a Biometric Screening and Health Assessment.

KNOW YOUR NUMBERS — GET A BIOMETRIC SCREENING

Even if you feel healthy and great right now, what you don't know can hurt you. That's why the City's Annual Biometric Screening is available to 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.

WELLNESS EVENTS ARE ONLINE

Make sure your family knows they can get the latest information about Wellness events and resources at: www.chandleraz.gov/wellness. The Wellness Committee wants to make it as easy as possible for your family to stay informed about how the City is supporting your efforts to live healthier.

KNOW WHERE YOU STAND — COMPLETE YOUR HEALTH ASSESSMENT

When you complete a Biometric Screening, you get hard data that tells you the status of your blood pressure or cholesterol levels. Then, when you complete a Health Assessment, you assess what lifestyle behaviors might be causing any undesirable results or confirm just how well you have taken care of yourself.

When you know where you stand — then you know what you can do to maintain or improve these numbers. A Health Assessment will:

- Provide you with a snapshot of your current health status
- Enable you to monitor your health status over time
- Help you evaluate your readiness to change
- Help you engage in health management
- Provide you and your dependents a health coach if you choose

ROAD SIGNS

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 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 at www.chandleraz.gov/wellness. 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. If you have any questions about the program, call 480-782-2350.

HEALTHYBLUE PROGRAMS

In addition to the City's Wellness Programs, 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
- **Hospital comparison tool**
 - Compare hospitals based on:
 - o Specific procedures performed
 - o Distance from your home
 - o Number of relevant procedures performed
 - o Rate of complication and average length of stay
 - o 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
- **Disease Management Program**
 - As a participant in the Disease Management 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**

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



BABY ON BOARD

Get a good head start

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

DRIVING directions

ELIGIBILITY

To be eligible for City of Chandler benefits, you must be an eligible retiree. Your eligible dependents¹ can also sign up for benefit coverage if they are:

- Your legally married spouse
- A child of an employee or retiree, who is married or unmarried, and is less than 26 years old², including your:
 - Biological child
 - Legally adopted children (or a child placed for adoption)
 - Stepchild (when parent living in same residence as employee/retiree)

- Foster child
- Child under legal custody or legal guardianship

Child also means an adult disabled child as defined by the plan.

In addition, the term child shall include any child who is the subject of a valid Qualified Medical Child Support Order (QMCSO), as determined by the Plan Administrator.

- ¹ Proof of eligibility is required to add dependents. If you are legally separated or divorced you must contact HR to drop the ineligible dependents.
- ² An adult child is eligible through the end of the month of their 26th birthday.

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices addresses how medical information about you may be used and disclosed and how you may access this information. The Notice will be provided to each person when initially enrolling for benefits in the Plan. You may request a copy of the notice at any time from the Human Resources Department.

MEMBERS OF THE CLUB

YOU AND YOUR DEPENDENTS

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 your family members healthy.

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:

- Becoming Medicare eligible
- Marriage, divorce, death of spouse, legal separation 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 you get married and decide to add your spouse to your medical plan, you cannot change medical plans. You will only be allowed to add your spouse to your 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.



Here is what you pay per month for your coverage.

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

DENTAL	Monthly premium
	Retiree only
Retiree + one	\$83.00
Retiree + two or more	\$135.00

VISION	Monthly premium
	Retiree only
Family	\$21.26

THE LIGHT IS GREEN

This is your one chance each year to consider your benefit options for the coming plan year. Please return your Open Enrollment form between November 2 and November 16, 2015.

UPDATE YOUR BENEFICIARIES AND ADDRESS

Ensure your beneficiaries are current with the retirement systems (ASRS or PSPRS), ICMA-RC (deferred comp), retirement health savings, and life insurance (if applicable). In addition, make sure your address is kept up to date.

ROADSIDE ATTRACTION

Have you moved recently or are you planning to move? If so, make sure you update your address with Human Resources. You may now include your personal email address as well. 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.



MEDICAL

When you travel down the health plan highway, you get the freedom to choose what works best for you and your family. Just like every road curves and bends in its own unique way, 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 plan 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:

- 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 situation in order to choose the plan that’s right for you.

 <p>Highest premium option Lower deductibles Lower coinsurance Some copays</p>	 <p>Lower premium option Higher deductibles Higher coinsurance Some copays</p>	 <p>Lowest premium option Highest deductibles Highest coinsurance No copays</p>
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PREVENTIVE CARE

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

TIPS FOR THE ROAD

It may help you to understand the difference between what counts for deductibles and out-of-pocket maximums in order to select the best plan and use it wisely.

DEDUCTIBLES	OUT-OF-POCKET MAXIMUMS
<ul style="list-style-type: none"> • The money you pay to your doctor or other health care provider, with the exception of copays and access fees • 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 • Member deductible is for those who enroll in Retiree-only coverage • Family deductible is for any other tier: <ul style="list-style-type: none"> - Retiree + spouse - Retiree + child(ren) - Retiree + family 	<ul style="list-style-type: none"> • Deductibles • Coinsurance you pay after meeting the deductible • Copays for doctor visits or prescriptions • Emergency room access fee (what you pay in addition to the deductible) • This is the safety net to protect you from catastrophic health care expenses



The White Plan: The junction of spending and savings

While the Red and Blue plans are like a common intersection, the White Plan better resembles a round-about. Instead of being directed to travel down a certain path, you can get on and off when it's right for you.

The first thing that sets the White Plan apart is that it is a high deductible health plan (HDHP). When you need medical services, you will pay more

before your coinsurance benefits kick in. This means you only pay for health care when you use it. And, like the Red and Blue plans, preventive services are completely covered if you use in-network providers.

With the White Plan you'll be rewarded to shop for the best value because you pay a higher deductible before benefits kick in.

The best part of this plan is that you're not paying for coverage you don't need. This plan lets you pay for care when you need it — instead of paying a higher premium for a plan you may not use that much.

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

MAP KEY (THESE APPLY TO ALL PLANS)

It helps you to understand the following health plan terms so you can better understand how the plans work.

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 visit your Primary Care Physician (PCP), you would only pay the \$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.
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	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.
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 service visit, you may have to pay a fee for your visit.



Medical plan comparison chart

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)	Lowest monthly premium, 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 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.
In-network provider advantage	You save money when you choose in-network providers because you receive negotiated discounts for services.		
Prevention	Preventive service visits to in-network providers are covered at 100 percent.		
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 COMPARISON¹

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
Lifetime maximum	Unlimited		Unlimited		Unlimited	
Pre-existing condition exclusion	Eliminated 1/1/14		Eliminated 1/1/14		Eliminated 1/1/14	
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% ²	30% after deductible	100% ²	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% ²	30% after deductible	100% ²	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
Mammography (preventive)	No charge	30% (deductible waived)	No charge	40% (deductible waived)	No charge	30% (deductible waived)

MEDICAL PLAN COMPARISON¹ CONTINUED

BENEFITS	RED PLAN		BLUE PLAN		WHITE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
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 ³	30% after deductible ³	15% after deductible ³	40% after deductible ³	10% after deductible ³	30% after deductible ³
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)	Applicable copay or 10% after deductible	30% after deductible	15% after deductible	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	Applicable copay or 10% after deductible	30% after deductible	15% after deductible	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 ⁴	30% after deductible ⁴	15% after deductible ⁴	40% after deductible ⁴	10% after deductible ⁴	30% after deductible ⁴
Chiropractic care	\$35 copay ⁵	30% after deductible ⁵	15% after deductible ⁵	40% after deductible ⁵	10% after deductible ⁵	30% after deductible ⁵
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	\$20 copay		\$20 copay		\$20 copay, after deductible	
Level three	\$40 copay		\$40 copay		\$40 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 All services must be medically necessary.

² 100% 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.

³ Annual limit of 240 days applies.

⁴ Annual 60 visit limitation (PT, OT, ST) applies.

⁵ Annual 20 visit limitation applies.

DENTAL

Something to SMILE ABOUT



Good dental health not only keeps your smile in shape, it also helps ward off other conditions. 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:

CHEW ON THIS

Remember, if you want to receive the deepest discounts, use a Delta Dental of Arizona PPO network dentist. (Note: PPO dentists are also members of the premier network but offer an additional discounted rate.)

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 networks.

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.

ARMED TO THE TEETH

Be sure to get any service over \$250 predetermined 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.

ROADSIDE ATTRACTION

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 snapshot 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 twice 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 bicuspids 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 branding 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.



— VISION AND HEARING —

You can spot any vision problems early by practicing good eye health. To help you with this, 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.



Remember:

- You can get new frames every two plan years
- You can get exams, new lenses and contacts every plan year
- Review the table below carefully

Here's a snapshot of your coverage under the plan.

Deductible	None
Maximum benefit	Set by VSP

BENEFITS	VSP PROVIDER	NON-VSP PROVIDER
Exam — one per plan year ²	\$10 copay	Plan pays up to \$50 after copay
Frames ¹ — every two plan years ²	\$15 copay in addition to the exam; covered up to \$160 allowance	Plan pays up to \$70 after copay
Lenses ¹ — every plan year ²	\$15 copay	Reimbursement ranges from \$50 to \$125 per pair depending on the type of lenses
Contact lenses vs. glasses — every plan year ²	\$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 Only one \$15 copay is required when lenses and frames are purchased at the same time.

² Plan year begins January 1 and ends December 31.

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 percent 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 **vsp.truhearing.com** 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.



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

Ask the experts

BENEFIT	PROVIDER NAME	POLICY NO.	PHONE	WEBSITE
City of Chandler Human Resources		N/A	480-782-2372	
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
Mail Order Pharmacy Service	Walgreens Mail Service	28399	800-345-1985	www.walgreenshealth.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
Deferred Compensation	ICMA Retirement Corporation	301601	800-669-7400 (if you don't know your PIN, press o)	www.icmarc.org
Retirement Health Savings Plan (RHSP)	ICMA Retirement Corporation	801217	Local representatives: 888-883-8578	
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
Reimbursement from RHSP	Meritain Health Inc.	801217	888-587-9441	N/A