



Navajo County, Arizona
2020 Open Enrollment Benefits Guide
Plan Year 1/1/20-12/31/20

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Welcome to open enrollment! Navajo County is excited to offer a comprehensive and valuable benefits package to you and your family.

This guide provides details of each available benefit. Please thoroughly review your options so you can make the most informed decisions.

This is the only time during the year that you are able to make changes to your benefits unless you experience a Qualifying Event.

Open enrollment is 12/2-12/13.

New this year! All benefit elections will be made in our new enrollment portal, Employee Navigator. Please see pages 20-21 for instructions.



All changes made during this open enrollment become effective

January 1, 2020.

Please be sure to complete enrollment by December 13th

Eligibility & Qualifying Events

BENEFIT ELIGIBILITY

All full-time employees will be eligible for benefits on the 1st day of the month following 30 days of employment. Family members including Spouse and Dependent Child(ren) are also eligible for coverage.

Eligible Dependents include:

- Legally married spouse
- Domestic Partner
- Child up to the age of 26 including;
 - Natural or adopted Child
 - Step Child
 - Child that you are legal guardian
 - Child that has been placed with you for adoption

Once you have made your elections, you will not be able to make any changes until the next annual open enrollment period, unless you experience a Qualifying Event as defined by the IRS.



QUALIFYING EVENT

If you experience a Qualifying Event, you can make a change to your benefit that is consistent with the status change.

Qualifying Events include:

- Marriage
- Divorce / Legal separation
- Birth / Adoption / Legal custody of a child
- Death of a spouse or dependent child
- Employee or dependents gain/loss of other coverage
- A change in work status that causes you to gain or lose eligibility.



What's New for 2020

Basic Life, AD&D and Voluntary Supplemental Life Insurance

Offered through AFLAC.
Existing AFLAC worksite benefits are moved to AFLAC's group platform.



Medical

To meet IRS guidelines for Health Savings Account qualification, the individual deductible has been increased from \$2,700 to \$2,800 effective 1-1-20. The total family deductible and all out of pocket maximums remain as is.



Navajo County is pleased to announce a dual plan offering - you can chose between the existing Plan (now called H.S.A. \$2,800) and the new Copay \$2,800 Plan. See page 4 for more details on both plans.

Telemedicine

SummitCares.net, a program offered by Summit Healthcare, is replacing HealthiestYou. See page 17 for more details.



Employee Navigator

An online enrollment portal will be used for your benefit elections. All employees will be required to confirm demographic data and make benefit elections even if you do not wish to make changes. See pages 20-21 for log in and enrollment details.



Health Guide

Navajo County is increasing the amount you can earn in your Health Savings Account by using the Personal Health Guide for procedures or surgery. Instead of a flat \$1,000 you will be able to share 50% of the savings to a maximum of \$3,500!



Employee Premiums

Medical Premiums Per Paycheck			
	COPAY \$2,800 Employee Cost *	H.S.A. \$2,800 Employee Cost*	Navajo County Monthly Cost
Employee Only	\$67.50	\$27.99	\$674.02
Employee + Spouse	\$186.01	\$110.69	\$1,284.82
Employee + Child(ren)	\$153.06	\$91.95	\$1,042.50
Employee + Family	\$252.91	\$140.11	\$1,924.39
*Cost is per pay period (24 pay periods annually)			

Dental Premiums Per Paycheck—No change		
	Employee Cost *	Navajo County Monthly Cost
Employee Only	\$1.53	\$27.57
Employee + Spouse	\$5.84	\$46.71
Employee + Child(ren)	\$6.41	\$51.24
Employee + Family	\$7.52	\$60.18
*Cost is per pay period (24 pay periods annually)		

Vision Premiums Per Paycheck - No change	
	Employee Cost *
Employee Only	\$5.81
Employee + Spouse	\$11.34
Employee + Child(ren)	\$11.03
Employee + Family	\$16.58
*Cost is per pay period (24 pay periods annually)	

Medical Benefits Overview

Navajo County	COPAY PLAN \$2,800	H.S.A. PLAN \$2,800
Calendar Year Deductible	Individual: \$2,800 Family: \$5,000	Individual: \$2,800 Family: \$5,000
Coinsurance	20%	20%
Out-of-Pocket Maximum Includes Annual Deductible/ Copays	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000
Benefit Maximum - Lifetime	Unlimited	Unlimited
Physician Visit—PCP	\$30 copay	Deductible then 20%
Physician Visit - Specialist	\$60 copay	Deductible then 20%
Preventive Services	No charge	No charge
Maternity- Office visits	\$30 copay	Deductible then 20%
Maternity - Childbirth	Deductible then 20%	Deductible then 20%
Lab and X-Ray	Deductible then 20%	Deductible then 20%
Hospital - Inpatient/ Outpatient	Deductible then 20%	Deductible then 20%
Outpatient Physician Visit	\$60 copay	Deductible then 20%
Outpatient Surgery (including Surgeon)	Deductible then 20%	Deductible then 20%
Physician	\$60/visit	Deductible then 20%
Emergency Room Visit		
True Emergency	\$500 copay applies; deductible/coinsurance waived. If admitted, \$500 copay is waived and inpatient hospital benefits apply	Deductible then 20%
Non-Emergency	Deductible then 20%	
Urgent Care	\$100 copay	Deductible then 20%
Prescription Drugs	Retail:	After Deductible, Retail:
Generic	Tier 1: 25% not to exceed \$10	Tier 1: 25% not to exceed \$10
Brand	Tier 2: 30% not to exceed \$20	Tier 2: 30% not to exceed \$20
Brand	Tier 3: 30% not to exceed \$45	Tier 3: 30% not to exceed \$45
Specialty	Tier 4: 50% not to exceed \$90	Tier 4: 50% not to exceed \$90
	Deductible waived when using Health Guide	Funds added to H.S.A when using Health Guide

Dental & Vision

Navajo County will continue to offer dental benefits through AMERITAS. Preventive cleanings not only protect your smile but ensure good oral and overall health. Remember - visiting an in-network provider will have higher benefits and keep your out-of-pocket expenses lower.

	In-Network	Out-of-Network
Annual Deductible (Waived for Preventive)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum (Per covered Individual)	\$1,500	\$1,500
Preventive Services Exams, cleanings, x-rays	100%	100%
Basic Services Fillings, extractions, root canal	80%	80%
Major Services Crowns, bridges, dentures	50%	50%
Orthodontia Up to age 19	50%	50%
Ortho Lifetime Maximum	\$1,500	\$1,500



VISION BENEFITS

Navajo County will continue to offer vision benefits through VSP. You may receive care from any provider you choose, but your benefits are greater when you see an in-network provider. There is no vision card, you give your SSN to provider to access benefits.

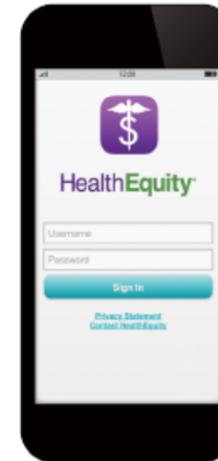
	In-Network	Out-of-Network
Vision Exam	\$10 copay	Up to \$45
Lenses Single vision Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65
Frames	\$150 allowance	Up to \$70
Contact Lenses	\$130 allowance	Up to \$105
Frequency	Exam - One every 12 months Lenses - One every 12 months Frames - One every 24 months	
Contact lenses in lieu of frames. Out-of-Network is reimbursed up to a certain amount.		



Health Savings Accounts (H.S.A.)

An H.S.A. can be funded with your tax-exempt dollars or contributions made by your employer. This account can help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even health insurance premiums, in some cases.

Discover the many uses for your H.S.A. by going to <https://learn.healthequity.com/qme>



EMPLOYEES ELECTING THE H.S.A. \$2,800 MEDICAL PLAN WILL RECEIVE AN ANNUAL EMPLOYER CONTRIBUTION OF \$300 DEPOSITED INTO THEIR H.S.A. (NEW HIRES WILL RECEIVE A PRO-RATED AMOUNT EQUAL TO \$25 PER MONTH).

How it's funded	How to use it	How it grows	Benefit
<p>Navajo County creates your account when you enroll.</p> <p>You can contribute pre-tax in 2020:</p> <ul style="list-style-type: none"> • Individual Plan- \$3,550 • Employee +1 / Family- \$7,100 • 55 or older- add'l \$1,000 	<p>You can use the money in your H.S.A. to pay eligible medical, dental, vision expenses, as well as other eligible expenses like long-term care premiums, or you can save the money to use in the future—even in retirement.</p> <p>You can pay directly from your account using your Health Equity debit card or pay providers online at www.healthequity.com</p>	<p>The money you don't use rolls over from year to year. It can even earn interest.</p> <p>The money in your account is always yours. You can take it with you if you leave Navajo County or retire.</p> <p>Once your account balance meets a threshold of \$2,000, you can invest your H.S.A. dollars in best-in-class mutual funds.</p>	<p>Your H.S.A. is triple-tax-advantaged:</p> <ul style="list-style-type: none"> • Your contributions are tax-free • Your money grows tax-free, and • You don't pay taxes on your withdrawals when used for eligible expenses.

Employee Wellness Program

Participation In Wellness Program

Navajo County remains committed to investing in the health and well-being of our employees with the belief that healthy employees will be happier, more productive, and have reduced benefit costs. Starting in January 2020, employees participating in the wellness program will have the opportunity to receive up to **\$900 in wellness incentives per year**. Participants must meet certain qualifications to earn the wellness incentives. Navajo County's Wellness Incentive Program is voluntary, and the County does not require its employees to participate. Employees who complete the participatory activities will receive the contributions in their Health Savings Account. **If your spouse is enrolled in the County's Health Plan, you can receive an additional \$300 in wellness incentives when they complete their preventative physical exam and biometric screening (lab work).**

The Wellness program has five key goals:

- Help employees identify personal health risks.
- Encourage employees to take charge of their health.
- Provide the motivation, education, and support that will hopefully make it easier for employees to adopt healthier lifestyles.
- Control health care costs through disease prevention and better management.
- Improve overall employee morale and well-being through group challenges.

Wellness Participation-Earn up to \$900!

Completion Deadline

\$500	Complete preventative physical & biometric screening	July 1, 2020
\$100	Healthy challenge 1 participation	April 1, 2020
\$100	Healthy challenge 2 participation	July 1, 2020
\$100	Healthy challenge 3 participation	October 1, 2020
\$100	Healthy challenge 4 participation	January 1, 2021



Life and AD&D

New this year! Navajo County will change our life insurance carrier to AFLAC.

Navajo County provides full-time employees with \$50,000 of Life and AD&D coverage and \$2,000 of Dependent Life for your spouse and child(ren) at no cost to you . In addition to the Basic Life offered through AFLAC, you have an opportunity to purchase additional life insurance for yourself, your spouse and child(ren). This will help financially protect your family and provide peace of mind in the event of your death. You must enroll in the coverage in order to cover your dependents. **A Statement of Health may be required if you elect an amount over Guarantee Issue or if you enroll outside your initial eligibility period (after your new hire waiting period).**

Voluntary Life Insurance Benefits	
Employee	<ul style="list-style-type: none"> ◆ Increments of \$10,000 up to a maximum of \$500,000 (not to exceed 5 times salary) ◆ Guarantee issue amount - lesser of \$150,000 or 3 times salary ◆ A Statement of Health may be required
Spouse	<ul style="list-style-type: none"> ◆ Increments of \$5,000 to a maximum of \$200,000 (not to exceed 50% of employee amount) ◆ Spouse Guarantee issue amount \$30,000 ◆ A Statement of Health may be required
Child(ren)	<ul style="list-style-type: none"> ◆ Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 (ages 6 months and older) ◆ One rate regardless of the number of kids covered

Age Bracket	Rate* per \$1,000 of Volume
*Spouse coverage is billed based on the employee's age	
Child(ren)	\$.170
<30	\$.050
30-34	\$.070
35-39	\$.080
40-44	\$.100
45-49	\$.150
50-54	\$.230
55-59	\$.430
60-64	\$.660
65-69	\$1.270
70+**	\$2.060

For example, the monthly rate for a 45 year old employee electing \$50,000 of voluntary life is \$7.50 (or \$3.75 per paycheck).

$$\$50,000 / \$1,000 = 50$$

$$50 \times \$0.150 = \$7.50$$



Employee Assistance Program

Aetna Resources For Living

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. This includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.

Call any time, any day, or go online for confidential assistance, information or resources to help resolve life's challenges.

- Counseling & Relationship Support
- Legal Services
- Financial Services
- Identity Theft Services
- Web-based Resources



Aetna Resources for Living

To access services:

1-888-238-6232

www.resourcesforliving.com

Username: Navajo

Password: ARFL

Confidential services
available 24 hours a day,
7 days a week

aetna[®]

Navajo County Healthcare Partners

Third Party Administrator



bashealth.com

BAS processes medical claims submitted by you or your provider(s) for the payment of covered expenses under your medical plan. A customer service team is available to answer coverage and claims inquiries from you or your provider(s).

Inpatient & Outpatient Facility Partner



advancedpricing.com

AMPS checks each facility claim using a physician review process and then prices the claim using a reference based reimbursement approach which results in more reasonable charges.

Physician Network



multiplan.com

PHCS physician network is utilized for physician services. This network is used to complement the existing physician network with Summit Healthcare.

Prescription Drugs



bmr-inc.com

Broadreach Medical Resources (BMR) manages Navajo County's prescription drug program. BMR utilizes Optum's Pharmacy Network with more than 60,000 pharmacies nationwide.

Personal Health Guide

The **Personal Health Guide** program enables plan members to shop for high quality healthcare at a lower cost.

When you are informed that you need a surgery, image or procedure, contact your Personal Health Guide. They will help you choose a doctor, facility and date. **Please remember to contact your Health Guide before scheduling your procedure.**

When you need assistance, your Health Guide is ready!

(928) 524-4700

healthguide@navajocountyaz.gov

\$250

\$250 will be put into your Health Savings Account when using the Personal Health Guide for your imaging needs.

**Up to
\$3,500**

When you use the Personal Health Guide for a procedure or surgery, we will put 50% of the savings into your Health Savings Account up to a maximum of \$3,500.



Healthcare Shopping Basics w/o Personal Health Guide

1

Healthcare Encounter

After you visit a professional's office or facility, the provider will create an invoice for healthcare services (this is called a claim).

2

Review and Payment

Your claim is then sent to Your Plan Administrator and AMPS for processing and payment. Your Plan Administrator validates coverage and AMPS checks each claim using a physician review process and then prices the claim using a reference based reimbursement approach which results in more reasonable charges. AMPS analyzes over a decade of claims data when reviewing claims, which is combined with repricing acceptance rates for providers across 50 states. Your Plan Administrator will then send payment to the provider with an explanation of the review if needed.

3

Member Outreach

After spotting your claim when it flows through AMPS review process, AMPS Advocates will contact and remind you they stand ready to help should you receive any additional request for payment from the provider.

4

A Balance Bill/Collections Letter

In most cases the provider accepts the payment from Your Plan Administrator. However, there are some providers with accounting systems configured to automatically generate balance bills to patients if they received a payment for less than the initial billed charges. Some providers may contact you for collections. If you happen to receive a bill for the balance of remaining amount (called a "balance bill") or a collections letter/call, contact AMPS immediately at (800)425-9373 and your Advocacy Team will assist.

5

Member Advocacy

Once AMPS is notified of a balance bill or collections attempt, an Advocate Authorization form will be sent to you for signature which allows AMPS Advocates to speak directly with the provider regarding the benefit plan, payment determination and optional appeal process. AMPS will keep you updated on communications with the provider and answer any of your questions that may arise.

6

Appeal Process

In most cases the provider accepts payment after speaking with your Advocate, however as a fiduciary for your benefit plan, providers may appeal directly to AMPS for additional payment. AMPS will review and may adjust the payment if the provider presents additional information to warrant added payment. Alternatively, the provider may balance bill again for the denied charges. (See Step 4).

7

Stand Firm

Most important, and most difficult, is to stand firm. The length of time it takes to reach resolution will be dependent on the specifics of your claim. Being told you owe money can be frustrating and creates anxiety. Know the provider received fair and reasonable payment for your claim. Remember provider bills are automatically generated - you may even receive one while Your Plan Administrator and AMPS are disputing the additional changes on the balance bill.

8

Provider Overcharge Defense

Should the provider attempt legal recourse to collect invalid balances, AMPS Defense Team will defend balance bills and any litigation, at no cost to you, until full resolution.

Advanced Medical Pricing Solutions (AMPS)

RBR - Frequently Asked Questions

What is RBR?

RBR stands for Reference Based Reimbursement. This is a method of reimbursement based on several pricing benchmarks including Medicare, true costs, and cost-to-charge data.

A provider is stating that they do not accept my insurance, what do I do?

Often this happens because the provider does not recognize the logo on your id card. Explain that your health benefits can be verified by contacting your Benefit Administrator (BAS) at the toll-free number on the card.

Could the provider ask me to pay for my care in advance?

The provider may request payment from you in advance, but as the patient, you are only responsible for your out-of-pocket amount (co-pay, coinsurance and/or deductible). Only pay your co-pay in advance as the coinsurance and deductible are not calculated until your Benefit Administrator processes the claim.

What if the provider asks me to pay more than my out-of-pocket?

Your plan does not require you to pay for care in advance beyond your out-of-pocket responsibility. If the provider refuses to treat you, please contact your Benefit Administrator (BAS) immediately so they can speak to the provider.

What should I do if I get a Balance Bill?

Contact AMPS immediately at (800)425-9373. Be prepared to send a copy of the front and back of the hospital statement to your Advocate. Once the invalid balance is verified, your Advocate will send you a Balance Bill Kit.

What is a Balance Bill kit?

A Balance Bill kit includes an Authorization Letter, Telephone Call Information Form, the Formal Notice Regarding Billing Errors and Dispute of Charges, and the Collection Agency Rules List. The Authorization and the Formal Notice should be signed and returned to AMPS as soon as possible.

Is there a deadline for disputing a balance bill?

Under the Fair Credit Billing Act (FCBA), you have 60 days to dispute an invalid balance with the provider.

Once notified of the dispute, will the provider stop sending bills?

You will probably continue to get a statement from the provider every month. Providers are large and their billing is automated, so it's very difficult for them to interrupt a single statement.



Advanced Medical Pricing Solutions (AMPS)

Can I ask a provider or their representative to contact AMPS instead of calling me?

*Yes, you can. If you receive a call about charges that have been disputed, you can ask them to contact **AMPS** at **(800)425-9373**. Tell the caller that you have appointed AMPS as your Authorized Representative.*

How long does it take to resolve an invalid Balance Bill with the provider?

It can be a lengthy process. Even working within the federal guidelines, it can take several months to resolve an invalid balance.

What if I need additional treatment at this hospital/surgery center?

Will they turn me away? It has not been AMPS experience to have a provider turn away a member due to balance billing. If you encounter any admissions issues, please call your Benefit Administrator (BAS) right away so that AMPS and your Benefit Administrator can work together to resolve the issue.

Should I make any payments on the bill I receive?

Pay only the balance you owe. If you cannot pay the entire balance at one time, make payment arrangements on the balance owed, or make monthly, good faith payments against it. Never sign any arrangement for an amount more than that you owe.

Can my credit score be affected?

If the dispute is filed within 60 days, the likelihood of your credit being affected is greatly reduced. Despite our efforts, you may still be contacted by bill collectors. Should this happen, please see the "Collection Agency Rules List" included in the Balance Bill Kit, to be aware of your rights the hospital will be notified that under the Fair Credit Reporting Act (FCRA), it is a violation for them to report your account to a credit reporting agency or Credit Bureau.

How will I know if I am being balance billed or if the amount on the hospital statement is my responsibility?

The EOB (Explanation of Benefits) from your Benefit Administrator contains a box that shows how much you owe. When you get the first hospital statement, compare the amount they are billing to your EOB. If the amount on the hospital statement is more than your EOB, you are being balance billed.

When does the 60-day timeline start for filing a dispute?

The 60-day timeline begins from the date stamp on the envelope from the hospital. If you did not keep the envelope, it begins from the date on the first statement you receive from the facility.

Can I still contact AMPS if my balance bill is older than 60 days?

Yes, you can. While our effectiveness is greatly reduced outside the FCBA 60-day period, we will still fight to protect you as best we can.

AMPS (800)425-9373



AFLAC Voluntary Benefits



AFLAC helps provide Navajo County employees with financial peace of mind with cash benefits to pay out-of-pocket medical expenses and other bills.

Short Term Disability

Supplement benefits are offered to employees of Navajo County through payroll deduction. Coverage for off-the-job injuries and illnesses.

Critical Illness

Guarantee issue up to \$20,000 for employees, and \$10,000 for spouse. Benefit for events such as heart attack, stroke, cancer, and more.

Accident

On and off-the job injuries such as fractures, dislocations and separations.

Hospital

Hospitalization benefits for injuries, illnesses or maternity to help offset expenses. Members will receive \$1,000 when admitted as inpatient and a \$150 daily benefit.



PLEASE NOTE: Navajo County will transition the current *individual* AFLAC offering to their *group* platform, including the Short-Term Disability program. **The payroll deductions for the current individual programs will stop January 1st. The new AFLAC group coverage will begin January 1, 2020 and will require you to elect new coverage in the Employee Navigator enrollment system.**

Please contact our AFLAC agent, Greg Smith at 928-434-0801 if you have any questions.

Telemedicine



See a doctor 24/7
from anywhere.

SUMMITcares.net

Learn More

24/7 Access to Doctors

With SummitCares, you can connect with a doctor who can diagnose, treat, and prescribe over the phone 24/7/365. Using SummitCares can save you money and greatly reduce the time wasted in waiting rooms or trying to schedule an appointment.

SummitCares members only talk to actual doctors who are U.S. board-certified internists, state-licensed family practitioners, and pediatricians licensed to practice medicine in the U.S. and living in the U.S.

Common conditions include sinus problems, respiratory infection, allergies, flu symptoms and many other non-emergency illnesses. Using [SummitCares.net](https://www.summitcares.net) is simple. Just follow these steps:

Create an account online at [SummitCares.net](https://www.summitcares.net) or through its corresponding app, available for **Android** and **Apple** devices.

1. Log in, request a visit with a physician, and provide a reason for the visit, such as your symptoms.
2. Fill in your medical history, if you didn't do so when you created your account.
3. Select a pharmacy, in case the physician prescribes a medication.
4. Enter your payment information for the required \$49 copay. You can pay for SummitCares.net visits with your health savings or flexible spending account. **Navajo County will reimburse the full \$49 back to those who are on the County Medical Plan, into your H.S.A. or H.R.A.**
5. Click "Go," and wait for the physician to appear on screen.

Once the physician arrives, the SummitCares.net experience is similar to a typical office appointment.

Retirement Plans

Arizona State Retirement System (ASRS)

Required for full-time, part-time, and temporary employees who work more than 20 hours a week and 20 weeks or longer www.azasrs.gov (800) 621-3778



Corrections Officers Retirement Plan (CORP)

For Adult Detention Officers

Administrative Office of the Courts (AOC-CORP)

For Probation Officers and Juvenile Detention Officers
www.psprs.com (877) 925-5575

Public Safety Retirement Plan (PSPRS)

For POST Certified Sheriff's Deputies
www.psprs.com (877) 925-5575



Elected Officials Retirement Plan

For all Elected Officials
www.psprs.com (877) 925-5575

Nationwide Retirement Solutions

To help you prepare for a financially fit retirement, Navajo County offers a deferred compensation plan through Nationwide to help supplement the State retirement systems. You can start at any time with a \$10 minimum deduction per pay period. (The standard annual maximum contribution limit is \$17,500.) You may also make changes at any time to the amount you wish to contribute. All assets are invested and grow for you on a tax deferred basis. The options are; Pre-tax 457 Deferred Compensation, and Roth 457 Plan.

Note: If you are 50 years of age or older, you may contribute a catch up amount not to exceed \$23,000 in a calendar year.



Flexible Spending Account

Valuable pre-tax benefits administered by BAS Health

A **Flexible Spending Account (FSA)** is an IRS Code Section 125 Cafeteria Plan. Through it, Participants set aside funds on a pre-tax basis each year into their FlexSystem account(s), and subsequently access those funds for qualifying healthcare and/or dependent care expenses incurred within the Plan Year.

Employee Benefits

- Reduces income tax (Federal, State, and FICA): pre-tax payroll contributions result in a lower taxable salary.
- Saves on the cost of eligible healthcare and/or dependent care expenses: using pre-tax dollars can save nearly thirty percent!
- Offers immediate access to elected healthcare FSA funds.
- Covers common types of expenses: medical, dental, orthodontia, vision, prescription drugs, day care, and more.



2020 FSA Max Contributions

Employee Healthcare FSA: \$2,750

Family Healthcare FSA: \$5,000

Dependent Care FSA: \$5,000

Employee Navigator

Welcome to your employee benefits portal!

Benefits are an important part of your overall compensation and we are happy to introduce a convenient online enrollment system that will make the benefit election process easier than ever before!

All employees will be required to confirm demographic data and make benefit elections even if you do not wish to make changes.

Before you Begin:

Your username will be your work email address (first name.last name@navajocountyaz.gov)

Password needs to be at least 6 characters and include a number and symbol

If you are enrolling your spouse and/or children, please have their dates of birth and social security number available

Getting Started:

Login or register as a new user at <https://www.employeenavigator.com>

On the top right corner click "Login"

Register as a new user



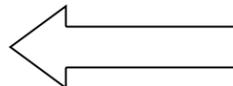
Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)



Employee Navigator

You will need the following information as a new user:

- *First & last name
- *Company identifier=**NavajoCounty**
- *PIN=Last 4 of your SSN
- *Birth date

Once you have registered you can access the website and continue to the online enrollment site. To begin, click "START ENROLLMENT" on your HOME SCREEN.

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »



You have 1 item to complete.

- 1 Enroll in your benefits

Start Enrollment

Legal Notices

The Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Internal Revenue Service (IRS) require certain information related to health benefit plans be issued to employees in writing. These notices explain your rights and obligations in relation to the health plan provided by your employer. Please note this is not a legal document and should not be construed as legal advice.

The following is a summary of notices included in this packet:

- COBRA Rights
- Family Medical Leave Act
- Qualified Medical Child Support Order
- HIPAA Privacy Notice
- HIPAA Special Enrollment Right
- Newborn and Mother's Health Protection Act
- Women's Health and Cancer Rights Act
- Genetic Information Nondiscrimination Act
- Marketplace Exchange Notice
- Medicaid and Child Health Insurance
- Medicare Part D Notice



CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act gives workers and their families who lose their health benefits the right to choose to continue group health benefits for limited periods of time under certain circumstances, such as, voluntary or involuntary job loss, reduction in the hours worked, death, divorce, and other events. Qualified individuals may be required to pay the entire cost for coverage up to 102% of the cost for the Plan.

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave due to a serious health condition for the employee or immediate family. To be eligible, the employee must have worked at least 1,250 hours during the prior 12 consecutive months. For additional details, visit the Department of Labor FMLA page. Notify your employer when you have a qualifying event, such as, birth or adoption of a child, a serious health condition, need to care for a spouse, child or parent with a serious medical condition, or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

A qualified medical child support order is issued under state law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits. An "alternate recipient" is any child of an employee or spouse (including a child adopted by or placed for adoption) who is recognized under a medical child support order as having a right to enrollment under a group health plan. Upon receipt, the employer is required to determine within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each qualified order. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer. Like most other prescribed timelines for enrolling under this provision, you must provide a completed application for enrollment for the alternate recipient within 30 days of the court order.

Legal Notices

HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information (PHI) from being inappropriately disclosed. They also give you additional rights concerning your healthcare information. The HIPAA Privacy Notice explains how the group health plan and your employer handles your PHI. You can request a copy of this Notice from the Human Resources Department.

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 31 days of the event.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only to state CHIP and/or Medicaid. As described above, a 31-day period applies to most special enrollments.

If you have a Qualifying Status change during the year, contact your Human Resources Department immediately. Changes become effective on the first of the month following the event and the approval of the change (except for birth or adoption of a child (ren), which are covered retroactive to the date of the event).

To request special enrollment or obtain more information, contact your Human Resources Department.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

NEWBORN AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending physician, after consulting with the mother from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

The Genetic Information Nondiscrimination Act is designed to prohibit the use of genetic information in health insurance and employment. The Act prohibits group health plans and health insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to developing a disease in the future.

The legislation also bars employers from using individual's genetic information when making hiring, firing, job placement or promotion decision.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP):

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, call 1-877-KIDSNOW or you can visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Arizona CHIP website: www.azahcccs.gov/applicants

Arizona CHIP telephone:

1-877-764-5437 - Outside Maricopa County

602-417-5437 - Maricopa County

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

MEDICARE PART D

The prescription benefit under this HDHP plan is deemed non-creditable.

Legal Notices

MARKETPLACE EXCHANGE NOTICE

Beginning in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2020 open enrollment period for health insurance coverage through the Marketplace ran from Nov. 1, 2017, through Jan. 31, 2017. Individuals must have enrolled or changed plans prior to Dec. 15, 2017, for coverage starting as early as Jan. 1, 2020. After Jan. 31, 2020, you can get coverage through the Marketplace for 2020 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverages often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Employer name Navajo County	EIN 86-6000541
Employer address 100 East Code Talkers Drive, PO Box 668 Holbrook, AZ 86025	Employer phone 928-524-4040
Who can we contact about employee health coverage at this job? Name: Eric Scott Email: eric.scott@navajocountyaz.gov Phone: 928-524-4033	

Contact Us



Employee Benefit	Website / E-mail	Phone Number
Navajo County Human Resources	human.resources@navajocountyaz.gov	928.524.4040
The Mahoney Group Jason Andrade - Consultant Stacey Hogan - Account Manager	jandrade@mahoneygroup.com shogan@mahoneygroup.com	480.214.2744 480-214-2780
Medical - BAS Health Physician Provider Network: PHCS Personal Health Guide Rx - BMR	www.bashealth.com www.multiplan.com healthguide@navajocountyaz.gov www.BMR-inc.com	800.843.3831 800.877.1066 928-524-4700 866.718.2375
HSA - Health Equity	www.healthequity.com/HSALearn	866.346.5800
Dental - Ameritas	www.ameritasgroup.com	800.487.5553
Vision - VSP	www.vsp.com	800.877.7195
Life AD&D - AFLAC	www.aflac.com	800.992.3522
Aflac - Accident, Hospital, Benefits	Greg Smith - gsmith@aflac.com	928-434-0801
Employee Assistance (EAP) - Aetna	www.resourcesforliving.com Username: Navajo Password: ARFL	888.238.6232
Telemedicine - SummitCares	www.summitcares.net	Online access to benefit
Retirement Plans - Arizona State Retirement System (ASRS)	www.azasrs.gov	800.621.3778
Retirement Plans - Corrections Officers Retirement Plan (CORP) Administrative Offices of the Courts (AOC-CORP) Public Safety Retirement Plan (PSPRS) Elected Officials Retirement Plan (EORP)	www.psprs.com	877.925.5575



As a reminder, any benefit changes will begin on January 1, 2020. You will not be able to make any changes to your benefits unless you experience a qualifying event.