

City of Chandler

2021

BENEFITS GUIDE

...for retirees & their families



INSIDE

Get the details about the benefits available to you as a retiree of the City of Chandler.





The City of Chandler provides our retirees with medical, dental, vision and life insurance benefits. Read this guide carefully. Talk it over with your family. Then make the best decision for you for 2021.

This guide should provide you with what you need to know about your benefit choices for 2021. Remember, once you make your benefit elections, you will not be allowed to make a change unless you experience a qualifying life event. **NOTE: You may not be eligible for all of the benefits outlined in this guide. Retirees are only eligible for the benefit plans for which they are currently enrolled.**

BENEFITS INFORMATION ONLINE!

Remember you and your family can get the latest benefits information and resources at chandleraz.gov/benefits.

You can find the **Important Benefit Program Notices for Retirees** and **Summaries of Benefits and Coverage (SBC)** for each plan on chandleraz.gov/benefits or contact **City of Chandler Human Resources**.

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.

Find Your Benefits

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Got Questions?

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.

Human Resources Contacts

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

CALL		FOR
Human Resources	480-782-2350	General HR Information
Dee Hooker Lynna Soller	480-782-2376	Medical, dental and vision benefits; Benefit plans enrollment and eligibility
Dee Hooker Lynna Soller	480-782-2376	Deferred compensation (457(b)), life insurance, pension system questions (ASRS/PSPRS), Retirement Health Savings Plan (RHSP)
Carol Osterhaus Lynna Soller	480-782-2371	Benefit claims issues that have not received a satisfactory resolution
Lynna Soller Carol Osterhaus	480-782-2359	Comments about benefit providers' performance and or benefit plan design

You can find additional City of Chandler benefit plans information and administrative regulations on chandleraz.gov/benefits.

- ASD-31 – Retiree Benefit Plan Eligibility and Procedures
- ASD-32 – Proof of Dependent Status for City of Chandler Health Plans
- ASD-33 – Benefit Plan Termination
- ASD-34 – Benefit Plan Mid-Year/Special Enrollment Changes
- ASD-37 – City of Chandler Benefits Plans - Definitions, Quick Reference Chart & Required Notices
- ASD-39 – Retirement Health Savings Plan (RHSP)



Benefits Eligibility

ELIGIBILITY

To be eligible for City of Chandler benefits, you must be an eligible retiree. Your eligible dependents include:

- 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 retiree)
 - ✓ Stepchild (when the parent is legally married to the eligible retiree)
 - ✓ Foster child
 - ✓ Child under legal custody or legal guardianship of the retiree
- Children who are the subject of a valid Qualified Medical Child Support Order (QMCSO) as determined by Human Resources
- A disabled child of an eligible retiree who has reached age 26, if the disabled child is unmarried, primarily supported by the retiree and incapable 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.

Qualified Life Events

MAKING CHANGES TO YOUR COVERAGE

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

Examples of qualifying life events include:

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

The following qualified events have a 60 day notification period:

- 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.

MID-YEAR BENEFIT CHANGES

You must notify the City of Chandler in writing within 31 calendar days of a qualifying event. You will be required to complete a Benefits Change form and provide required documentation showing proof of dependent eligibility to make a qualified change. The Life Event/Midyear Change form can be found at chandleraz.gov/benefits. You can email notification to benefits@chandleraz.gov or contact City of Chandler Human Resources.

DO NOT wait to notify the City of Chandler or complete the Benefits Change form until you have the required proof of dependent verification documentation or your dependent(s) may be denied coverage.

See ASD-34-Benefit Plan Mid-year/Special Enrollment Changes and/or ASD-32 - Proof of Dependent Status for City of Chandler Health Plans at chandleraz.gov/benefits for additional information.

2021 Plan Rates

Here is what you pay for your coverage

	RED PLAN	BLUE PLAN	WHITE PLAN
MEDICAL	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	\$51.00
Retiree + one	\$83.00
Retiree + two or more	\$135.00

VISION	Monthly premium
Retiree only	\$10.88
Family	\$23.60



HAVE YOU MOVED? KEEP YOUR INFORMATION UP TO DATE

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

You must change your address with ASRS/PSPRS or ICMA-RC (457(b) Deferred Compensation and RHS) by contacting them directly. See contact information at the back of the Guide.

2021 Medical Options & Resources

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

- Premiums
- Deductibles
- Coinsurance
- Copays

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

PLAN QUALITIES

	RED PLAN	BLUE PLAN	WHITE PLAN
Cost	Highest monthly premium, but lower deductible and some copays (see chart on page 7)	Lower monthly premium, but higher deductible than the Red Plan and some copays (see chart on page 7)	Lowest monthly premium, but highest deductible (see chart on page 7)
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.		
Lifetime maximum	No lifetime maximum on any plan.		
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.		

COORDINATION OF BENEFITS (COB)

When another commercial carrier/administrator is the primary payer and BCBSAZ is the secondary payer:

- The combined payments by the primary payer and BCBSAZ will not exceed the greater of the primary payer or BCBSAZ's allowed amount. BCBSAZ's payment will be the higher allowed amount minus the amount paid by the primary payer, not to exceed what BCBSAZ would have paid as the primary payer.
- Retirees will be responsible for the difference between the higher allowed amount and the total of BCBSAZ and the primary payer's payments if the provider is an in-network provider.
- Retirees will be responsible for the difference between the provider's billed charges and the total of BCBSAZ and the primary payer's payments if the provider is out-of-network (except for emergency services).

NOTE: This does not apply when the primary payer is Medicare.

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.
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.
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-network provider	Providers who are not contracted with BCBSAZ.
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.
Precertification	This is the process of getting approval for certain health services before you have those health procedures performed. The goal is to assure services occur for the right reasons at the right time and in the right setting with full collaboration of physicians and health care providers.
Preventive services	Red, White and Blue plans cover 100 percent of preventive service visits made to in-network providers. Preventive services provide the care you need to help avoid illness and disease. 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.
Telehealth	Telehealth allows you to speak with doctors, counselors and psychiatrists 24/7 using your computer, smartphone or tablet. Telehealth can be used to address many common health conditions and some behavioral health challenges. Telehealth should not be used in emergencies and should not replace regular visits with your doctor.
Telemedicine	Telemedicine is a virtual doctor's visit with your own doctor that happens using your computer, tablet, or mobile device. It's a good way to get non-emergency care without going to the doctor's office.

ALWAYS LOOK FOR AN IN-NETWORK PROVIDER

With all plans you can use in-network and out-of-network providers, but your costs will be lower when you stay in-network. Before receiving care, be sure to verify that your provider is in-network to avoid

surprise costs. To find doctors, hospitals and other healthcare providers in the BC/BS of Arizona network, use the Find a Doctor tool at <https://azblue.com/individualsandfamilies/find-a-doctor>.

PREVENTIVE CARE

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.

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.

2021 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	\$500	\$1,000	\$750	\$1,750	\$1,750	\$5,000
*Family *Family deductible must be met before the plan pays.	\$1,000	\$2,000	\$1,500	\$3,500	\$3,500	\$10,000
Out-of-Pocket Maximum						
Member	\$2,500	\$5,000	\$2,750	\$6,500	\$3,500	\$10,000
Family	\$5,000	\$10,000	\$5,500	\$13,000	\$7,000	\$20,000
Physician Services						
Primary care office visit	\$25 copay	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% 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	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Diagnostic Services						
X-ray	100% ¹	40% after deductible	100% ¹	50% after deductible	15% after deductible	40% after deductible
Complex radiology (MRI, MRA, CT Scan, PET Scan)	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Lab	100% ¹	40% after deductible	100% ¹	50% after deductible	15% after deductible	40% after deductible
Allergy tests and treatment	Applicable office visit copay applies	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Pap test (preventive)	No charge	Not covered	No charge	Not covered	No charge	Not covered
Mammography (preventive)	No charge	40% (deductible waived)	No charge	50% (deductible waived)	No charge	40% (deductible waived)
Hospital Services						
Inpatient (including semi-private room and board and physician and surgeon charges)	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Outpatient surgery	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Emergency Services						
Hospital emergency room	\$100 access fee plus 15% after deductible		\$100 access fee plus 20% after deductible		15% after deductible	
Ambulance	No charge		No charge		15% after deductible	40% after deductible
Urgent care facilities	\$50 copay	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Other Facilities						
Skilled nursing facility	15% after deductible ²	40% after deductible ²	20% after deductible ²	50% after deductible ²	15% after deductible ²	40% after deductible ²
Home health care	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Mental Health Treatment						
Inpatient	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Outpatient (individual or group counseling)	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible

BENEFITS	RED PLAN		BLUE PLAN		WHITE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Substance Abuse Treatment						
Inpatient	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
Outpatient	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
Other Services						
Durable medical equipment	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
Prosthetics	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
Outpatient short-term rehabilitation (physical therapy)	\$40 copay ³	40% after deductible ³	20% after deductible ³	50% after deductible ³	15% after deductible ³	40% after deductible ³
Chiropractic care	\$35 copay ⁴	40% after deductible ⁴	20% after deductible ⁴	50% after deductible ⁴	15% after deductible ⁴	40% after deductible ⁴
Homeopathic/Naturopathic/Acupuncture benefits	\$40 copay ⁵	\$40 copay ⁵	20% after deductible ⁵	20% after in-network deductible ⁵	15% after deductible ⁵	15% after in-network deductible ⁵
Telehealth (Medical)	\$10 copay	N/A	\$10 copay	N/A	\$59.00 until deductible is met then 15% after deductible	N/A
Telehealth (Mental health)	No charge	N/A	No charge	N/A	\$199/\$95/\$99 until deductible then 15% after deductible ⁶	N/A
Telemedicine	No charge	N/A	No charge	N/A	15% after deductible	N/A
Prescription Drugs You can find a list of medications and their tiers on azblue.com .						
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	40% 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.

⁵ Acupuncture has a \$500.00 annual limit. Balance billing may apply for out-of-network services in all three plans in excess of the BC/BSAZ allowed amount.

⁶ Copay for mental health telehealth coverage is dependent on the type of visit and education level of the provider.

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.



Alternative Medical Care Options

BLUECARE ANYWHERESM



Most of us don't have time to be sick. Whether you're at home, work or on vacation, a board certified doctor is ready to connect with you whenever and wherever you need help. You can simply login to any mobile device, table or computer with an internet connection, and select a provider.

If you are a member of the City's Blue Cross/Blue Shield of Arizona medical plan you will have access to remote medical, counseling or psychiatry services. Virtual visits are available 24/7 for common illness, aches and pains and medications and/or counseling/psychiatry concerns. A key benefit of BlueCare AnywhereSM is convenience.

Telehealth should not be used for emergencies. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care and you would not be charged for that remote visit.

Virtual visits do not replace your annual physical or regular visits with your doctor.

The following is the payment structure for this benefit:

	RED PLAN	BLUE PLAN	WHITE PLAN
Medical	\$10.00 Copay	\$10.00 Copay	\$59.00 until deductible met then 15%
Counseling/ Psychiatrist	No Charge	No Charge	Psychiatry *Initial - \$199 *Followup - \$95 Psychotherapy - \$99

*Charges for white plan will vary based on the education level and the type of visit

To sign up for Telehealth, visit BlueCareAnywhereAZ.com or download the BlueCare Anywhere mobile app.



TELEMEDICINE

Access to care has changed recently and with that we are pleased to offer telemedicine coverage. A telemedicine visit is a virtual doctor's visit that happens using your computer, tablet, or mobile device. It's a good way to get non-emergency care without going to the doctor's office.

Check with your regular PCP or any other in-network BCBSAZ provider to see if you can schedule a telemedicine visit. If your PCP isn't available or doesn't offer telemedicine visits, you can use BlueCare AnywhereSM.

DISPATCH HEALTH

"Bringing Back the House Call"



Avoid unnecessary trips to the emergency room. Dispatch Health can treat common to complex injuries and illnesses, all from the comfort of your home. You will be visited by a qualified medical team including a physician assistant or nurse practitioner along with a medical technician. An on-call physician is also available at all times via phone.

The following are some of the most common treatments available:

- Common Ailments (flu, weakness, falls, anxiety)
- Eye Issues
- Cardiology
- Respiratory
- Urinary
- Dermatology
- Digestive
- Neurological
- Musculoskeletal
- Ear, Nose, and Throat
- Some Procedures

Open 7 days a week, 365 days a year – 8 a.m. – 10 p.m.

Request care by calling 602-644-2474 or through the Mobile App.

Dispatchhealth.com

*Cost will vary based on plan. Dispatch Health is a BC/BS of AZ contracted provider.

Health & Wellness HealthyBlue 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
- Interactive games/quizzes
- Nurse on Call
 - ✓ Telephone consultations with nurses 24/7
 - ✓ Wide variety of services online
- Drug Cost/Copay Calculator
- Hospital comparison tool
 - ✓ Compare hospitals based on:
 - Specific procedures performed
 - Distance from your home
 - Number of relevant procedures performed
 - Rate of complication and average length of stay
 - Health coaching
 - ✓ Access to a health coach that will help you set goals and track your progress
 - ✓ Learn how to maintain your health and stay on a

positive path by working with a professional who will guide you every step of the way

- Care management
 - ✓ Resources and advocacy for members with complex or chronic health needs. Examples include:
 - Hospital discharge planning
 - Assistance in coordinating health care providers for complex cases
 - Assistance with navigating the health care system and optimizing your benefits
- Health Conditions Support Program
 - ✓ As a participant in the Health Conditions Support Program, you will get the support you need to manage a chronic health condition through one-on-one telephone calls with a nurse or a medical counselor
 - ✓ You can also receive assistance for in-home device monitoring if you qualify
- Blue 365 Discount Program
- HealthyBlue Beginnings Program
- Patient-Centered Medical Home Program

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

Blue365[®]. Because Health is a Big DealSM.

Blue Cross Blue Shield of Arizona wants to help you take care of yourself every day of the year. So they offer Blue365, an online destination featuring healthy deals and discounts exclusively for our retirees enrolled in the City's BCBSAZ health plan.

With savings on fitness, healthy eating, personal care and more, you can make good choices and save money, too. And registration is quick and easy. Go to Blue365Deals.com/BCBSAZ and have your Blue Cross Blue Shield member ID card handy. In a couple of minutes you will be registered and ready to shop. See special offers from Jenny Craig, NutriSystem, Reebok and other top national brands in fitness, nutrition, personal care, and more.

One of the most popular benefits offered through Blue365 is called Fitness Your Way. For only a small monthly fee, and any applicable registration fees, you get access to over 10,000 gyms nationwide including Tumbleweed Recreation Center, LA Fitness, Planet Fitness and EOS Fitness, and many more.



Dental

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.

ABOUT PREAUTHORIZATION AND MORE

Be sure to get any service over \$250 preauthorized by Delta Dental of Arizona before you proceed. Otherwise, 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 PPO or 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.

NEED A NEW CARD?

Log in to your deltadentalaz.com account to print a new one.

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.

GO IN-NETWORK!

To locate a participating provider:

- Visit 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 PPO 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	<ul style="list-style-type: none"> • \$2,000 per person for basic and major services • Preventive services do not contribute to the calendar year maximum • 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%
<p>Diagnostic</p> <ul style="list-style-type: none"> • Exams, evaluations or consultations (two 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 <p>Preventive</p> <ul style="list-style-type: none"> • Routine cleanings (three times in a benefit year) • Topical application of fluoride (children through age 17, twice a benefit year) • Space maintainers (for missing posterior primary 'baby' teeth up to age 14) • Sealants for children (once per three-year period for permanent molars and bicuspid through age 18) 	<p>Restorative</p> <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) <p>Oral surgery: Extractions, general anesthesia (for surgical extractions or other surgical procedures performed in a dental office)</p> <p>Endodontics</p> <ul style="list-style-type: none"> • Root canal treatment (permanent teeth) • Pulpotomy (primary 'baby' teeth) <p>Periodontics</p> <ul style="list-style-type: none"> • Treatment of gum disease (non-surgical, once every two years; surgical, once every three years) <p>Emergency</p> <ul style="list-style-type: none"> • Treatment for the relief of pain and limited prescriptions 	<p>Prosthodontics</p> <ul style="list-style-type: none"> • Bridges • Partial dentures • Complete dentures <p>Restorative</p> <ul style="list-style-type: none"> • Crowns • Onlays <p>Bridge and denture repair</p> <ul style="list-style-type: none"> • Repair of such appliances to their original condition including relining of dentures <p>Replacement</p> <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 <p>Implants</p> <ul style="list-style-type: none"> • Limitations apply 	<p>Benefits for adults and children</p> <p>Lifetime orthodontia benefit limited to a maximum of \$2,000 per patient — payable in two payments — on initial banding and twelve months after (includes Invisalign).</p> <p>This maximum is separate from the calendar year maximum for your other dental benefits.</p>

Vision and Hearing

Even if your eyesight is perfect, getting your eyes tested regularly is important to your overall health. Eye exams allow your doctor to detect vision problems and eye diseases early on. To help you care for your vision, the City of Chandler offers a vision benefit through Vision Service Plan (VSP) that covers eye exams, frames, lenses and contact lenses.

Locate a provider in the VSP Signature Doctor network by calling **800-877-7195** or visiting VSP's website at **vsp.com**.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$15	See frame and lenses
Frame	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames \$190 allowance for featured frame brands \$95 Walmart/Costco frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$160 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Diabetic Eyecare Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. 		

DISCOUNT ON HEARING AIDS

VSP Vision Care offers discounts on hearing aids through its partner, 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.

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.

NOTE: You will not receive a membership card from VSP. Your Membership # for services will be the last 4 digits of your social security number.

Important Contact Information

BENEFIT	PROVIDER NAME	POLICY NO.	PHONE	WEBSITE
City of Chandler Human Resources		N/A	480-782-2350	chandleraz.gov/benefits
Medical	Blue Cross Blue Shield of Arizona (BCBSAZ)	28399	866-595-5993	azblue.com
Care Management	BCBSAZ	28399	877-694-2583	azblue.com
ESolutions (password help)	BCBSAZ	28399	602-864-4844	azblue.com
Nurse On Call	BCBSAZ	28399	866-422-2729	azblue.com
Disease Management	BCBSAZ	28399	866-422-2729	azblue.com
Health Coaching	BCBSAZ	28399	866-422-2729	azblue.com
HealthyBlue Beginnings	BCBSAZ	28399	855-466-2229	azblue.com
Mail Order Pharmacy Service	Optum RX	28399	866-325-1794	azblue.com
Health Savings Account (HSA)	HealthEquity (24/7)	N/A	866-960-8026	healthequity.com
Telehealth	BlueCare Anywhere	N/A	844-606-1612	BlueCareAnywhereAZ.com
Dental	Delta Dental of Arizona	1193	602-938-3131 or 800-352-6132	deltadentalaz.com
Vision	Vision Service Plan (VSP)	12-138410	800-877-7195	vsp.com
Deferred Compensation (457(b))	ICMA Retirement Corporation	301601	800-669-7400 (if you don't know your PIN, press 0)	icmarc.org
Retirement Health Savings Plan (RHSP)	ICMA Retirement Corporation	801217	Local representatives: 888-883-8578	
Reimbursement from RHSP	Meritain Health Inc.	801217	888-587-9441	N/A
Pension Plan	Arizona State Retirement System	Account #: 420120	602-240-2000	azasrs.gov
Pension Plan	Public Safety Personnel Retirement System	Account #: For Fire: 004 For Police: 005	602-255-5575	psprs.com
Life Insurance	Voya Financial, Inc	67475-3	Customer Service: 800-537-5024 Life Claims: 888-238-4840	voya.com



