

TOWN OF MARANA

GET IN THE KNOW BENEFITS GUIDE

24/25



**OPEN
ENROLLMENT**



CONTACT INFORMATION

Town of Marana Contacts

General Info- 382-1903
Executive Assistant
Maureen Flores

HR Director- 382-1920
Curry C. Hale

HR Deputy Director- 382-1922
Jennifer Lindblom

HR Generalist- 382-1925
Nikki Hemphill

HR Specialist - 382-1934
Corinda Gamboa

HR Specialist - 382-1921
Krista Devlin

Fax- 382-3500
www.maranaaz.gov

Medical Plans (Includes Pharmacy)

Blue Cross Blue Shield (BCBS)
(Copper, Teal & Heritage plans)
800-752-0193
www.azblue.com
Group # 35929

Health Equity HSA Plan
866-382-3510
EmployerServices@healthequity.com

Dental Plans

Delta Dental
(Delta & Delta Plus plans)
800-352-6132
www.deltadentalaz.com
Group # 4559

Vision Plan

Superior Vision Services
800-507-3800
www.superiorvision.com
Group # 29223

Flexible Spending Accounts

(Health & Dependent Day Care)
ASI Flex
800-659-3035
www.asiflex.com

Life & Short Term Disability Plans

The Standard
STD Claims
800-368-2859
Policy # 761263

Life and AD&D Claims
800-628-8600
Policy # 761263

Travel Assistance
800-872-1414

Employee Assistance Program

Alliance Work Partners
800-343-3822
www.awpnow.com
Registration
Code:
AWP-MARANA-4252

Retirement

Arizona State Retirement System
520-239-3100 or 800-621-3778
www.azasrs.gov

Public Safety Personnel Retirement System (PSPRS, CORP, EORP) 602-255-5575
www.psprs.com

Supplemental Retirement

(457 Deferred Compensation)
Nationwide
www.nationwide.com
Klark Krauter (Rep)
krautek@nationwide.com
800-796-9753

Long Term Disability

Broadspire Services, Inc.
(ASRS participants)
877-232-0596

The Standard
(PSPRS, CORP & EORP participants)
800-368-1135

Submit a claim- Call your HR
Department Liaison
Policy #761263

Supplemental Insurance

Aflac
800-992-3522
www.aflac.com

Nicole Van Winden (Rep)
Nicole_VanWinden@us.aflac.com
520-780-0612

Legal Assistance

LegalShield
800-654-7757 Group #28485
www.legalshield.com

INTRODUCTION

IMPORTANT DATES

Open enrollment runs

May 3rd -

MAY 17th

Welcome to Open Enrollment 2024-2025

This guide describes the voluntary benefits available to you, as a benefit eligible employee for the 2024-2025 benefit plan year. Throughout the guide you will find summaries of the benefits offered, plan comparison charts, and contact information for the vendors and the Town of Marana's Human Resources department. You will also learn about additional tools and resources you can use through the various vendors' websites. This guide will help you understand your benefits. Detailed plan descriptions and additional supplemental information about each of these programs is located on the employee portal benefits page: www.maranaaz.gov/benefits.

CHALLENGE YOURSELF!

The recurring theme for FY 2025 is "GET IN THE KNOW"! There are very few changes to our benefits package for the coming year but it is a great opportunity to reacquaint yourself with the resources and plans available to you! **Make informed decisions this Open Enrollment!**

Did you do anything in FY 2024 to

Challenge Yourself? If you would like to share your challenge and possibly help others with ideas and/or motivation, we would love to hear from you.

If you would like to share your challenge, please send it to Human Resources via email at HumanResources@maranaaz.gov. If you wish to remain anonymous, please indicate on your submission.

Examples of ways we can "GET IN THE KNOW"

- Find out if there are new providers available to you in the BCBS network
- Review your medications and availability on the BCBS network
- Understand telemedicine and how it can make your life easier
- Find out how an FSA plan can help reduce your tax liability
- Know how much life insurance you need for your beneficiaries
- Look at the online EAP resources
- Review a webinar on a topic that is of interest to you through our EAP.

TIP

REMEMBER! Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

INTRODUCTION

The following plans are available for you to elect, change, or waive coverage during Open Enrollment. A complete list of all benefits is located at the end of this guide and on the employee portal at:

<https://www.maranaaz.gov/benefits>

BENEFIT	PAID BY EMPLOYER (ER)	PAID BY EMPLOYEE (EE)	IS COVERAGE AUTOMATIC OR VOLUNTARY?
Medical	x	x	Voluntary
Dental	x	x	Voluntary
Vision		x	Voluntary
Supplemental Life Buy-Up (employee, spouse, child)	Basic Life and AD&D	x	Voluntary for buy-up
Short Term Disability Buy-Up (to 70%)	Basic STD 60%	x	Voluntary for buy-up
Flexible Spending Accounts		x	Voluntary
Health Savings Account (HSA)	Town contributions begin upon employee enrollment in the HSA	Voluntary ¹	Employees enrolled in Heritage Plan must opt to set up an HSA
457 Deferred Compensation ¹		x	Voluntary
Aflac ^{1,2}		x	Voluntary
Legal Shield ¹		x	Voluntary

¹ You may elect, change or waive enrollment in the following plans at any time during the year; you do not need to wait for Open Enrollment or have a qualifying event: 457 Deferred Compensation, HSA EE contribution, Aflac (after-tax), and Legal Shield.

² You may change or waive Aflac pre-tax plans only during Open Enrollment or a qualifying event. There are no new enrollments in the pre-tax Aflac plans.

Except as noted above, all elections made during open enrollment will remain in effect until the next plan year, unless you or an eligible dependent experiences a qualifying event. If you experience a qualifying event, you must contact HR within 30 days of the event. A list of Qualifying Events is located on the employee portal benefits page, or call HR.



WHAT I NEED TO DO



Before You Enroll

Log into Munis Self Service

<https://selfservice.maranaaz.gov>

- Review your current benefit elections (use the worksheet on the next page).
 - Note: if you had a qualifying life event throughout the year, those changes may not be reflected in self-service.
- Review this guide and the resources online to help decide which plans are the right ones for you and/or your family this year.
- Attend an **Open Enrollment Information Session-** on site and in person!
 - **May 7th 2:30 pm @ MOC-PW Training Room**
 - **May 9th 10:30 am @ MMC-Council Chambers**
- **Open Enrollment Fair-** on-site and in person!!! Come meet the vendors, ask questions, pick up some swag and enjoy an Eegees!
 - **Wednesday May 8th 10:00 am – 1:00 pm MMC Lobby**
- Plan/prepare to provide the Social Security Number for all dependents on your plans. To comply with the Affordable Care Act, you are required to provide the SSN of all persons covered on the medical plan.
- Log into Employee Self Service (ESS) and make your elections.
- You may select the “No Changes” button for any plan you wish to remain the same as you are currently enrolled. FSA plans must be re- elected each year.
- Review and submit your final selections.
- Print or save a copy of your confirmation statement.

BE IN THE KNOW with a Biometric Health Screening

Free and confidential on-site health screenings will be available for **ALL** employees on/at the following dates and location during this year’s annual Open Enrollment period. All employees, regardless if you are participating in Town’s health insurance plan, and dependents over age 18 that are enrolled in one of the Town’s health insurance plans, are encouraged to receive a screening. Remember that knowing your numbers can help you take control of your health.

When and Where:

Tuesday, May 7th 6:30 am – 10:00 am
MMC 2nd Floor Conference Center

Thursday May 16th 6:30 am – 10:00 am
MMC 2nd Floor Conference Center

Employees who participate in a screening will receive two free movie passes.

Open Enrollment

8 am May 3rd - 5 pm May 17th



WHAT I NEED TO DO

My Plans Worksheet (Current Elections)

BENEFIT	PLAN NAME/PROVIDER (circle one if you have a choice)			COVERAGE LEVEL (EE Only, EE+ Spouse, EE+ Children, Family)	COST/PAY PERIOD
Medical (BCBS)	Copper	Teal	Heritage		
HSA	Health Savings Account (only if enrolled in Heritage medical plan)				
Delta	Delta	Delta Plus			
Vision	<i>Superior</i>				
Life Insurance Buy-Up	<i>The Standard</i>	Employee Supplemental Life			
	<i>The Standard</i>	Spouse Supplemental Life			
	<i>The Standard</i>	Child Supplemental Life			
STD Buy-Up	<i>The Standard</i>	Buy-Up coverage (to 70% of earnings)			
Flexible Spending Account (FSA)	<i>ASI Flex</i>	Health Care Account	Dependent Care Account		
457 Deferred Compensation	<i>Nationwide Retirement</i>				
Supplemental Insurance	<i>Aflac</i> (Only pre-tax and some post-tax plans will show in ESS)				
Legal Services	<i>LegalShield</i>				

Example:

BENEFIT	PLAN NAME/PROVIDER (circle one if you have a choice)			COVERAGE LEVEL (EE Only, EE+ Spouse, EE+ Children, Family)	COST/PAY PERIOD
Medical (BCBS)	Copper	Teal	Heritage	Family	\$93.31

BENEFIT CHANGES FOR 2024-2025 PLAN YEAR

Premiums

- Medical Plans – 4.1% Increase
- Delta Dental Plan – No premium changes
- Superior Vision- Reduced premiums
- Life & Disability Buy-Up- No premium changes

Medical Plans

- No plan design changes on Copper and Teal, Heritage Deductible increased per IRS guidelines

Dental Plans

- Enhanced benefits for members with special needs

Vision Plan

- No plan design changes

Life Insurance & Disability

- No plan design changes

Employee Assistance Plan

- No plan design changes

Flex Spending Accounts

- Health Care FSA increased to \$3,200

Health Savings Account

- Increased contribution limits
- Increased employer contributions



ELIGIBILITY

Eligible Employees

Full-time and part-time employees who work 20 or more hours per week are eligible for benefits.

- Eligibility begins on the first of the month following 30 days of employment in a benefit eligible position
- Employees who average 30 hours per week, in a non-benefit eligible position, may be offered medical benefits during their next stability period in accordance with the provisions of the Patient Protection and Affordable Care Act.

Eligible Dependents*

During Open Enrollment you may add the following dependents to your plans:

- Your legal spouse (not divorced or legally separated)
- Your child (natural, step, legally adopted, legal guardianship) under the age of 26 (disabled children over age 26 may also be eligible for coverage)
 - Medical, dental, and vision- coverage extends to the end of the month in which s/he turns age 26 (regardless of student, marital status, residency or financial dependency)
 - Supplemental Life Insurance- covers dependent children up to age 26.
 - FSA/HSA- coverage is for tax-eligible dependents



Special Note for Dependents

For compliance with the Patient Protection Affordable Care Act, you are required to provide the SSN of all persons covered on the medical plans.

Dependent Eligibility Audit

Your documentation may be audited to determine dependent eligibility according to the plan requirements. Supporting documentation for dependent eligibility may include: marriage license, birth certificate, court documents for guardianship, adoption, etc.

Continuing Eligibility through COBRA

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, amended by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, provides that covered employees and their qualified beneficiaries may continue health insurance coverage under the Town of Marana’s health plan when a “qualifying event” would normally result in the loss of eligibility. The Town shall follow all applicable federal and state laws in determining what constitutes a qualifying event. See the list of Qualifying Events on the employee portal benefits page.

Qualifying Events

During the plan year, you and/or your dependents may experience a qualifying event. Qualifying events may entitle you to make changes to your benefit elections outside of the annual open enrollment. Changes in dependent eligibility require you to notify HR. **Please contact Human Resources within 30 days of a qualifying event if you wish or are required to make changes to your benefit elections.**

Additional information about qualifying events is located on the employee portal: <http://www.maranaaz.gov/gle>



HOW TO ENROLL

To complete your Open Enrollment elections, for benefits effective July 1, 2024, you will need to login to Employee Self Service (ESS).

Go To Employee Self Service (ESS)

<https://selfservice.maranaaz.gov/ess/>

-OR-

Go to the Employee Portal and access the ESS link

- www.maranaaz.gov/employee-portal
- Select 'Employee Self Service' from the menu

Login to ESS/Making Your Elections

- 1 Click on the **Login** button (upper right corner)
- 2 Sign in with **username/password**
 - Username (your employee ID #).
 - Password (if you forgot your password, please contact HR to reset it).
- 3 Click on **Employee Self Service** (left side menu)
- 4 Click on **Benefits**
 - The first screen shows your current elections. **Do Not Attempt To Make Changes From This Screen.**
- 5 Click on **Open Enrollment** (left side menu)
- 6 Under the column marked '**New Election**' you will select '**Decline Benefit**' or '**Make New Election**' or '**No Changes**' for each plan listed.

**FSA and HSA elections must be re-elected each year.

Adding Dependents to your plan

- Select their name in the dependent drop down menu on each plan

Adding New Dependents

- Click on 'Add New Dependent' (within each benefit plan) if they are not listed in the drop down already
 - Enter your dependents information (SSN is required, be sure to add the SSN if it is missing for your current dependents).
- After creating the new dependent you can select his/her name from the dependent drop down list for each plan and select 'Add Coverage'
- Click OK

Submitting Your Elections

After all of your elections are complete (for each plan listed):

- Click 'Continue'
- Review your elections for accuracy
 - Make any corrections if needed
- Click on 'Submit Choices'
- Print or Save your confirmation statement

Note: Elections are not finalized until you click on 'Submit Choices'. **Enrollment deadline is 5 pm May 17th 2024.**

Contact your department liaison or Human Resources if you need any additional assistance.



PER PAY PERIOD PREMIUMS

Effective 7/1/24-6/30/25

Medical Per Pay Period Premiums (24 pay periods)

PROVIDER	TIER	EMPLOYEE PREMIUM	TOWN PREMIUM	TOTAL PREMIUM	TOWN HSA CONTRIBUTION*
BCBS AZ Copper Plan	Employee only	\$55.36	\$312.81	\$368.17	-
	Employee +Spouse	\$193.22	\$579.87	\$773.09	-
	Employee +Child(ren)	\$145.72	\$553.76	\$699.47	-
	Family	\$280.19	\$824.23	\$1104.42	-
BCBS AZ Teal Plan	Employee only	\$13.56	\$299.81	\$313.37	-
	Employee +Spouse	\$90.37	\$572.62	\$662.99	-
	Employee +Child(ren)	\$66.32	\$548.16	\$614.48	-
	Family	\$139.72	\$814.34	\$954.06	-
BCBS AZ Heritage Plan	Employee only	\$3.41	\$284.75	\$288.15	\$41.67
	Employee +Spouse	\$59.02	\$546.10	\$605.11	\$83.34
	Employee +Child(ren)	\$51.93	\$495.53	\$547.46	\$83.34
	Family	\$100.51	\$763.94	\$864.44	\$83.34

*Capped at \$1,000 single and \$2,000 family

Dental Per Pay Period Premiums (24 pay periods)

PROVIDER	TIER	EMPLOYEE PREMIUM	TOWN PREMIUM	TOTAL PREMIUM
Delta	Emp only	\$1.77	\$12.69	\$14.46
	Emp +Spouse	\$6.95	\$23.23	\$30.18
	Em +Child(ren)	\$7.51	\$30.02	\$37.53
	Family	\$12.71	\$40.27	\$52.98
Delta Plus	Emp only	\$4.13	\$12.69	\$16.82
	Emp +Spouse	\$11.77	\$23.23	\$35.00
	Emp +Child(ren)	\$13.51	\$30.02	\$43.53
	Family	\$21.19	\$40.27	\$61.46

Vision Per Pay Period Premiums (24 pay periods)

PROVIDER	TIER	EMPLOYEE PREMIUM
Superior	Emp only	\$2.67
	Emp +Spouse	\$5.29
	Emp +Child(ren)	\$5.18
	Family	\$7.89





PER PAY PERIOD PREMIUMS

Effective 7/1/24-6/30/25

Employee and Spouse* Supplemental Life Insurance Premiums (24 pay periods)

EMPLOYEE'S AGE (as of 7/1/24)	RATE PER \$1,000 COVERAGE/PAY PERIOD
24 AND UNDER	0.0400
25-29	0.0350
30-34	0.0450
35-39	0.0650
40-44	0.0950
45-49	0.1650
50-54	0.2800
55-59	0.4550
60-64	0.6100
65-69	0.9600
70-74	1.6900
75+	2.8200

*Online calculator:

<https://maranaegov.com/buyupcalc/>

Amount of Coverage / \$1,000= Factor
Factor x Rate= pay period cost

$$\frac{\text{Elected Coverage}}{\$1000} = \frac{\text{Rate (age chart)}}{\text{Pay Period Cost}}$$

Example:

- I am 47 yrs. old, my rate is 0.1650 and I elect \$90,000.
- $\$90,000/\$1,000=90 \times 0.1650= \14.85
- \$14.85 is my per pay period cost

*Spouse's Life Insurance rate is based on the employee's age (not the spouse's age).

Please refer to the enrollment limits on pg. 26 for employee and spouse coverage.

Child Supplemental Life Insurance Premiums (24 pay periods)

COVERAGE	RATE PER \$1,000 COVERAGE/PAY PERIOD	PAY PERIOD COST
\$2,000	0.0330	\$0.07
\$4,000	0.0330	\$0.13
\$6,000	0.0330	\$0.20
\$8,000	0.0330	\$0.26
\$10,000	0.0330	\$0.33

Short Term Disability Buy-Up Insurance Premiums (24 pay periods)

EMPLOYEE COST/PAY PERIOD				
\$0.085 per \$10 of your weekly benefit*				
*Weekly Benefit=70% of your weekly earnings (not to exceed \$2,000)				
Example: Annual earnings= \$40,000				
$\$40,000/52=769.23 \times 0.70=\$538.46/10=53.85 \times 0.085= \4.71 (pay period cost)				
_____ /52=	_____ x .70=	_____ /10=	_____ x0.085=	_____
Annual Earnings	Weekly Earnings	Weekly Benefit (max \$2,000)	Per \$10 Rate	Pay Period Cost



MEDICAL PLAN INFORMATION

Click on the bubble to go to the carrier website



Medical Plan Options

The Town of Marana offers three medical plan choices through **Blue Cross Blue Shield (BCBS) of AZ**: the **Copper Plan**, the **Teal Plan**, and the **Heritage Plan** (a high deductible plan with a Health Savings Account).

All three plans are Open Access plans. You do not need to have a primary care physician and do not need to obtain a referral before seeing a specialist. All three plans also offer free preventive/wellness care (no co-pays or co-insurance). There are some differences between the plans noted in the comparison charts; however, **all three plans cover the exact same diagnoses and treatments.**

All three plans are also available nationwide through the BCBS family of networks; however there are greater savings when using the plan in state through the BCBS of Arizona network.

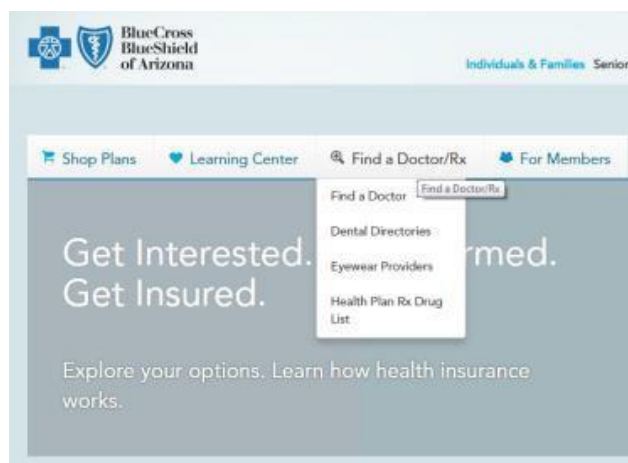
The Copper Plan, is a PPO plan that offers in-network and out-of-network benefits. In-network providers will give you the greatest cost savings and out-of-network providers will have the highest out-of-pocket costs. The Copper plan has the highest premiums but also the lowest deductibles.

The Teal Plan, is an EPO plan that provides in-network benefits only, which means only physicians, facilities or other health care professionals who belong to the BCBS network will be covered.

The Heritage Plan, is an EPO high deductible health plan that offers only in-network benefits but it also includes a Health Savings Account feature which is partially funded by the Town through payroll contributions. Employees who elect this option must apply for the HSA account if they wish to be eligible for Town contributions to the HSA. Employees can also contribute money on a pre-tax basis to help offset the plan deductible or roll it over to use for medical care in future years. Changes in employee contributions to the HSA can be made at any time during the year by contacting HR.

Choosing the Best Plan for You

- 1 Assess the costs you expect in the coming year. This includes premiums (pg. 9), co-pays and co-insurance (pg. 16).
- 2 Use the comparison charts (pg. 16) to evaluate the difference between the plans, understanding your and your family's needs while comparing plan information.
- 3 Determine if your doctor/specialist is contracted with the BCBS network (www.azblue.com use 'Find a Doctor' link).



- 4 You can also call BCBS for pre-enrollment information at: (844) 817-4117
- 5 Use the online plan comparison tool to estimate your costs on each of the plans. <https://www.comparemyhsa.com/townofmarana>

TIP

Get the most out of your insurance by using in-network providers



MEDICAL PLAN INFORMATION

HealthyBlue

BCBS AZ offers many health programs, discounts programs and rewards. Some of the programs and discounts available to you as a BCBS member include:

Telehealth Services

BCBS's BlueCare Anywhere lets you connect with a board-certified doctor, counselor or psychiatrist whenever and wherever you need one (from the comfort of your home, work, on the go, vacation, etc.).

- Sign up at: www.BlueCareAnywhereAZ.com
- Select a provider type (medical, counseling or Psychiatry)
- Enter your health data (first visit only)
- Pay the cost share
- Choose a pharmacy
- See the doctor
- Get a visit summary you can share with your PCP

Share Care Pregnancy Program

Maternity Support at no additional cost.

- Register at azblue.sharecare.com
- Go to the Achieve section, then Programs.
- Download the Ovia App
- Get a \$100 Reward for Enrolling in the program

Nurse on Call

- 1-866-422-2729 24/7
- Chat online through your member portal

Discover BlueNet

Explore interactive tools, services and online resources available to Blue Cross Blue Shield of Arizona members at azblue.com/Member

Health Condition Management

- Learn about your health condition
- Learn how medications work and take correctly
- Tips and ways to prevent further problems related to your condition
- Set goals and stay on track

Blue365 Discount Program

Healthy deals and discounts available for you

- Register at: www.Blue365Deals.com/BCBSAZ

Top brands with
discounts just for you



Fitness Your Way

Low-cost monthly membership to participate at any in network fitness location

- www.Blue365Deals.com/FYW
or call 888-242-2060
- Track gym visits, stay motivated



MEDICAL PLAN INFORMATION



How do I sign up for Sharecare?

Sign up at azblue.sharecare.com. You will need to enter your member ID, or wellness ID if applicable. When entering your ID, you do not need to include the alpha prefix, only the numbers. Once you've registered at azblue.sharecare.com, you can access your account via the Sharecare app on a mobile device, or tablet, or via a web browser on any device.

How can I find the Sharecare app?

Download the Sharecare app from the Apple® App Store® or Google Play™ online marketplaces. Your wireless plan's phone and data rates may apply.

What if I already signed up for Sharecare?

You don't have to register for Sharecare again, but there are steps you need to take to access the added benefits. You also need to make sure you complete the following steps:

- Log in to your account at azblue.sharecare.com.
- It will automatically ask if you'd like to link your account. Click "yes," then you'll be prompted to add your member ID.
- You will have to take the RealAge® test again to receive credit for completing the health assessment. However, your information will still be in the system if you've already taken the RealAge test—simply continue pressing "next" if your information hasn't changed, until you've completed the RealAge test again.
- Note: You must link your existing account through the website using a web browser on your computer or mobile device. You are not able to link your account using the app at this time.

The Real Age Test

Your calendar age really is just a number. What matters is how you feel—how healthy you are, and how much energy you have to do the things you enjoy.

KEY FEATURES

- Access the RealAge Test in the Sharecare app
- Takes approximately 15-20 minutes to complete
- Pause the test at any time and come back to finish
- Your RealAge results give you access to personalized content in your timeline
- Take your RealAge Test multiple times throughout the year to see how lifestyle changes can lower your RealAge result

Visit azblue.sharecare.com to get started.



MEDICAL PLAN INFORMATION

The Heritage Plan- Did You Know?

- 1 The **Heritage Plan** is a High Deductible Health Plan (HDHP) (sometimes called a Consumer Driven Health Plan) with a Health Savings Account (HSA).
 - The Health Savings Account (HSA) is a special savings account where an employee can set aside pre-tax money to be used for health related expenses.
- 2 The Heritage Plan offers financial advantages in the following ways:
 - No cost for Preventive/Wellness Care- including preventive prescriptions
 - Contributions made into the corresponding HSA account are pre-tax (lowers your taxable income)
 - Lowest premiums
 - Lower coinsurance than the Teal plan, same as the Copper plan
 - The higher premium you would pay if enrolled in the Copper or Teal plan can be contributed into your HSA account instead (to help build up your savings account).
- 3 The difference in deductibles between the Teal Plan and the Heritage plan is less than the amount the Town is contributing into the HSA plan (meaning the **Town contributions offset the difference**, and then some).

The Health Savings Account (HSA)- Did You Know?

- 1 The **Health Savings Account (HSA)** can be used to pay for health related expenses (deductible, co-pays, co-insurance, non-covered health expenses or services) for you and your dependents.
- 2 The account belongs to the employee, even after your employment with the Town ends.
 - It's a great way to set aside pre-tax money for your future health needs
- 3 The Town contributes money into your account, at no cost to you
- 4 You can contribute pre-tax money into the account for greater tax savings (reduces your taxable income)
 - Monies deposited in your HSA are yours, you do not lose them when you separate employment (this includes the contributions the Town made into your HSA account).
- 5 There is no use-it-or-lose-it rule, the monies keep accumulating for your future health related needs
- 6 Monies in your HSA or investment income accrue tax-free interest
- 7 Distributions from your HSA are tax-free as long as they are used for qualified medical expenses. If not, taxes and penalties may apply.

Am I Eligible for the HSA?

To be eligible for the HSA plan you must:

- Be enrolled in the Heritage Plan (HDHP)
- Cannot be covered under another plan that is not a HDHP (i.e. a dependent on someone else's plan if it's not a high deductible plan, or if your spouse has an FSA plan)
- Cannot be claimed as a dependent on another person's tax return
- Cannot open a new HSA or contribute to an existing HSA once you become eligible for Medicare. Please speak to HR before enrolling if you are 65+ or will be turning 65 during the coming plan year or are otherwise eligible for Medicare.



MEDICAL PLAN INFORMATION

How to Open Your HSA

If you enroll in the Heritage Plan, you will want/ need to set up your HSA account. You will need to complete this step in order for the Town’s contribution to be deposited into your account, even if you choose not to contribute any additional monies.

Annual Contribution Limits

INDIVIDUAL	FAMILY
\$4,150	\$8,300

CATCH UP 55+ \$1,000

You will receive information from BCBS AZ with additional information about your HSA account through Health Equity. This will include information to complete the Customer Identification Process (CIP). **You will need to complete the CIP before you can access any monies in your account. Failure to complete the CIP may result in your account being closed.**

Additional information regarding the Heritage Plan will be available on the employee portal benefits page. Representatives from BCBS are also available to answer any questions you may have regarding the medical plans offered, please contact BCBS using the information on your front “Contacts” page of this guide.

The Town of Marana is committed to providing employees with medical benefit choices that fit the needs of our employees and their dependents. There is a direct connection between how you use your coverage and how much you pay for services out-of-pocket. Please use the comparison charts on the following pages to help you understand more about our plans.



MEDICAL PLAN COMPARISON CHARTS

	COPPER PLAN		TEAL PLAN	HERITAGE PLAN
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible³	\$400 per person \$800 per family	\$800 per person \$1,600 per family	\$800 per person \$1,600 per family	\$1,600 individual \$3,200 family
Annual Out-of-Pocket Maximum	\$2,000 per person \$5,000 per family	\$4,000 per person \$10,000 per family	\$3,200 per person \$6,400 per family	\$3,800 individual \$7,600 family ⁴
Office Visits	Preventive Telehealth PCP Specialist	\$0 \$10 copay \$15 copay \$35 copay	Not covered ¹ 40% after deductible 40% after deductible	\$0 \$10 copay \$20 copay \$45 copay
Chiropractic Services	\$15 PCP copay \$35 Specialist copay	40% after deductible	\$20 PCP copay \$45 Specialist copay	10% after deductible
Immediate Care	ER Urgent Care Ambulance	\$150 copay \$50 10% after deductible	\$150 copay \$50 10% after deductible	\$175 copay \$75 copay 30% after deductible
Emergency Post-Stabilization Services	10% after deductible	40% after deductible	30% after deductible	10% after deductible
Inpatient & Outpatient Hospital	10% after deductible	40% after deductible	30% after deductible	10% after deductible
Maternity Services	Paid the same as any other condition	40% after deductible	Paid the same as any other condition	Paid the same as any other condition
Physical, Occupational and Speech Therapy Services	10% after deductible	40% after deductible	30% after deductible	10% after deductible
TMJ and Related Services	10% after deductible	40% after deductible	30% after deductible	10% after deductible
Private Duty Nursing	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy – Retail	Generic Preferred Non-Preferred Specialty	\$10 copay \$50 copay \$100 copay \$150 copay	Not Covered	After Deductible ² \$10 copay \$50 copay \$100 copay \$150 copay
Pharmacy – Mail/Retail (90-day supply)	Generic Preferred Non-Preferred Specialty	\$25 copay \$125 copay \$250 copay \$375 copay	Not Covered	After Deductible ² \$25 copay \$125 copay \$250 copay \$375 copay

¹ Mammograms and other specialty tests covered at 40%

² Deductible waived for preventive drugs on the Heritage Plan

³ Family Deductibles: Copper and Teal Plans- each family member is subject to their own deductible; however, all family members are combined to meet the family deductible. Heritage Plan, the individual deductible applies only to single coverage. The entire family deductible must be satisfied before the co-insurance is effective for plans that include coverage for any dependents.

⁴ Heritage Plan Out-of-Pocket Maximum- Family Coverage has an imbedded individual OOP maximum of \$3,800.



BCBS AZ ONLINE

BCBS AZ has many online features/resources that will give you 24/7 access to your profile and claims. You will also have access to a variety of tools to help you manage your healthcare.

Not Yet Enrolled in a Medical Plan?

You can view BCBS's non-member tools and resources at www.azblue.com

- Find a doctor (see if your doctor is on the BCBS PPO network)
- Review the Rx Formulary (is your medication covered?)

Already a BCBS AZ Member?

Create/log in to your own personal profile at: www.azblue.com/member

- Get copies of your Explanation of Benefits (EOB)
- Review your coverage
- Check the status of claims
- Request new ID cards or print a temporary card
- Track your deductible and annual maximum
- Access personalized health and wellness recommendations
- Estimate health care costs by doctor, facility, procedure (find the best choice for you)
- Look up prescriptions
- 24 hour Nurse Line
- Access BlueCare Anywhere (telehealth)
 - Copper and Teal plan, \$10 co-pay

Use the BCBS Mobile App

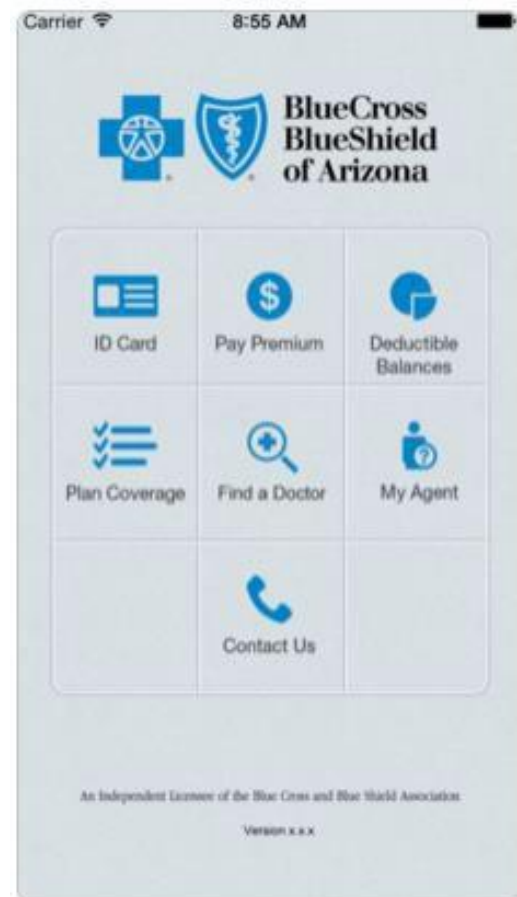
Same great tools you have on www.azblue.com, but from the convenience of your phone.

Forgot your card? Question about your coverage?

- Access your ID card
- Find a doctor, review your balances and coverage.



AZBlue
Blue Cross Blue Shield of Arizona





DENTAL PLAN INFORMATION

Click on the bubble to go to the carrier website →



Dental Plan Options

The Town of Marana offers two dental plan options from Delta Dental: **Delta Dental Base** plan and **Delta Dental Plus** plan

Delta Base plan and **Delta Plus** plan are both administered through the Delta Dental network. Employees are free to choose any dentist they wish, even out of network (with reduced benefits). Participating dentists will file their claims for you! Visit www.deltadentalaz.com to view in network dentists. Both plans offer the following:

- In network preventive care covered 100% (out of network 80%) and is not subtracted from your annual maximum
- Three cleanings per year (one may be exchanged for a deep cleaning every five years); adult fluoride included.
- No deductible for preventive care
- Basic Dental services (fillings, root canal therapy, oral surgery, extractions, nitrous) covered at 80%
- No waiting periods
- Composite fillings
- Enhanced benefits for members with special needs

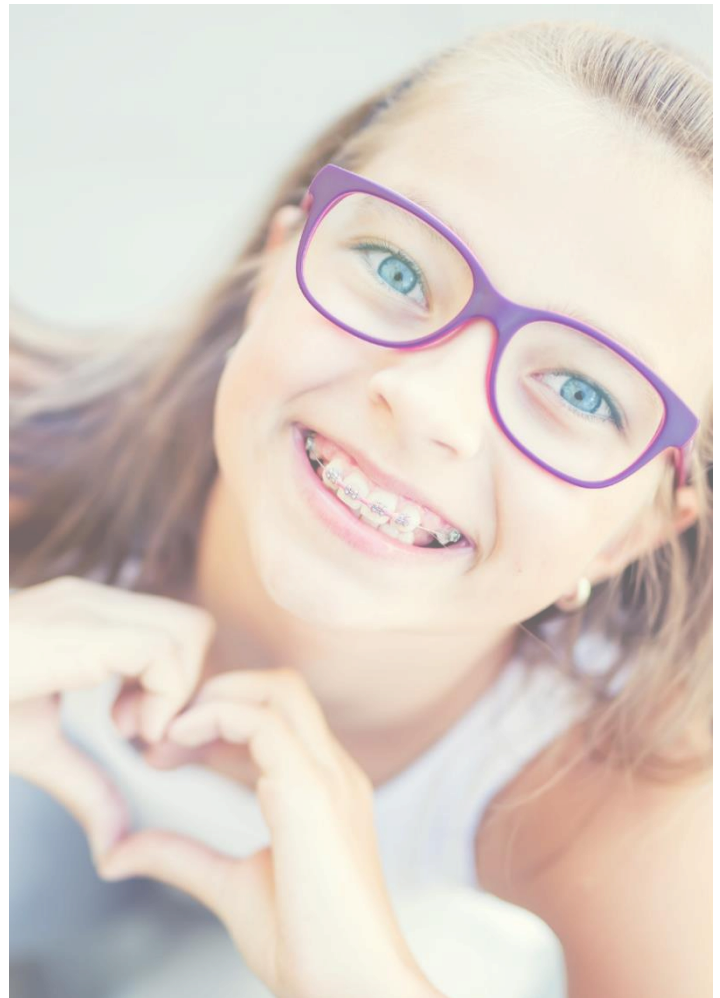
The **Delta Plus** plan offers enhanced coverage, beyond the basic Delta plan. These enhancements include:

- Annual maximum increased from \$1,500 to \$2,500
- In-network Major Dental Services increased from 50% to 60%
- Orthodontia services include adult orthodontia
- Orthodontia lifetime max increased from \$1,000 to \$2,000 per person
- Coverage for implants and TMJ

Choosing the Best Plan for You

When reviewing the plans, you should take into account the following:

- 1 Assess the costs you expect in the coming year. This includes premiums (pg. 9), co-pays and co-insurance (pg. 16).
- 2 Use the comparison charts on pg. 19 to evaluate the difference between the plans, understanding your and your family's needs.
- 3 Determine if your dentist is contracted with the Delta Dental network (www.deltadentalaz.com/provider-search).
- 4 Refer to the plan descriptions for more detailed information on the services covered.





DENTAL PLAN COMPARISON CHARTS

The following chart compares some of your coverage and costs on the two different dental plans available.

	DELTA BASE PLAN		DELTA PLUS PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual Family	\$50 \$150	\$100 \$300	\$50 \$150	\$100 \$300
Annual Benefit Maximum (per person)	\$1,500		\$2,500	
Preventive Dental Services (cleanings 3x/year on Delta Dental, exams, x-rays)	\$0	20%	\$0	20%
Basic Dental Services (fillings, root canal therapy, oral surgery, extractions)	20%		20%	
Major Dental Services (periodontal surgery, crowns, on lays, bridges, dentures, repairs)	50%		40% Includes implants	50% Includes implants
Orthodontic Services	50% (8-19 years) \$1,000 lifetime max per child (banding must begin prior to age 17)		50% (adults and children) \$2,000 lifetime max per person	
TMJ Services	Not Covered		\$1,000 lifetime maximum (covered as Major Dental Services)	

Please refer to the plan documents for more detailed information on the services and coverage provided on each plan.





DENTAL ONLINE

Delta Base and Delta Plus Plans

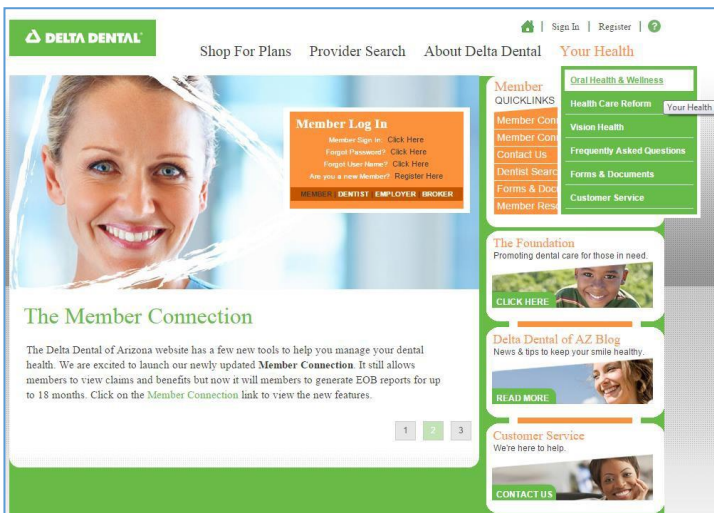
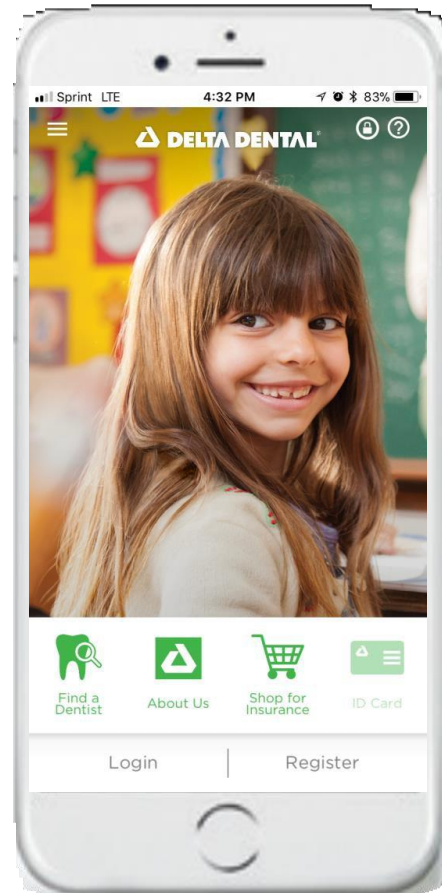
Visit www.deltadentalaz.com to create your ID and password. If you are a new member, please wait until your benefits are in effect to set up your profile.

As a member of Delta Dental you can do the following online:

- Find a dentist in the Delta Dental Network
- View your Benefit Handbook
- View your claims
- Download/print your ID card
- Sign up for electronic statements
- Read articles and tips for oral health on the Delta Dental of Arizona blog: www.deltadentalazblog.com
- Assess your risk for dental diseases with the Oral Health Assessment Tool: www.mydentalscore.com/deltadental

Delta Dental Mobile App

- Access your ID card
- View coverage and claims
- Find a dentist
- Use the cost estimator
- Use the toothbrush timer





VISION PLAN INFORMATION/ONLINE

Click on the bubble to go to the carrier website →



Vision Plan

The Town of Marana offers a vision plan through Superior Vision. The benefit is voluntary and the employee pays the premium in full. The plan offers cost savings on out-of-pocket expenses.

Superior Vision

Employees are free to choose any eye care provider they wish, even out-of-network (with reduced benefits). Participating eye care providers will file your claim for you. Visit <https://superiorvision.com> to find a participating provider. The plan offers the following:

- Annual eye exam
- Annual contact lens fitting exam
- Eyeglass lenses and frames or contact lenses once per plan year

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. The discounts range from 5%-50% and are the best possible discounts available to Superior Vision.

Discount Features*

Some providers offer discounts on the amount you pay over the plan's allowance. Find providers who accept discounts in the Provider Directory.

Discounts on Covered Materials

- Frames- 20% off amount over allowance
- Lens options- 20% off retail
- Progressives- 20% off amount over retail lined trifocal lens, including lens options

Discounts on Non-Covered Exams and Materials

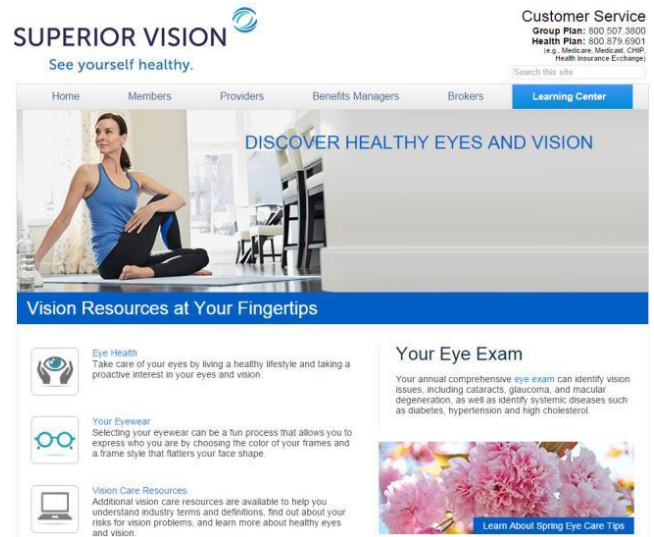
- Exams, frames and prescription lenses- 30% off retail
- Lens options, contacts, other prescription materials- 20% off retail
- Disposable contact lenses: 10% off retail

*Plan discount features are not insurance and are subject to change without notice.

Superior Vision Online

Visit www.superiorvision.com/member to create a username or log in if you already have a profile. As a Superior Vision member, you have the following features available to you online:

- Review your benefits
- Locate a provider
- Order contact lenses
- Order eyewear
- Reimbursement Claim form
- Access to the Learning Center





VISION PLAN INFORMATION/ONLINE

Superior Vision

	SERVICES FREQUENCY	In-Network	Out-of-Network
COPAYS			
Exam		\$10 Copay	
Materials (frames and lenses)		\$25 Copay	
Contact Lens Fitting		\$25 Copay	Not Covered
EXAMS			
Comprehensive Exam (Ophthalmologist (MD))	Once per plan year	\$10 Copay	Plan pays up to \$34 retail
Comprehensive Exam Optometrist (OD)			Plan pays up to \$26 retail
LENSES AND FRAMES			
Single Vision	Once per plan year	\$25 Copay	Plan pays up to \$29 retail
Bifocal			Plan pays up to \$43 retail
Trifocal			Plan pays up to \$53 retail
Lenticular			Plan pays up to \$84 retail
Progressives			Covered up to providers retail price for trifocals
Frame - Standard		Plan pays up to \$125	Plan pays up to \$65 retail
CONTACT LENSES			
Contact Lens Fitting Standard	Once per plan year	\$25 copay (out-of-network not covered)	
Contact Lens Fitting Specialty		Plan pays up to \$50	
Medically Necessary Contacts		Covered in Full	Plan pays up to \$210 retail
Elective Contacts (not medically necessary)		Plan pays up to \$120	Plan pays up to \$100 retail



FLEXIBLE SPENDING ACCOUNTS

Click on the bubble to go to the carrier website



Flexible Spending Account Options

Flexible Spending Accounts (FSA's) allow you to use pre-tax money to pay for necessary health and dependent care expenses, reducing your taxable income and, therefore, decreasing your taxes. Elections cannot be changed during the plan year unless you experience a qualifying event. **Our FSA provider is ASI Flex.**

All pre-tax funds that are not used for eligible expenses incurred during the plan year will be forfeited. This is mandated under the IRS "use it or lose it" rule. To avoid forfeiture, you should plan carefully. You have from July 1, 2024 through June 30, 2025 to use account funds.

2024 Contribution Limits

ANNUAL LIMITS	MINIMUM	MAXIMUM
HEALTH CARE	\$100	\$3,200
DEPENDENT CARE	\$100	\$5,000 (\$2,500 if married filling separately)

Health Care FSA

Used for your own, your spouse and your eligible dependents' non-reimbursed expenses including medical, dental, vision, copays and prescription drugs. Visit www.asiflex.com for a complete list of qualified expenses.

NOTE: Employees electing the Heritage plan with the HSA cannot enroll in the Health Care FSA.

Benefits Debit Card for Health FSA

- The FSA debit card is free and can be used to pay your eligible medical expenses.
- You can pay for medical, dental and vision prescriptions, copays, deductibles, etc. instead of spending cash, writing checks or using other credits cards, with virtually no need to submit receipts.

- The debit card may only be used in conjunction with your Medical FSA; not your Dependent Care FSA. You do not need to elect to receive the benefits debit card, you will automatically receive one if you elect a medical flexible spending account. It is your option to use it.
- If you choose not to use the card, you may complete and submit a reimbursement request form with the receipt/statement attached, or upload your claim through ASI's mobile app. A reimbursement check will be mailed to you, or funds can be direct deposited into your account at no expense.

Dependent Care FSA

Used for daycare expenses for dependents up to the age of 13. It may also be used for care of a spouse/dependent of any age who requires daily living assistance.

Ineligible Expenses

Some expenses may not be eligible for reimbursement under current IRS regulations. For a complete list of ineligible expenses, see IRS Publication 502 "Medical and Dental Expenses," visit the IRS website: www.irs.gov. ASI Flex may need to review a receipt to determine if the expense was eligible, they will send you a receipt reminder. If you do not respond, ASI Flex will deactivate the debit card and ineligible expenses will be reported as taxable income on your W-2. To avoid the need for review of receipts, use your card at participating merchants that utilize the Inventory Information Approval System (IIAS). Be sure to retain your receipts.



FLEXIBLE SPENDING ACCOUNTS

ASI Flex Online

Visit www.asiflex.com to create a personal login or to access your account (after your online profile has been set up). As a participant of ASI Flex FSA plans, you can access the following online features:

- Access forms
- Check your balances
- Verify payment status for a claim
- View your debit card activity
- Submit claims
- View authorized/eligible expenses
- Access the Medical Necessity Form
- View Plan Summaries
- Use the online calculator to estimate your FSA needs

ASI Flex Mobile App

Access your account, view balances and submit claims anytime.



ASIFlex Mobile App

Check your balance from the palm of your hand!
Submit claims from anywhere, anytime.
Go mobile with ASIFlex's free mobile app.

Click the phone for more information or to download now!

	HEALTH CARE	DEPENDENT CARE
Minimum Contributions	\$100 annually	\$100 annually
Maximum Contributions	\$3,200 annually	\$5,000 annually \$2,500 if married filing separately
Use of Account	Pre-tax money to pay for health related expenses for you and your dependents (even if not enrolled in your plans)	Pre-tax money to pay for dependent care expenses for children under age 13, or an older child or spouse who is disabled and requires assistance for daily living while you are at work.
Examples of Eligible Expenses	<ul style="list-style-type: none"> • Copays/coinsurance • Deductibles • Dental fees/orthodontia • Eyeglasses, exams, LASIK, contact lenses and solutions. 	<ul style="list-style-type: none"> • Services from a daycare facility • Babysitting services while you work • Day Camp
What's Not Covered	<ul style="list-style-type: none"> • Premiums • Items listed as not eligible by IRS 	<ul style="list-style-type: none"> • Private school tuition/kindergarten • Overnight camps, and any care when you are not working
Restrictions	See IRS Publication 502 or go to www.asiflex.com/EligibleExpenses.aspx	See IRS Publication 503 or go to ASI's website and select the 'Dependent Care' tab www.asiflex.com/EligibleExpenses.aspx



SHORT TERM DISABILITY

Click on the bubble to go to the carrier website



Short Term Disability

The Town provides basic Short-term Disability Insurance through The Standard at no cost to the employee. The coverage provides income replacement if you are sick or injured (non-occupational) and cannot work.

All benefit eligible employees are automatically enrolled in the Short Term Disability plan, at no cost to you. The coverage is equal to 60% of your weekly earnings, capped at \$1,000 weekly maximum benefit.

Short-term Disability Buy Up Option

You may purchase additional Short term Disability coverage that will “buy up” your benefit an additional 10%, to 70% of your weekly earnings, capped at \$2,000 weekly maximum benefit.

The cost to buy up your coverage is based on your annual earnings, and the STD rate of \$0.085 is calculated for every \$10.00 of your weekly benefit. Refer to the tables on pg. 10 for additional information and assistance with the calculations for your buy up per pay period cost.



Elimination Period

There is a 14 day waiting period, benefits commence on the 15th day of disability for non-work related accidents and illness.

Duration of Coverage

Benefits will continue until the 26th week of disability (includes the elimination period).

Evidence of Insurability

If you are not currently enrolled in the STD Buy-Up Option, you may do so during an annual enrollment period; however, you will be required to provide Evidence of Insurability* (EOI).

*EOI requirement is waived for new enrollees electing coverage as a new hire.

When to file a claim

If you are unable to perform the essential duties of your job due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy, and as a result, you are earning less than 20% of your pre disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre disability weekly earnings. The Standard will determine if your claim is a compensable claim.

You can file your claim online:

<https://www.standard.com/individual/file-claim>
Policy #: 761263



LIFE INSURANCE AND AD&D

The Town of Marana provides benefit eligible employees, their spouses and eligible dependent children with life insurance, at no cost to the employee.

Employee Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Coverage level (no cost to you): 1x your annual earnings rounded up to the next \$1,000 if not already a multiple of \$1,000.

The maximum coverage: \$200,000.

Dependent Basic Life Insurance (Spouse and/or Child(ren))

Coverage level (no cost to you): \$2,000 (for each eligible dependent).

Supplemental Life Insurance

Employee Supplemental Life

Employees may purchase additional life insurance, in increments of \$10,000, without Evidence of Insurability (EOI), up to the Guarantee Issue (GI).^{*} Increases in excess of \$10,000 or above the GI will require an EOI.

Coverage may not exceed \$500,000.

Your cost is based on your age as of July 1 (the first day of the plan year).

^{*}Guarantee issue: \$250,000. Coverage in excess of the guarantee issue will require Evidence of Insurability (EOI).



Spouse Supplemental Life

Employees may purchase additional spouse life insurance, in increments of \$5,000, without Evidence of Insurability (EOI), up to the GI.^{*} Increases in excess of \$5,000 will require an EOI.

Coverage may not exceed 100% of the employee's supplemental life insurance coverage or \$100,000.

Your cost is based on the employee's age as of July 1 (the first day of the plan year).

^{*}Guarantee issue is \$30,000. Coverage in excess of the guarantee issue will require Evidence of Insurability (EOI).

You may not elect coverage for your spouse if he or she is an active member of the armed forces of any country or international authority, or already covered as an employee under this policy.

Note: Employee and Spouse Life Insurance benefits reduce by 35% at age 65^{*} and by 50% at age 70^{*} (of the original amount elected).

^{*}based on employee's age for both, not the spouse's age.



Child(ren) Supplemental Life

Employees may purchase additional child(ren) life insurance for your eligible children (up to Age 26) in increments of \$2,000 up to \$10,000.

Coverage may not exceed the 100% of the employee's supplemental life insurance coverage.

You may not elect coverage for your child if he/she is an active member of the armed forces of any country or international authority.

Adult child(ren) over age 26 may be eligible if they are totally disabled.

Please refer to the charts and formulas on pg. 10 to help determine the pay period cost for Buy-Up Short Term Disability and Supplemental Life Insurance Benefits or use our online calculator:

<https://maranaegov.com/buyupcalc/>.



MY BENEFITS PACKAGE

As a benefit eligible employee with the Town of Marana, your full Benefits Package includes the following plans: the pink hi-lighted plans you will elect or waive during your initial enrollment period; the green hi-lighted plans are mandatory or provided by the Town and do not require you to enroll; the 457 Deferred Compensation, Aflac, and LegalShield plans can be elected at any time.

BENEFIT	PAID BY EMPLOYER (ER)	PAID BY EMPLOYEE (EE)	IS COVERAGE AUTOMATIC OR VOLUNTARY?	WHEN CAN I MAKE CHANGES?
Medical	X	X	Voluntary	OE or QE
Dental	X	X	Voluntary	OE or QE
Vision		X	Voluntary	OE or QE
Supplemental Life Buy-Up (employee, spouse, child)	Basic Life and AD&D	X	Voluntary for buy-up	OE or QE
Short Term Disability Buy-Up (to 70%)	Basic STD 60%	X	Voluntary for buy-up	OE or QE
Flexible Spending Accounts		X	Voluntary	OE or QE
Health Savings Account (HSA)	Town contributions begin upon EE set up of Health Savings Account	Voluntary ¹	Employees enrolled in Heritage Plan must opt to set up an HSA	You can change your employee contribution at any time after account is set up.
Retirement Plans: ASRS and PSPRS, CORP, EORP	X	X	Automatic upon eligibility	N/A
457 Deferred Compensation ¹		X	Voluntary	You can enroll or change your contribution anytime
Long Term Disability ASRS- Broadspire PSPRS/CORP/ EORP- The Standard	Broadspire & The Standard	Broadspire	Automatic upon eligibility	N/A
Employee Assistance Program (EAP)	X		Automatic	N/A
Managed Time Off (MTO) For personal and medical absences	X		Automatic	N/A
Vacation Leave	X		Automatic	N/A
Holidays	X		Automatic	N/A
Legal Shield ¹		X	Voluntary	Anytime
Aflac ¹		X	Voluntary	After-tax plans can be changed anytime

*OE- Open Enrollment QE- Qualifying Event

¹You may elect, change or waive enrollment in the following plans at any time during the year; you do not need to wait for Open Enrollment or have a qualifying event: 457 Deferred Compensation, HSA EE contribution, Aflac (after-tax), and Legal Shield.

Additional information about your benefits is located on the employee portal at: www.maranaaz.gov/benefits



SUPPLEMENTAL RETIREMENT & EMPLOYEE ASSISTANCE PLAN

Supplemental Retirement

457 Deferred Compensation plan is a voluntary supplemental retirement plan available to you through Nationwide.

A few of the advantages of a 457 deferred compensation plan:

- Contributions are pre-tax (lowers your taxable income)
- You set up your investments
- You may be able to take a loan from your account that you pay back with interest (pay yourself back)
- You decide how much to contribute (contributions can be adjusted to meet your financial needs throughout the year)
- Age 50 catch up provisions
- No early withdrawal penalties

Contact our representative Klark Krauter at 800-796-9753 or krautek@nationwide.com for additional information.

Employee Assistance Plan

The Town of Marana offers all benefit eligible employees with Work-Life Benefits through an Employee Assistance Plan (**EAP**), at no cost to you. Services for this plan are offered through **Alliance Work Partners**.

To enhance your well-being, AWP offers:

- Counseling – no cost, confidential, short-term
- LawAccess – legal and financial referrals/ consultations
- WorkLife – referrals for a variety of personal and professional needs
- HelpNet – online resources including webinars, training courses, assessments, legal forms and many other tools

To use your EAP benefit, you do not need to contact Human Resources first. Please contact AWP directly to speak with an Intake Counselor and confidentially discuss your counseling request, legal/financial referral, work/life need or online resource questions.

Please contact AWP at:
1-800-343-3822
TTD: 1-800-448-1823
Teen Line: 1-800-334-8336

www.awpnow.com

Registration code: **AWP-MARANA-4252**

We encourage you to contact the EAP to help you improve your well-being. The confidential, no cost resources are available to all benefit eligible employees and their household.

AWP does not report individual information or participation back to the Town. Utilizing their resources is completely confidential.

Click on the bubble to go to the carrier website



SUPPLEMENTAL INSURANCE, LEGAL SERVICES & IDENTITY THEFT

Town of Marana employees are offered group discounted rates for additional services that can be purchased on your own through direct bill with the vendor. These services can be purchased at anytime; there is no annual enrollment or qualifying life event restriction and you may cancel services at any time.

Note: Similar services may also be available to you through other third party vendors.

Supplemental Insurance

Aflac offers additional supplemental health insurance to the employees at the Town of Marana who enroll in Aflac's plans.

The supplemental insurances available are:

- Accident
- Hospital
- Cancer

A brief summary is included in your Benefit Packet.

You can contact Nicole Van Winden 520-780-0612 Nicole_VanWinden@us.aflac.com for additional information and enrollment.

Legal Services

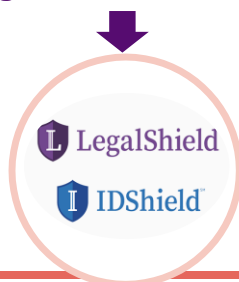
LegalShield offers additional services to employees who enroll in their plan which include:

- Legal advice
- Family will, living will, power of attorney
- Identity theft protection

You can contact Paul or Cassie Prinke 602-828-2868 clprinke@legalshieldassociate.com for additional information and enrollment.

Legal Shield 800-654-7757

Click on the bubbles to go to the carrier website



***Enrollment is not available through ESS or for payroll deduction. You may enroll and/or cancel coverage at any time; it is not limited to Open Enrollment.**

ANNUAL COMPLIANCE NOTIFICATIONS

Your healthcare rights are important to the Town of Marana. Notifications regarding these rights are located on the employee portal benefits page and are available from Human Resources. Please read these notifications and be aware of your rights. If you have any questions, contact Human Resources.

The following notifications are located on the employee portal: <http://www.maranaaz.gov/compliance>

[HIPAA Privacy Reminder and Special Enrollment Rights](#)

[Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)

[Prescription Drug Coverage and Medicare](#)

[Women's Health and Cancer Rights Act \(WHCRA\) Notice](#)

To access the employee portal you can use the link above from any computer (if viewing this online) or visit www.maranaaz.gov/employee-portal:

- Click on **Resources**
- Click on **Benefits**
- Click on **Compliance Notifications** (under Town Employee Benefits)

The information in this guide is intended as only a summary of the benefits provided by each carrier/vendor. In the event that a discrepancy exists between the carrier/vendor contracts and plan documents, and this guide, the actual contract/ plan documents shall govern.



24/25

BENEFITS GUIDE
OPEN ENROLLMENT

