

# City of Chandler 2020 BENEFITS CONNECTION GUIDE

...for active employees & their families



Cristina Dinchak (Courts)

## 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.



Stephanie Romero (Communications and Public Affairs)

Thank you to all the City employees who submitted photos for the 2020 Benefits Guide





Juan Martinez (Management Services)



Dee Hooker (Human Resources) and Dena Roberts (Human Resources)

**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 2020.

This guide should provide you with what you need to know about your benefit options for 2020. 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.

#### **BENEFITS INFORMATION ONLINE!**

Make sure your family knows they can get the latest benefits information and resources at **[chandleraz.gov/benefits](http://chandleraz.gov/benefits)**.

You can find the **Important Benefit Program Notices for Active Employees** and **Summaries of Benefits and Coverage (SBC)** for each plan on both **[chandleraz.gov/benefits](http://chandleraz.gov/benefits)** and the Benefits page on **ChanWeb** 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.*

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Rosenda Figueroa (Management Services)

# 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
<b>Human Resources</b>	480-782-2350	General HR Information
<b>Carol Osterhaus Dee Hooker</b>	480-782-2371	Benefit life event changes. general information about medical, dental, vision, voluntary life, FSA, EAP, home/auto insurance, HSA/457(b) contribution changes, city paid/voluntary life and other voluntary benefits
<b>Carol Osterhaus Lynna Soller</b>	480-782-2371	Benefit plans eligibility. Questions about benefit plans, benefit claims issues, compliance related matters and appeals to benefit providers
<b>Lynna Soller Carol Osterhaus</b>	480-782-2359	Comments about benefit providers' performance and or benefit plan design
<b>Chris Jarosik Nichole Bombard</b>	480-782-2372 480-782-2384	Family Medical Leave (FMLA), Worker's Compensation, Long Term Disability, Short Term Disability
<b>Kara Boley</b>	480-782-2354	Wellness programs, health coaching
<b>Denisse Ruiz Dena Roberts</b>	480-782-2355	Tuition Reimbursement
<b>Sonia Ebert</b>	480-782-2352	Employee/Manager Self Service

You can find additional City of Chandler benefit plans information and administrative regulations on Chanweb or at [chandleraz.gov/benefits](http://chandleraz.gov/benefits).

- ASD-30 – Active Employee Benefits Plan Eligibility
- 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)

Did you know Blue Cross Blue Shield of Arizona has a Chandler Customer Service Office for Walk-In Assistance?

Need help with a coverage or claims question? You can get personal assistance by BC/BS staff who are familiar with the City's plans.

**Blue Cross Blue Shield Customer Service Office**  
**2121 W Chandler Blvd., Suite 115**  
**Chandler, AZ 85224**

### 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 and retirement beneficiaries with ASRS/PSPRS or ICMA-RC (457(b) Deferred Compensation & RHS) by contacting them directly. See contact information at the back of the Guide.

# Knowing—Eligibility

## ELIGIBILITY

Initial eligibility occurs on the 1st of the month after a full calendar month of employment for employees and any eligible dependents. See ASD-30 for exceptions.

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 AN ELIGIBLE DEPENDENT 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. The same rule applies if a parent and child both work for the City and are eligible for benefits. They may either both enroll as individuals, or the dependent child may enroll on their parent's plan as an eligible dependent.

### ***For Voluntary Life and Accidental Death and Dismemberment (AD&D) benefits:***

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

## IF TWO CITY EMPLOYEES HAVE THE SAME ELIGIBLE DEPENDENT(S)

- Any eligible dependent may be enrolled in medical, dental or vision coverage as a dependent of one employee or the other, but not both.
- Each employee may have voluntary life insurance and/or AD&D coverage on the same child.

## ELIGIBLE DEPENDENTS

Your eligible dependents include:

- Your legally married spouse (If you are divorced you must contact HR to drop the ex-spouse)
- A child who is married or unmarried, and is less than 26 years old<sup>1</sup>, including your:
  - ✓ Biological or birth child
  - ✓ Legally adopted children (or a child placed for adoption with the 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 incapable of sustaining employment by reason of mental or physical disability--see Human Resources for more details.

<sup>1</sup> An adult child is eligible through the end of the month of their 26th birthday. See ASD-32 for required documentation.

## 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. You can email notification to [benefits@chandleraz.gov](mailto: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 on Chanweb or at [chandleraz.gov](http://chandleraz.gov) for additional information.

## 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 of a child
- 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. See ASD-34 (Benefit Plan Mid-Year/Special Enrollment Changes) on Chanweb or [chandleraz.gov/benefits](http://chandleraz.gov/benefits) for your individual situation.

## 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.

If you have questions, see the benefits Administrative Regulations for additional benefit details and information on Chanweb or [chandleraz.gov/benefits](http://chandleraz.gov/benefits).



Emily Meza (Management Services)

## 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 [azblue.com/individualsandfamilies/find-a-doctor](http://azblue.com/individualsandfamilies/find-a-doctor).



## NEED TO ADD A BABY TO THE PLAN?

Notify Human Resources right away, but no later than 31 days after birth. You do not need the birth certificate/social security card to notify the City of the birth. Those can be provided when you receive them.

Stephanie Romero (Communications and Public Affairs)

# 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	\$10.88	\$0.00	\$10.88	\$5.44
Family	\$23.60	\$0.00	\$21.26	\$11.80

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

Your benefits contributions are made on a pre-tax basis for medical, dental, vision, HSA and FSA.

For voluntary term life rates, see the table on page 19. The Voluntary Accidental Death and Dismemberment (AD&D) rates are also on page 19.

Health Care and Dependent Care FSAs, HSA deductions and Deferred Compensation 457(b) contributions 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.

Want to have 24x7 access to your BC/BS of Arizona benefits and other important information? It's in the palm of your hand with the **AZBlue Mobile App**. See page 14 for more information.



(Back L-R) Julie Buelt, Vicki Mercer (Front L-R) Catherine Dixon, Libby Stressman, Bonnie Boddy, Janet Northrup, Helen Parker (Management Services)

# 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.



## Naturopathic, Homeopathic and Acupuncture Services

Some services from naturopaths and homeopaths are covered under the plan subject to in-network benefits at the allowed amount. You will pay applicable deductible and coinsurance plus any applicable balance bill for covered services received. Acupuncture is covered if it is rendered by an acupuncturist, naturopath, homeopath, MD, DO or a chiropractor who is also a licensed acupuncturist.

All covered services must be medically necessary. Acupuncture is limited to \$500.00 per calendar year. These services will be applied to the member's in-network deductible and coinsurance. Balance billing from an out-of-network provider MAY apply. Preventive services are subject to balance billing if received from one of these out-of-network providers.

Out-of-Network physicians do not submit claims on the member's behalf. Plan members will need to submit claims for these services in order for them to get applied to their deductible and receive reimbursement. Claims should be submitted directly to BC/BS of Arizona. The claim form can be found at [azblue.com](http://azblue.com)

## BlueCare Anywhere<sup>SM</sup>

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 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 Anywhere<sup>SM</sup> is convenience.

Bluecare Anywhere<sup>SM</sup> visits can be conducted anywhere you have access to a mobile device, tablet or computer with internet access.

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
<b>Medical</b>	\$10.00 Copay	\$10.00 Copay	\$49.00 until deductible met then 15%
<b>Counseling/ Psychiatrist</b>	No Charge	No Charge	*Subject to deductible & coinsurance.

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

To sign up for Telehealth, visit [BlueCareAnywhereAZ.com](http://BlueCareAnywhereAZ.com) or download the **BlueCare Anywhere** mobile app from [GOOGLE PLAY™](https://play.google.com/store/apps/details?id=com.bluecareanywhere) or the [APP STORE®](https://apps.apple.com/us/app/blue-care-anywhere/id1444444444)

Download the BlueCareAnywhere Mobile App and get 24x7 access to care in the palm of your hand. The **BluecareAnywhere App** is available on [Google Play™](https://play.google.com/store/apps/details?id=com.bluecareanywhere) or the [App Store®](https://apps.apple.com/us/app/blue-care-anywhere/id1444444444).

# Know These Key Terms

TERM	DEFINITION
<b>Coinsurance</b>	Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You have to pay the deductible before you receive the coinsurance benefit. Your coinsurance share is higher for out-of-network claims.
<b>Copay</b>	A flat amount you pay when you visit a health care provider or fill an in-network prescription. For example, if you enroll in the Red Plan and have an office visit with your Primary Care Physician (PCP), you would pay a \$25.00 copay.
<b>Deductible</b>	A fixed amount you pay before the Red, White or Blue plans begin to pay. Deductibles are higher on out-of-network claims. Amounts applied to the in-network deductible will also apply to meet the out-of-network deductible; the amounts applied to the out-of-network deductible do not apply to meet the in-network deductible.
<b>Dependent Care Flexible Spending Account (DCFSA)</b>	The DCFSA is used to pay expenses related to dependent day care services, which allow you to work, 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. You must make a new election every year - Elections from the prior year do not carry forward. See page 12 for additional information.
<b>Health Care Flexible Spending Account (HCFSA)</b>	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 year 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. White Plan participants may not enroll in the HCFSA. You must make a new election every year - Elections from the prior year do not carry forward. See page 11 for additional information.
<b>Health Savings Account (HSA) (White Plan only)</b>	An HSA is 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 year 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. You must make a new election every year - Elections from the prior year do not carry forward. See page 10 for additional information.
<b>High Deductible Health Plan (HDHP)</b>	A high-deductible health plan (HDHP) is a health insurance plan with lower premiums and higher deductibles than a traditional health plan. Being covered by an HDHP is also a requirement for having an HSA.
<b>In-network provider</b>	A provider who contracts with the City's claims administrator, Blue Cross Blue Shield of Arizona (BCBSAZ), and provides a discount off their regular fees.
<b>Out-of-network provider</b>	Providers who are not contracted with BCBSAZ.
<b>Out-of-pocket maximum (OOP)</b>	This is your safety net in the City of Chandler medical plans that protects you from catastrophic medical expenses. Once you pay the individual maximum or family maximum, additional covered medical claims for the year are paid 100 percent by the City and you pay nothing. Deductibles, coinsurance you pay after meeting the deductible, copays for doctor visits or prescriptions, and emergency room access fee (what you pay in addition to the deductible) apply toward the OOP.
<b>Precertification</b>	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.
<b>Preventive services</b>	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 service visit, you may have to pay a fee for your visit.
<b>Telehealth</b>	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.

## 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.
- Employees 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.
- Employees 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.

# Knowing, Choosing—2020 Medical Plans

## PLAN QUALITIES

	RED PLAN	BLUE PLAN	WHITE PLAN
<b>Cost</b>	Highest monthly premium, but lower deductible (see chart below)	Lower monthly premium, but higher deductible than the Red Plan (see chart below)	No monthly premium in 2020, but highest deductible (see chart below)
<b>Flexibility to choose doctors</b>	Same level of flexibility to choose doctors using the BCBS of Arizona network — generally, out-of-pocket costs are lower when you use an in-network provider.		
<b>Prescription drugs</b>	You pay a copay when you fill a prescription with an in-network pharmacy. Refer to out-of-network pharmacy description 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.	
<b>In-network provider advantage</b>	You save money when you choose in-network providers because you receive negotiated discounts for services.		
<b>Protection</b>	Same level of protection. All three plans feature an out-of-pocket maximum to protect you in case you and your family have unusually large health care expenses in a single plan year — if you reach the out-of-pocket maximum, the plan will pay the rest of your covered charges for the remainder of the year.		

## MEDICAL PLAN COMPARISON

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

BENEFITS	RED PLAN		BLUE PLAN		WHITE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>						
<b>Member</b>	\$500	\$1,000	\$750	\$1,750	\$1,750	\$5,000
<b>*Family</b> *Family deductible must be met before the plan pays.	\$1,000	\$2,000	\$1,500	\$3,500	\$3,500	\$10,000
<b>Out-of-Pocket Maximum</b>						
<b>Member</b>	\$2,500	\$5,000	\$2,750	\$6,500	\$3,500	\$10,000
<b>Family</b>	\$5,000	\$10,000	\$5,500	\$13,000	\$7,000	\$20,000
<b>Physician Services</b>						
<b>Primary care office visit</b>	\$25 copay	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Preventive Care</b> (a list of covered preventive services can be found in your Benefit Booklet)	No charge	Not covered	No charge	Not covered	No charge	Not covered
<b>Specialist office visit</b>	\$40 copay	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Diagnostic Services</b>						
<b>X-ray</b>	100% <sup>1</sup>	40% after deductible	100% <sup>1</sup>	50% after deductible	15% after deductible	40% after deductible
<b>Complex radiology (MRI, MRA, CT Scan, PET Scan)</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Lab</b>	100% <sup>1</sup>	40% after deductible	100% <sup>1</sup>	50% after deductible	15% after deductible	40% after deductible
<b>Allergy tests and treatment</b>	Applicable office visit copay applies	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Pap test (preventive)</b>	No charge	Not covered	No charge	Not covered	No charge	Not covered
<b>Mammography (preventive)</b>	No charge	40% (deductible waived)	No charge	50% (deductible waived)	No charge	40% (deductible waived)

BENEFITS	RED PLAN		BLUE PLAN		WHITE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Hospital Services</b>						
<b>Inpatient (including semi-private room and board and physician and surgeon charges)</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Outpatient surgery</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Emergency Services</b>						
<b>Hospital emergency room</b>	\$100 access fee plus 15% after deductible		\$100 access fee plus 20% after deductible		15% after deductible	
<b>Ambulance</b>	No charge		No charge		15% after deductible	40% after deductible
<b>Urgent care facilities</b>	\$50 copay	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Other Facilities</b>						
<b>Skilled nursing facility</b>	15% after deductible <sup>2</sup>	40% after deductible <sup>2</sup>	20% after deductible <sup>2</sup>	50% after deductible <sup>2</sup>	15% after deductible <sup>2</sup>	40% after deductible <sup>2</sup>
<b>Home health care</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Mental Health Treatment</b>						
<b>Inpatient</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Outpatient (individual or group counseling)</b>	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
<b>Substance Abuse Treatment</b>						
<b>Inpatient</b>	15% after deductible	40% after deductible	20% after deductible	50% after deductible	15% after deductible	40% after deductible
<b>Outpatient</b>	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
<b>Other Services</b>						
<b>Durable medical equipment</b>	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
<b>Prosthetics</b>	No charge	40% after deductible	No charge	50% after deductible	15% after deductible	40% after deductible
<b>Outpatient short-term rehabilitation (physical therapy)</b>	\$40 copay <sup>3</sup>	40% after deductible <sup>3</sup>	20% after deductible <sup>3</sup>	50% after deductible <sup>3</sup>	15% after deductible <sup>3</sup>	40% after deductible <sup>3</sup>
<b>Chiropractic care</b>	\$35 copay <sup>4</sup>	40% after deductible <sup>4</sup>	20% after deductible <sup>4</sup>	50% after deductible <sup>4</sup>	15% after deductible <sup>4</sup>	40% after deductible <sup>4</sup>
<b>Homeopathic/Naturopathic/Acupuncture benefits</b>	\$40 copay <sup>5</sup>	\$40 copay <sup>5</sup>	20% after deductible <sup>5</sup>	20% after in-network deductible <sup>5</sup>	15% after deductible <sup>5</sup>	15% after in-network deductible <sup>5</sup>
<b>Telehealth (Medical)</b>	\$10 copay	N/A	\$10 copay	N/A	15% after deductible	N/A
<b>Telehealth (Mental health)</b>	No charge	N/A	No charge	N/A	15% after deductible	N/A
<b>Prescription Drugs</b> You can find a list of medications and their tiers on <a href="http://azblue.com">azblue.com</a> .						
<b>Retail – Up to 30-day supply</b>						
<b>Level one</b>	\$10 copay	Applicable copay, plus difference between pharmacy price and allowed amount	\$10 copay	Applicable copay, plus difference between pharmacy price and allowed amount	\$10 copay, after deductible	40% after deductible, plus difference between pharmacy price and allowed amount
<b>Level two</b>	\$30 copay		\$30 copay		\$30 copay, after deductible	
<b>Level three</b>	\$50 copay		\$50 copay		\$50 copay, after deductible	
<b>Level four</b>	\$100 copay		\$100 copay		\$100 copay, after deductible	
<b>Mail order – Up to 90-day supply</b>	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay, after deductible	Not covered

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

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

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

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

<sup>5</sup> 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.

# Knowing—About the HSA White Plan Only

## HEALTH SAVINGS ACCOUNT (HSA)

Contributions to an HSA are pre-tax and deducted from your paycheck. 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. You also have the option to invest the money in your account in various mutual funds for future retirement health care needs.

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 to contribute to 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 considered a qualified HSA-compatible plan.

## COVERAGE OF ADULT CHILDREN AND HSAs

While the Affordable Care Act (ACA) currently allows parents to add their adult children up to age 26 to their health plans, the IRS has not changed its definition of a dependent for HSAs. If an employee has a child who is over 19 and under 26 years old covered by the White Plan, the employee may not use HSA funds to pay that child's medical expenses. The IRS defines an eligible dependent as "not yet 19 (or if a student, not yet 24) at the end of the tax year, or is permanently and totally disabled.

When you enroll in the HSA, you will receive a special HealthEquity debit card to pay your eligible expenses, including deductibles, copayments, coinsurance, prescription drug costs and your dental and vision expenses.

## WHAT KINDS OF COVERAGE WOULD MAKE ME HSA-INELIGIBLE?



Lynna Soller (Human Resources)

Enrolling in 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.

## 2020 HSA ANNUAL CONTRIBUTION LIMITS\*

Individual	\$3,550
Family	\$7,100
Age 55-65	Additional \$1,000 "catch-up"

\*Employer money deposited into the account on behalf of the employee counts towards the annual limit.



To learn more about Health Savings Accounts, visit [healthequity.com/hsalearn](https://healthequity.com/hsalearn).

Danny Mehaffey (Public Works & Utilities)

**Although your HSA balance rolls over year to year, you must elect the contributions you want to make to your account each year.**



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 Store® or Google Play™.

# Health Care Flexible Spending Account (HCFSA)

**Employees enrolled in the Red or Blue Plan, or those not enrolled in a City plan, may enroll in the HCFSA. You cannot enroll in the HCFSA if you enroll in the White Plan.**

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 annually 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.

The minimum annual contribution is \$350 and the maximum is \$2,700 for a HCFSA.

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!



Carol Osterhaus (Human Resources)

If you wish to participate in one or both of the FSAs, you **MUST** enroll each year during Open Enrollment. Having an FSA in 2019 does not roll over into 2020.

## PAYING FOR YOUR PURCHASES

When you enroll in the HCFSA, 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!



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

**If you elect the HCFSA in one plan year and decide to reelect the next plan year, do NOT destroy your FSA credit card. Cards are good for three years if you continuously enroll in the plan. FBA will mail you a new card prior to the expiration date of your current card. New funds will be available on January 1 of each plan year.**

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

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

# Dependent Care Flexible Spending Account (DCFSA)

**Any employee with eligible dependents can enroll in a Dependent Care Flexible Spending Account (DCFSA), which allows you to pay for qualified dependent care expenses so you can work. The DCFSA is for child care or elder care expenses only. It is not for health care expenses for dependents.**

The DCFSA is used to pay expenses related to dependent day care services for your child(ren) under the age of 13 and older children or adults who are mentally or physically incapable of caring for themselves so you can work. Typical eligible IRS dependent 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.

## 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:

- **If you wish to participate in one or both of the FSAs, you MUST enroll each year during Open Enrollment. If you have an FSA in 2019, it does not automatically roll over into 2020.**
- For the 2020 plan year, you can incur eligible healthcare expenses from January 1, 2020 until March 15, 2021. This allows you 14½ months to use your 12-month election.
- Visit [mywealthcareonline.com/fba](http://mywealthcareonline.com/fba) for a comprehensive list of healthcare services 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, 2021.

## Which Savings Account Can I Enroll In?

If you're enrolled in the	RED PLAN	BLUE PLAN	WHITE PLAN
You can enroll in the	HCFSA DCFSA	HCFSA DCFSA	HSA DCFSA
If you're not enrolled in a City Plan	You can enroll in the HCFSA and/or the DCFSA		

The City's FSAs are administered by Flexible Benefits Administrators, Inc. (FBA).

# Connect to Your Health & Wellness



We are proud to partner with **Cerner Wellness** as our wellness vendor!



Cerner has been providing employer health services for over 25 years and they offer integrated, fully customizable wellness solutions to clients in multiple industries.

The online wellness portal delivers a personalized, meaningful and actionable wellness experience. It provides a highly-flexible and customizable user interface. Some of the features include:

- Confidential messaging with a health coach, dietitian, or fitness professional
- Incentive and wellness points tracking
- Over 30 self-paced educational wellness workshops
- Tracking of activity, exercise, and meals
- Wearable device integration (FitBit, Jawbone, etc.)
- Healthy Path app that enables employees to track participation and check their wellness points with ease

## Wellness Tools and Resources

The City of Chandler offers a variety of tools and resources to help you on your wellness journey. For more information, visit the Wellness page on Chanweb, where you will find details about programs being offered and upcoming events. Below are some of the resources you have access to:

- Interactive wellness website and mobile app
- Discount at Tumbleweed Recreation Center
- Flu shot clinics
- Health/financial seminars
- Health coaching: in-person, telephonic, virtual
- Onsite health screenings (biometric, cardiac, mammograms, prostate, etc.)
- Onsite fitness class
- Wellness Incentives



Aaron Napier (Public Works & Utilities)

## Discount at Tumbleweed Recreation Center!

Discounted rates are available for employee only, employee plus one, or family passes. Just bring your COC ID badge and a credit card to set up the electronic funds transfer! For more information, call TRC Guest Services at **480-782-2900**.

Discounts are available for regular full-time and regular part-time employees and will be terminated upon separation from employment for any reason.



Sherri Revis (Mayor & Council) and Heather Figureoa (City Clerk)

# Blue365<sup>®</sup>. Because Health is a Big Deal.<sup>SM</sup>

Blue Cross Blue Shield of Arizona wants to help you take care of yourself every day by offering Blue365, an online destination featuring discounts exclusively for employees 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. Registration is quick and easy. Go to **Blue365Deals.com/BCBSAZ** and have your Blue Cross Blue Shield member ID card handy. In just a few minutes you will be registered and ready to shop. See special offers from FitBit, NutriSystem, Reebok and other top national brands.

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

## 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.



Meagan Malcore (Information Technology)

## AZBlue MOBILE APP

The AZBlue Mobile App 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 **The AZBlue Mobile App** 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<sup>™</sup> (Android devices) and App Store<sup>®</sup> (Apple devices). Simply search for "AZBlue" and download the app.

## 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 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 **azblue.com**.

# Your Dental Connection

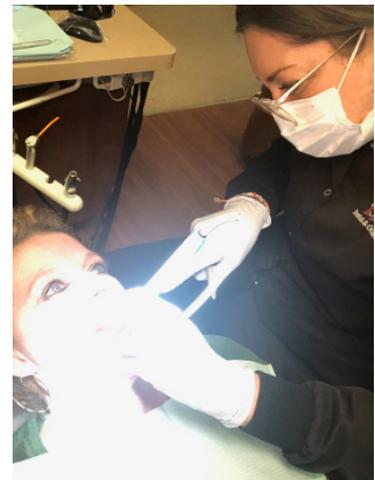
Good dental health is important for many reasons—some unrelated to your mouth or teeth. If your dentist notices signs of gum disease, it can be a red flag that an underlying condition like hypertension or anemia could be affecting your overall health. To help you stay on top of your dental health, the 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.



Janet McFaul (Management Services)

## NEED A NEW CARD?

Log in to your [deltadentalaz.com](https://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. 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.

## 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 [deltadentalaz.com](https://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"> <li>• \$2,000 per person for basic and major services</li> <li>• Preventive services do not contribute to the calendar year maximum</li> <li>• Basic and major services contribute to the calendar year maximum</li> <li>• Orthodontia has a separate lifetime maximum benefit of \$2,000 per individual</li> </ul>

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



Cathie Gura (Police)

# Your Vision and Hearing Connection

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.



Cori Garcia (Mayor and Council) and Chelsey Faggiano (Economic Development)

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
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$15	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li><b>\$170</b> allowance for a wide selection of frames</li> <li><b>\$190</b> allowance for featured frame brands</li> <li>\$95 Walmart/Costco frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>Diabetic Eyecare Program</b>	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.	\$20	As needed
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>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.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

\*See the VSP Benefits Summary for additional details.

## 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.
- Forty-eight batteries per purchased hearing aid.

You can learn more online at [truhearing.com/vsp/](http://truhearing.com/vsp/) or by calling **877-396-7194**.

**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 COC +your employee number: COC####

Set up your personal VSP Account to review your benefits, print an ID card, and track your benefits history and savings. Login to [vsp.com](http://vsp.com) and use your member ID COC#### (your employee number) Do NOT use your Social Security Number.

# Your Life Insurance Connection (Basic & Voluntary)

## **BASIC LIFE INSURANCE**

As a City of Chandler employee, you automatically receive basic life coverage for yourself in the amount of one times your annual salary to the nearest \$1,000. The minimum insurance amount is \$50,000. This coverage is paid 100% by the City.

## **BASIC DEPENDENT LIFE INSURANCE**

Dependents of City of Chandler employees receive a basic life insurance benefit paid for by the City in the amount of \$1,000 per dependent.

## **VOLUNTARY TERM LIFE INSURANCE**

Do you 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.

If you or a dependent elect voluntary term life insurance, you must complete the evidence of health application within 90 days or your application will become invalid.

## **HOW MUCH CAN I ELECT AND DO I NEED EVIDENCE OF HEALTH?**

### **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 \$200,000 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 \$100,000 (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.

### **If you are currently enrolled:**

If you want to increase your own or a family member's insurance, you may need to complete the insurer's Evidence of Health (EOH) application. A separate EOH application must be completed for each person.

- If you are increasing your life insurance by no more than \$10,000 and the increase will keep your total amount at \$200,000 (or less), you do not need to complete an EOH application.
- If you are increasing coverage for your spouse, an EOH application is not required if the increase is no more than \$5,000 and the increase will keep your total amount at \$100,000 (or less) or 50 percent of your employee amount, whichever is less.

Contact Human Resources if you need the EOH Form.

### **If you are an active employee and not currently enrolled:**

If you are enrolling for the first time, you will need to complete the insurer's Evidence of Health (EOH) application. A separate EOH application must be completed for each person that requires underwriting.

Contact Human Resources if you require the EOH Form.

## 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. Age should be determined as of January 1, 2020. 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 \$30,000. Your cost is 30 x \$0.09 = \$2.70 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	0.050	0.050	0.060	0.080	0.090	0.138	0.216	0.400	0.795	1.305	2.060
Spouse (Non-tobacco user)											
Rate per \$1,000	0.050	0.050	0.060	0.080	0.090	0.105	0.150	0.333	0.615	0.950	2.060
Employee (Tobacco user)											
Rate per \$1,000	0.050	0.070	0.082	0.106	0.144	0.234	0.374	0.676	1.030	1.550	2.220
Spouse (Tobacco user)											
Rate per \$1,000	0.050	0.050	0.060	0.082	0.114	0.187	0.290	0.492	0.707	1.152	2.060

Child<sup>1</sup> 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 12/31/2020.

<sup>1</sup> Children may be covered through the end of the month they turn 26.

## Your Accidental Death & Dismemberment (AD&D) Insurance Connection

### BASIC AD&D INSURANCE

As a City of Chandler employee, you automatically receive basic AD&D coverage for yourself in the amount of one times your annual salary to the nearest \$1,000. The minimum insurance amount is \$50,000. This coverage is paid 100% by the City.

### VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFIT FOR EMPLOYEE, SPOUSE AND CHILDREN

An Accidental Death and Dismemberment (AD&D) policy provides protection to you or a family member if you die, lose a limb or sustain the loss of an essential life function due to an accident. The cost for coverage is **.035/per \$1,000 for all coverage levels**. No Evidence of Health is required.

The policy pays the specified amount to your beneficiaries above and beyond the death benefit of any life insurance policy you might have. If you're maimed or dismembered in an accident, the policy will also pay out a predefined amount.

The amount of coverage available is in \$10,000 increments, up to the following maximums:

- Employee - up to \$500,000
- Spouse - up to \$250,000
- Child - \$10,000

Employees do not have to purchase their own coverage in order to purchase coverage on their spouse or children.

### 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 or from work, or traveling on City business. Your beneficiary(ies) receives a \$200,000\* benefit and an additional \$20,000 if you were wearing your seat belt.

This coverage is paid 100% by the City.

\*Benefit reduced at age 70

### CHOOSING—BENEFICIARIES

Always make sure your beneficiary information for your life insurance 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 Oracle Employee Self Service.

# Knowing—Short-Term and Long-Term Disability

If you find yourself in a situation where you can't work, there are plans available which replace a portion of your lost income if you qualify.

## **Short-Term Disability (STD) Plan:**

As a benefits-eligible employee, **the City automatically covers 100% of your STD policy premium.** If you are approved for short-term disability, this benefit will replace 66⅔ 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. You can find additional details in the Short Term Disability (STD) policy under Human Resources on Chanweb.

Employees should contact TriStar for STD at **844-702-2352** or online at <https://chandleraz.ess-absencetracker.com>.

## **Long-Term Disability (LTD) Plan:**

Depending on your retirement system, you may have an option for an LTD benefit if your disability continues beyond 180 days. Contact Human Resources for details.



Kristen Poe (Information Technology)



Jayme Richins (City Manager)

# Knowing—Family and Medical Leave

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees the right to take up to 12 weeks of job protected leave for specific family and medical reasons or up to 26 weeks of military-related qualifying reasons during a rolling 12-month period in accordance with FMLA. Eligible hours may be more or less based on the number of hours worked in the employee's regular work week. Employees may be eligible after 12 months or 52 weeks of employment with the City of Chandler and must have worked no less than 1,250 hours during the preceding 12 months. You can find additional details in ASD-40 on Chanweb.

Employees should contact TriStar to file for FMLA at **844-702-2352** or online at <https://chandleraz.ess-absencetracker.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.

Refer to your applicable retirement program for information on your pension benefits.



Kyle McMaster  
(Retiree, Information Technology)

### 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.

### 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).

## 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, 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 hours<sup>1</sup> 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.

### REMEMBER...

- The money in your RHSP cannot be used until after you leave the City and meet the eligibility criteria.
- 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, a parent, brother, sister, aunt, uncle, etc.

Review ASD-39 – Retirement Health Savings Plan available on Chanweb or visit [chandleraz.gov/benefits](http://chandleraz.gov/benefits) for additional information.

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

**Remember, you must update your address and beneficiary information directly with your Retirement System (ASRS or PSPRS). Their website and phone numbers are listed in the back of this Guide.**

### 3. The Deferred Compensation Plan [457(B)]

#### 2020 457(b) IRS Contribution Rate Limits

Under Age 50 – \$19,500/year

Age 50+ – \$26,000/year

Pre-Retirement Catch-Up<sup>1</sup> – \$39,000/year

<sup>1</sup>Employees taking advantage of the pre-retirement catch-up may be eligible to contribute up to double the normal IRS limit.

ICMA-RC is the administrator of 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(b) 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. 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 [ICMARC.ORG/CHANDLERAZ](https://www.icmarc.org/chandleraz)

ICMA-RC offers a City of Chandler customized, comprehensive website that allows you to:

- View your account balances;
- Manage your allocation of funds;
- View tutorials that can project retirement income from your account and incorporate pension and other sources of retirement income;
- 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 address and beneficiary information directly with ICMA-RC. To get access, simply log on to [icmarc.org/chandleraz](https://www.icmarc.org/chandleraz) and register.

#### CHOOSING—MAXIMIZE YOUR CITY-PAID DEFERRED COMPENSATION CONTRIBUTIONS

If you want to have the maximum annual amount deferred into your 457(b) 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.

**Employer money deposited in an employee's 457(b) account on behalf of the employee is counted toward the IRS Maximum contributions limits.** City contribution amounts vary by employee group. Please check your MOU on Chanweb or contact Human Resources for your eligible contribution match.

**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.

- **You can make changes to your elections at anytime. Changes will take effect with the first paycheck of the following month in which you elect a change in contribution. You can make changes through Oracle Employee Self Service.**
- **Enrollment can be done anytime during the year.**
- **You must contact Human Resources to enroll for the first time.**



Chris Sikora (Management Services)

# Knowing—Extra Benefits!

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

## **1. Employee Assistance Plan—New Directions Behavioral Health (formerly E4 LLC): Support for Your Total Well-Being**

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 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:

### ***Emotional Well-being and Family & Caregiving Resources***

Up to ten (10) sessions per issue/per year of confidential counseling for employees, their family members and household members. Call anytime for support with issues such as:

- Relationship difficulties
- Mental health concerns
- Life Cycle events
- Grief and loss
- Fear of flying
- Addiction
- Stress
- Family problems
- Parenting
- Special needs programs
- Educational programs
- Child care services
- Prenatal/fertility
- Adoption
- Elder care services
- Pet care

### ***Health & Wellness Resources and Referrals***

Information, resources and referrals to assist with health-related issues, such as:

- Walking/Fitness programs
- Diet and nutrition
- Smoking cessation
- Stress management
- Chronic disease
- Referrals to gyms/health clubs, holistic health resources, and support groups

### ***Legal Consultation and Referrals\****

A free, 30-minute consultation with an attorney for most legal matters, such as:

- Civil lawsuits
- Real estate transactions
- Divorce/custody
- Criminal actions
- Contracts
- Immigration issues
- Eldercare tools (e.g., wills, healthcare proxies)

\*If your matter is more complex, you will be referred to an attorney at a 25% discounted rate.

### ***Financial Consultation and Referrals***

Free telephonic consultation on most financial issues, including:

- Credit/debt issues
- Budgeting
- Bankruptcy
- Identity theft
- Tax filing
- Estate/retirement planning

To speak confidentially to an EAP counselor, call **800-624-5544**.

You can also visit **eap.ndbh.com** to access the savings center, find articles, assessments, webinars, financial calculators, searchable databases, skill builders and more.

Username: cityofchandler

## 2. Tuition Reimbursement

Available to all regular employees of the City, this calendar year based benefit 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**.

## 3. 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 **employeenetwork.com** for additional details and discounts.

## 4. 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 and receive the City's group rate, call the City's Liberty Mutual representative at **480-857-8662 ext. 55955**.

Don't forget to ask Liberty Mutual to have your premiums deducted from your paycheck!



Lucy Vazquez (Management Services) and  
Cristabel Dyskstra (Development Services)

## 5. 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 qualified 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 **PetsNationwide.com**.



Kim Durning (Public Works & Utilities)

## 6. 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 \$6,500 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**.

## 7. LegalShield and IDShield

LegalShield offers you, your spouse and eligible dependent children (up to age 26) 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 age 26 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; and
- 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 [legalshield.com/info/chandleraz](http://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 Human Resources under Quick Links>Benefits •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)		866-960-8026	healthequity.com
Telehealth	BlueCare Anywhere	N/A	N/A	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
Wellness	Cerner	N/A	888-252-8150	cocwellness.cernerwellness.com
Life Insurance	VOYA Financial, Inc.	67475-3	Customer Service: 800-537-5024 Life Claims: 888-238-4840	voya.com
Deferred Compensation	ICMA Retirement Corporation	301601	800-669-7400 (if you don't know your PIN, press 0)	icmarc.org/chandleraz
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	mywealthcareonline.com/fba
Family and Medical Leave Act (FMLA)	TriStar	N/A	844-702-2352	chandleraz.ess-absencetracker.com
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
Employee Assistance Plan (EAP)	New Directions EAP	N/A	800-624-5544	eap.ndbh.com
Employee Discount Program	The Employee Network	N/A	N/A	employeenetwork.com
Auto and Homeowners Insurance	Liberty Mutual	N/A	480-483-8467 Ext. 55955	libertymutual.com/tinakawar
Legal Shield	Legal Shield	N/A	602-617-3209	legalshield.com/info/chandleraz
Short-Term Disability	TriStar	N/A	844-702-2352	chandleraz.ess-absencetracker.com
STD "Gap" Program	Colonial Life	N/A	602-433-8144	coloniallife.com
Pet Insurance	Nationwide Pet Insurance	N/A	877-738-7874	PetsNationwide.com
Workers' Compensation	Corvel 24/7 To report injury/accident	N/A	877-764-3574	N/A