



2020/2021 Pinal County Employee Benefit Guide



PINAL COUNTY

Enriching Lives Beyond Expectation



BENEFIT PLAN YEAR
July 1, 2020 – June 30, 2021

Pinal County

Welcome to Pinal County

Pinal County understands the importance of employee benefits and offers a comprehensive benefit package to protect employees and their families. We encourage you to carefully review this document and educate yourself about your options to choose the best coverage for you and your family.

Benefits that work for your life

Pinal County is pleased to provide the following benefits effective July 01, 2020:

- Health Care Plans – The County will be providing three Medical/Rx programs, Dental and Vision benefits through Arizona Metropolitan Trust (AzMT)
- Life Insurance Benefits – Group Life and AD&D, Voluntary Life and Voluntary AD&D benefits through Securian
- Employee Assistance Program (EAP) – Offering employees and household members valuable, confidential counseling and work-life services through SupportLinc
- Wellness Program – Wellness Coalition & AzMT work to improve the quality of life and health status for all covered plan members
- Flexible Spending Account – For healthcare and/or dependent daycare through American Fidelity Assurance Company
- Health Savings Account (HSA) – For members who enroll in the High Deductible Health Plan (HDHP), an HSA is a type of personal savings account that can be used to pay for qualified medical expenses on a pre-tax basis
- Short-Term Disability – A County paid benefit for all benefit eligible employees. Provides up to six months of income replacement
- Optional Benefits – Including Accident Only Insurance, Cancer Insurance, Group Critical Illness Insurance, and Hospital GAP through American Fidelity Assurance Company
- Statutory Benefits – Employees will automatically be enrolled in the applicable State Retirement System: Arizona State or Public Safety Personnel Retirement System to include ASRS, PSPRS, CORP and EORP.

EVERY employee must complete a new hire benefit enrollment no later than 31 days after becoming eligible for coverage

About this Guide

The information provided is intended only as an overview of your benefits. Complete details about the benefit options are included in the Summary Plan Document and other plan documents. If there are discrepancies between this and the plan documents, the plan documents will govern. This benefit guide does not constitute a contract.



Terms You Should Understand

Accidental Death & Dismemberment (AD&D) – A type of life insurance policy that provides benefits to beneficiaries in the event of a loss due to accidental death or dismemberment.

Coinsurance – The division of the allowed amount to be paid by the benefit plan and the patient. For example, 80/20 means the plan will pay 80% of the allowed amount and the patient is responsible for 20% (after the deductible has been satisfied).

Copayment – Fixed fees as shown in the medical benefit summary which generally are paid to the provider at the time services are provided.

Days – Calendar days; not 24 hour periods unless otherwise noted.

Deductible – Depending upon the plan in which you enroll, you may have to pay 100% of certain covered medical expenses each plan year, up to a dollar limit. This limit is called a deductible. All plans have individual and family deductibles.

Dependent – An individual in the employee's family, who is enrolled as a covered participant under the plan. Your dependents must meet the dependent eligibility requirements to be eligible.

Employee Assistance Program (EAP) – Designed to provide professional guidance to all employees and their dependents concerning issues such as work/life balance.

Exclusive Provider Organization (EPO) – A network of medical providers or groups of medical care providers, who have entered into written agreements with an insurer or network to provide health care to participants at a discounted rate. All plans share the same network, BlueCross BlueShield of Arizona (BCBSAZ). The EPO has no out-of-network benefits except in a life-threatening emergency.

Flexible Spending Accounts (FSA) – Enables participants to pay for certain healthcare and/or dependent care expenses on a pre-tax basis.

High Deductible Health Plans (HDHP) – A health insurance plan with lower premiums and higher deductibles which requires the member to pay for all expenses until the deductible is reached (except preventive care). The HDHP has out-of-network benefits within Arizona and nationwide; however, participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers in Arizona.

Health Savings Account (HSA) – Enables participants to set aside money on a pre-tax basis to pay for qualified expenses. HSA funds belong to the member, roll over from year to year and are not subject to use it or lose it provisions.

HIPAA Compliance – The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact the third-party administrator (TPA) first. If, after contacting the TPA, you need a representative of the Employee Benefits Department to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Arizona Metropolitan Trust (AzMT) at 928-753-4700

Open Enrollment Period – The period of time established by the County as the time when participants and their dependents may enroll for coverage. The Open Enrollment Period occurs only once every plan year.

Out-of-Pocket Maximum – To protect you and your family from catastrophic medical expenses, all plans have limits on how much you pay out of your pocket for covered medical services in a plan year. This is called an out-of-pocket maximum. Once the coinsurance amounts and copays you pay for covered expenses (including prescriptions) reach the individual/family out-of-pocket maximum, the plan will cover 100% of the remaining covered expenses you or your family incurs for that plan year. There are separate out-of-pocket maximums for in-network and out-of-network benefits, as well as prescriptions for all plans except the HDHP.

Plan Year – The 12-month period beginning at 12:01 a.m. on July 1, 2020 and ending at 11:59 p.m. on June 30, 2021.

Preferred Provider Organization (PPO) – A network of medical providers or groups of medical care providers who have entered into a written agreement with an insurer or network to provide health care to participants at a discounted rate. The PPO has out-of-network benefits within Arizona and nationwide; however, participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers in Arizona.

Pre-Tax Deductions – The deductions taken from your paycheck for the benefits you select before federal, state and FICA taxes are calculated. Therefore, your taxable income is lower and you may pay fewer income taxes.

Your Annual Enrollment

BENEFITS ENROLLMENT

- **IMPORTANT INFORMATION**
- **POINTS TO CONSIDER**
- **HOW TO ENROLL**



Important Information

Plan Year is: July 1, 2020 - June 30, 2021

Enrollment

Every Employee must complete New Hire Benefit Enrollment no later than thirty-one (31) days after eligibility of benefits. If you fail to enroll or waive benefits, you will be automatically enrolled in PPO employee only Medical Plan effective the first of the month following your initial 30-days of employment.

What changes can I make during the plan year?

Benefit elections made during Open Enrollment and Automatic Default Enrollments (if no elections are made) are irrevocable during the plan year, unless you have a qualifying life event. **Qualified events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.**

When are qualified life event changes effective?

Qualified life event changes are effective the first of the month following the event. The exception is employees adding a new dependent when the change becomes effective on the date of the event (date of birth, date of adoption) after timely submission of the request. Status changes may require a retroactive premium.

Are my deductibles plan year or calendar year?

All of the insurance plans offered through AzMT renew each fiscal year (plan year July-June) which means that all deductibles and out of pocket maximums are based on a July to June time frame.

Who do I call with questions about payment of my claims?

Contact AmeriBen at 855-350-8699 regarding the status of a claim. You can also sign on to <https://www.myameriben.com> to obtain information about your claim. Please refer to your summary plan document/benefit booklet for information regarding claim appeal procedures. If, after you have contacted AmeriBen, you still need assistance, please contact Human Resources at 520-866-6231.

Important Points to Consider

Make a decision on enrollment. Take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

When enrolling, verify your dependent's name matches what is on their Social Security Card.

Verify the Social Security Number is correct for all dependents.

Upload your dependent verification documents or turn them into HR.

Important Information

What supporting document must I turn in?

If you have turned in supporting documents for your dependents at previous enrollments, you do not need to supply them again. Please verify your dependent names and Social Security Numbers are correct. However, if you are enrolling a new dependent, you will be required to supply supporting documents. Please refer to the list of acceptable documents.

Dependent(s) Include:

SPOUSE	A person to whom you are in a legally valid, existing marriage.	<ul style="list-style-type: none"> ▪ Copy of the Marriage Certificate
CHILDREN	<p>An employee's children or those of his/her legal spouse, including biological children, step-children, children under legal guardianship substantiated by a court order, legally adopted children, and children placed for adoption in accordance with applicable State or Federal law.</p> <p>A dependent child will be eligible for medical benefits until the end of the month on his/her twenty-sixth (26th) birthday.</p> <p>A dependent child who is continuously incapable of self-sustaining employment because of a mental or physical handicap and who is chiefly dependent upon the employee for support may be eligible for benefits beyond the limiting age provided medical documentation is submitted within 31 days of the child reaching the limiting age or upon request by the insurance plan provider</p>	<p>Natural child</p> <ul style="list-style-type: none"> ▪ Copy of the child's birth certificate showing the name of the employee as a parent. <p>Step-child</p> <ul style="list-style-type: none"> ▪ Copy of the child's birth certificate showing the name of the employee's spouse as a parent <u>and</u> a copy of marriage certificate showing the names of the employee and spouse. <p>Permanent Legal Guardian or Adoption</p> <ul style="list-style-type: none"> ▪ Copy of signed and file-stamped court order providing employee or eligible spouse with legal custody

Waiving Medical

Employees who elect not to enroll in medical coverage with Pinal County will be offered:

- Dental Buy-Up at no cost – you must enroll to receive this no cost benefit
- Vision Buy-Up at no cost – you must enroll to receive this no cost benefit
- Flexible Spending Account (FSA) at no cost. **Note: you must enroll to be eligible and enrollment in this plan is irrevocable during the plan year. You may be responsible for the contribution if you have a Qualifying Life Event.**

How to Enroll and Verify Accuracy

You have 31 days from your eligibility date to complete your enrollment.

There are two ways to elect your benefits

1. Enrollment One-on-One: Enrollment Counselor or HR Representative
2. Self-Enrollment: Online

One-on-One

Enrollment counselors / HR representatives will be available to assist you with the enrollment process. This provides you with the opportunity to ask unique questions regarding your benefit options, in a confidential and private setting.

Self-Enrollment: Online

Through AFenroll®, you can enroll through our secure online system that is accessible from any desktop browser.

AFenroll® Instructions (How to Login)

1. To access the online enrollment site, go to www.afenroll.com/enroll/login
2. At the login screen, you will enter the site using the following information:
 - Type in your user ID: Your Social Security Number (SSN)
 - Type in your PIN: Which will be your DOB in mmddyy format. (For example: January 29, 1978 = 012978).
3. Click the 'Log On' button.

Helpful Tips

- Required: Social Security Numbers and Dates of Birth are required for all employees and their dependents and beneficiaries.
- PIN: Your PIN is your electronic signature. You will use your PIN to confirm applications and your enrollment confirmation.
- Opting Out (Waiving Coverage): If you choose not to select benefits, you must enter each product module that is being offered free and make that selection to enroll. The cost will be zero.
- Print Confirmation: Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the 'Sign/Submit Complete' to print your confirmation statement.
- Re-Enter/Make Changes: You may re-enter the enrollment site (including to 'View Only' your original selections) to make changes at any time during the Open Enrollment period. Please note: Before you exit the system, you must re-confirm with your PIN or your enrollment will not be valid.

During your One-on-one Benefit Review, you can learn more about or enroll in the following:

- Medical Insurance
- Group Life Insurance
- Dental Insurance
- Vision Insurance
- Accident Only Insurance
- GAP Choice
- Cancer Insurance
- Group Critical Illness
- Flexible Spending Accounts
- Health Savings Account



INSURANCE PLANS

Plan Options

- **Medical/Prescription Plan Options**
- **Dental Plan**
- **Vision Plan**
- **County Paid Benefits Voluntary Benefits Supplemental Life**
- **Health Savings Accounts (HSA)**
- **Flexible Spending Accounts (FSA)**
- **Accident Insurance Cancer Insurance**
- **Group Critical Illness Insurance Hospital GAP PLAN Choice Insurance**

Health Plan Options

AmeriBen

Medical/Prescription Plan Options

Effective July 01, 2020 Pinal County will continue to offer three medical plan options:

- High Deductible Health Plan (HDHP)
- Preferred Provider Organization Plan (PPO)
- Exclusive Provider Organization Plan (EPO)

In-Network Physicians, Specialists, and Hospitals

All plans utilize the BlueCross BlueShield of Arizona (BCBSAZ) network. BCBSAZ offers one of the largest networks of physicians, specialists and hospitals in Arizona. Providers must be in the BCBSAZ network to be considered “in-network”. Please refer to www.azblue.com/CHSNetwork to see if your doctor, and/or facility is a “contracted” provider prior to any appointments.



HDHP Plan

The HDHP plan offers comprehensive medical coverage with the ability to receive care from any provider, both in and out-of-network. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network. In-network providers are in Arizona only. With the HDHP plan you are responsible for paying for all medical and prescription costs up to your deductible prior to the plan helping with any associated costs, except eligible preventive care as defined by healthcare reform, which is covered at no cost to you. Upon reaching your deductible, all eligible costs are covered at 100%.

PPO Plan

With the PPO plan, you also have with the ability to receive care from any provider, both in and out-of-network. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network. In-network providers are in Arizona only. With the PPO Plan you will utilize co-pays and co-insurance until the plan year deductible / out-of-pocket maximum is met.

EPO Plan

Like the other plan options, the EPO plan provides comprehensive medical coverage; however, **this plan is an in-network, in Arizona only option** and when services are rendered outside the network, you will be responsible for the entire bill, as the plan will not pick up any of the cost except in a life-threatening emergency.

Important Reminder

Please confirm all providers and facilities who will be providing care to you are “In-Network” to avoid unexpected costs. Ask them “do you use anyone who is not in my network?”

Prescription Drug Program

When you elect medical coverage, you are automatically enrolled to receive prescription drug benefits. Pharmacy network services are provided by Navitus Health Solutions.

Retail Program

You have access to a large national network of retail pharmacies where you can have your prescriptions filled for a 30-day supply of medication. The amount you will be required to pay for the cost of your medication will depend upon the level/tier the prescription falls under and the plan you are enrolled in. You can locate participating pharmacies and check the prescription level/tier any time at www.navitus.com.

90 Day Retail Program

Many members require maintenance medications for conditions such as diabetes, high blood pressure, asthma, etc. For these members, Navitus contracts with a robust network of pharmacies that offer up to a 90-day supply of maintenance medications at a discounted co-payment.

Prescription Schedule:

Mail Order Program

Navitus also offers members a mail order program through Costco for filling maintenance medications. Members are able to receive a 90-day supply of medications mailed to the location of their choice for a reduced copayment.

Specialty Pharmacy

Members who have chronic illnesses and complex diseases that take specialty high-cost and injectable drugs are required to obtain their specialty medications through Lumicera. Lumicera provides high-touch patient care to assist patients in managing these complex disease states.

Vaccination Program

Navitus has partnered with pharmacies to provide immunizations for members. At participating pharmacies, your co-pay for vaccines will be \$0; available vaccines include: Influenza, Pneumonia, Tetanus, Diphtheria, Hepatitis A, Hepatitis B, Meningitis, Shingles, MMR, HPV, Pertussis and Varicella. To see if your pharmacy is participating, contact Navitus Customer Care at 866.333.2757.

	EPO		PPO		HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Prescription Drugs						
Retail (30 day supply):						
Generic - Tier 1	\$15 Co-Pay	\$15 Co-Pay	You pay the network pharmacy co-pay plus the difference between the non-network and network pharmacy cost.	No charge after deductible	The amount payable in excess of the amounts shown to the left will be the difference between the non-network pharmacy and the <u>network</u> pharmacy.	
Preferred Brand - Tier 2	\$35 Co-Pay	\$35 Co-Pay		No charge after deductible		
Non-Preferred Brand - Tier 3	\$55 Co-Pay	\$55 Co-Pay		No charge after deductible		
Specialty	20% Co-Pay to max of \$300	20% Co-Pay to max of \$300	No charge after deductible			
Retail or Mail (90 day supply):						
Generic	\$30 Co-Pay	\$30 Co-Pay	You pay the network pharmacy co-pay plus the difference between the non-network and network pharmacy cost.	No charge after deductible		
Preferred Brand	\$80 Co-Pay	\$80 Co-Pay		No charge after deductible		
Non-Preferred Brand	\$130 Co-Pay	\$130 Co-Pay		No charge after deductible		

Medical / Rx Plan Comparison

AmeriBen

July 01, 2020 through June 30, 2021

AzMT 2020-21 Plan Summary/Comparison - Medical					
Medical Benefit	EPO	PPO		HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum Lifetime Benefit Per Individual					
Calendar Year Deductible	Do Not Cross Accumulate	Do Not Cross Accumulate		Do Not Cross Accumulate	
Individual	\$300	\$250	\$500	\$2,900	\$5,000
Family	\$600	\$500	\$1,000	\$5,800	\$10,000
Annual Out-of-Pocket Maximum					
Medical - Individual	\$2,750	\$3,000	\$5,000	\$2,900	\$10,000
Medical - Family	\$5,500	\$6,000	\$10,000	\$5,800	\$20,000
Prescription Drugs - Individual	\$4,100	\$4,100	Not Covered	N/A	N/A
Prescription Drugs - Family	\$8,200	\$8,200	Not Covered	N/A	N/A
Physician Services (In-Office)					
Office Visits PCP	PCP - \$20 Co-Pay	PCP - \$25 Co-Pay	50% Coinsurance after deductible	PCP - No charge after deductible	50% Coinsurance after deductible
Specialty	Spec - \$35 Co-Pay	Spec - \$45 Co-Pay	50% Coinsurance after deductible	Spec - No charge after deductible	50% Coinsurance after deductible
Telemedicine	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee
Preventive Care					
Preventive Care Required by Healthcare Reform	\$0 Co-Pay	\$0 Co-Pay	Not Covered	\$0 Co-Pay	Not Covered
On-Site Wellness Programs/Screenings	\$0 Co-Pay	\$0 Co-pay	Not Covered	\$0 Co-Pay	Not Covered
Lab/X-ray					
Diagnostic Test (X-Ray, Blood Work)	10% Coinsurance after deductible (Labs at Freestanding Facility are \$0 Co-Pay)	20% Coinsurance after deductible (Labs at Freestanding Facility are \$0 Co-Pay)	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Imaging (CT/PET scans, MRI's)	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Emergency Services					
Urgent Care	\$50 Co-Pay/visit, deductible waived	\$50 Co-Pay/ visit, deductible waived	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Emergency Room	\$300 Co-Pay/visit, plus deductible & coinsurance. Co-Pay waived if admitted.	\$300 Co-Pay/visit, plus deductible and co-insurance Co-pay waived if admitted		No charge after deductible	No charge after deductible
Emergency Medical Transportation	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Hospital Services					
Inpatient Services Hospital Stay Facility Fee (e.g. Hospital Room)	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Physician/Surgeon Fees	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Outpatient Services					
Surgery Facility Fee	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible		
Physician/Surgeon Fees	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible		
Mental Health & Substance Abuse					
Inpatient Services	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Outpatient Counseling	\$20 Co-Pay/visit PCP , deductible waived	\$25 Co-Pay/visit deductible waived	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Chiropractic Care					
Chiropractic Care	PCP - \$20 Co-Pay	PCP - \$25 Co-Pay/ visit, deductible waived	50% Coinsurance after deductible	PCP - No charge after deductible	50% Coinsurance after deductible
Pregnancy					
Office Visits	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Childbirth/delivery professional services	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Childbirth/delivery facility services	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Recovery Help or Other Special Needs					
Home Health Care	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Rehabilitation Services	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Habilitation Services	Covered as any other illness depending on provider type,	Covered as any other illness depending on provider type, service	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible

Medical / Rx Plan Comparison

AmeriBen

AzMT 2020-21 Plan Summary/Comparison - Medical

Medical Benefit	EPO	PPO		HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum Lifetime Benefit Per Individual					
Calendar Year Deductible	Do Not Cross Accumulate	Do Not Cross Accumulate		Do Not Cross Accumulate	
Individual	\$300	\$250	\$500	\$2,900	\$5,000
Family	\$600	\$500	\$1,000	\$5,800	\$10,000
Annual Out-of-Pocket Maximum					
Medical - Individual	\$2,750	\$3,000	\$5,000	\$2,900	\$10,000
Medical - Family	\$5,500	\$6,000	\$10,000	\$5,800	\$20,000
Prescription Drugs - Individual	\$4,100	\$4,100	Not Covered	N/A	N/A
Prescription Drugs - Family	\$8,200	\$8,200	Not Covered	N/A	N/A
Physician Services (In-Office)					
Office Visits PCP	PCP - \$20 Co-Pay	PCP - \$25 Co-Pay	50% Coinsurance after deductible	PCP - No charge after deductible	50% Coinsurance after deductible
Specialty	Spec - \$35 Co-Pay	Spec - \$45 Co-Pay	50% Coinsurance after deductible	Spec - No charge after deductible	50% Coinsurance after deductible
Telemedicine	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee	\$45 Consult Fee
Preventive Care					
Preventive Care Required by Healthcare Reform	\$0 Co-Pay	\$0 Co-Pay	Not Covered	\$0 Co-Pay	Not Covered
On-Site Wellness Programs/Screenings	\$0 Co-Pay	\$0 Co-pay	Not Covered	\$0 Co-Pay	Not Covered
Lab/X-ray					
Diagnostic Test (X-Ray, Blood Work)	10% Coinsurance after deductible (Labs at Freestanding Facility are \$0 Co-Pay)	20% Coinsurance after deductible (Labs at Freestanding Facility are \$0 Co-Pay)	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Imaging (CT/PET scans, MRI's)	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Emergency Services					
Urgent Care	\$50 Co-Pay/visit, deductible waived	\$50 Co-Pay/ visit, deductible waived	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Emergency Room	\$300 Co-Pay/visit, plus deductible & coinsurance. Co-Pay waived if admitted.	\$300 Co-Pay/visit, plus deductible and coinsurance Co-pay waived if admitted		No charge after deductible	No charge after deductible
Emergency Medical Transportation	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Hospital Services					
Inpatient Services Hospital Stay Facility Fee (e.g. Hospital Room)	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Physician/Surgeon Fees	10% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
	service performed, and place of service.	performed, and place of service			
Skilled Nursing Care	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Durable Medical Equipment	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
Hospice Services	10% Coinsurance, after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	No charge after deductible	50% Coinsurance after deductible
*Deductible does not apply					
**Subject to Fiscal Year Deductible					

FY20/21 Medical Benefit Costs Monthly Premium for Benefit Eligible Employees

	County Contribution	County HSA Contribution	Employee Contribution	*Per Paycheck
Medical	HDHP Plan			
EE+Single	\$ 506.14	\$ 33.09	\$ -	\$ -
EE+Spouse	\$ 868.47	\$ -	\$ 60.68	\$ 30.34
EE+Child(ren)	\$ 810.35	\$ -	\$ 44.67	\$ 22.34
EE+Family	\$ 1,129.99	\$ -	\$ 132.68	\$ 66.34
	PPO Plan			
EE+Single	\$ 506.14	N/A	\$ 21.15	\$ 10.58
EE+Spouse	\$ 868.47	N/A	\$ 180.60	\$ 90.30
EE+Child(ren)	\$ 810.35	N/A	\$ 157.09	\$ 78.54
EE+Family	\$ 1,129.99	N/A	\$ 298.06	\$ 149.03
	EPO Plan			
EE+Single	\$ 506.14	N/A	\$ 34.05	\$ 17.03
EE+Spouse	\$ 868.47	N/A	\$ 210.01	\$ 105.00
EE+Child(ren)	\$ 810.35	N/A	\$ 181.78	\$ 90.89
EE+Family	\$ 1,129.99	N/A	\$ 337.01	\$ 168.51
FSA Only County Contribution (no medical plan)			\$2,750	Annual

Plan Comparisons

Dental



Dental coverage is an important part of your benefits package and regular dental care is key to your overall health. The County is pleased to offer two (2) dental plans administered through Delta Dental of Arizona.

AzMT 2020-21 Plan Summary/Comparison - Dental				
Dental Benefit	Basic Plan		Buy-Up Plan	
	PPO/Premier Dentist	Out-of-Network	PPO/Premier Dentist	Out-of-Network
Deductibles				
Individual	\$50		\$50	
Family	\$150		\$150	
% Payable				
Routine/Preventive Care	100%	80%	100%	80%
Basic Services				
Fillings	80%*	60%*	80%*	60%*
Endodontics	80%*	60%*	80%*	60%*
Periodontics	80%*	60%*	80%*	60%*
Oral Surgery	80%*	60%*	80%*	60%*
Major Services				
Crowns/Onlays	50%*	40%*	50%*	40%*
Implants	50%*	40%*	50%*	40%*
Orthodontics (Min Age 8)	50%*	40%*	50%*	40%*
Benefit Maximums				
Plan Year Max	\$2,000		\$4,000	
Lifetime Orthodontic Max	\$2,000		\$2,000	
Dependent Eligibility	Age 19		Age 26	

2020-2021 Dental Costs Per Pay Check				
Costs Per Pay	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental (Base)	\$20.04	\$38.61	\$43.23	\$63.76
Dental (Buy Up)	\$20.75	\$40.05	\$47.05	\$69.46

Plan Comparisons

Vision



AzMT 2020-21 Plan Summary/Comparison - Vision				
Vision Benefit	Basic Plan		Buy-Up Plan	
	Frequency	Co-Pay	Frequency	Co-Pay
Comprehensive Well-Vision Exam	One (1)/Yr.	\$10	One (1)/Yr.	\$10
Routine Retinal Screening	One (1)/Yr.	No More than \$39	One (1)/Yr.	No More than \$39
Lenses				
Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses	One (1)/Yr.	\$20	One (1)/Yr.	\$20
Lens Enhancements				
Anti-reflective coating		\$41 Single or Multifocal		\$41 Single or Multifocal
Polycarbonate (Covered in Full for Children)		\$31 Single / \$35 Multifocal		
Progressive		\$55		\$25
Photochromic		\$70 Single / \$82 Multifocal		\$70 Single / \$82 Multifocal
Scratch-resistant coating		\$17 Single or Multifocal		\$17 Single or Multifocal
Frames	One (1)/Yr.		One (1)/Yr.	Retail Allowance of \$225
Retail Allowance of \$150		\$20		\$20
20% Off Amounts Over Allowance				
Contact Lenses (In Lieu of Lenses/Frames)				
Contact Lens Exam (Fitting & Evaluation)	One (1)/Yr.	No More than \$60	One (1)/Yr.	No More than \$60
		Retail Allowance of \$150		Retail Allowance of \$175
Dependent Eligibility	Age 19		Age 26	

2020-2021 Vision Costs

Costs Per Pay	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Vision Base (VSP)	\$3.28	\$7.08	\$6.26	\$10.01
Vision Buy Up (VSP)	\$4.70	\$10.34	\$9.59	\$15.50

County Paid Benefits

In addition to the Medical/Rx, Dental and Vision coverage, benefit eligible employees will also receive the following County-paid benefits.



Wellness Program

AzMT and Pinal County partner together to offer Pinal's Wellness Program. The primary goal of the wellness program is to help employees and dependents achieve health and well-being in all areas of their lives. Pinal County has adopted a wellness overview that incorporates financial wellness, social wellness, mental wellness, and physical wellness. Programs offered include On-site screenings, Lifestyle Modification and Disease Management education.

Participation is key to a successful wellness program and the key to a better quality of life for those who participate. Take the time to check out the programs being offered. It is good for your health! Look for flyers and information about wellness opportunities around the County and Pinal County Wellness page <http://www.pinalcountyaz.gov/HR/WellnessProgram/Pages/home>.

Employee Assistance Program

You have access to the Employee Assistance Program (EAP) through SupportLinc. SupportLinc is a no-cost confidential Employee Assistance Program that is available to you and your family 24 hours a day, 365 days a year. This program is available to provide support, resources and information for you and your family on a confidential basis. SupportLinc offers assessments, short-term counseling and professional referrals for a board range of concerns, such as:

- Stress Management
- Work-Related Pressures
- Marriage and Family Issues
- Exercise and Fitness
- Health Tools
- Managing Depression and Anxiety
- Legal and Financial Issues
- Grief and Bereavement
- Alcohol/Substance Abuse
- Child and Elder Care Resources
- Parenting Support
- Anger Management
- Parenting
- Developmental Stages
- Estate Planning
- Legal Resources

Remember EAP is there for you.

Don't forget to use your EAP before life get the best of you, so you can get the BEST out of life

County Paid Benefits

Basic Life Insurance and Accidental Death & Dismemberment Insurance

Basic Life insurance is provided through **Securian** and helps provide financial protection by providing a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance provides an additional amount in the event of a covered death or dismemberment resulting from an accident.

Your Basic Life coverage amount is \$50,000. For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount.

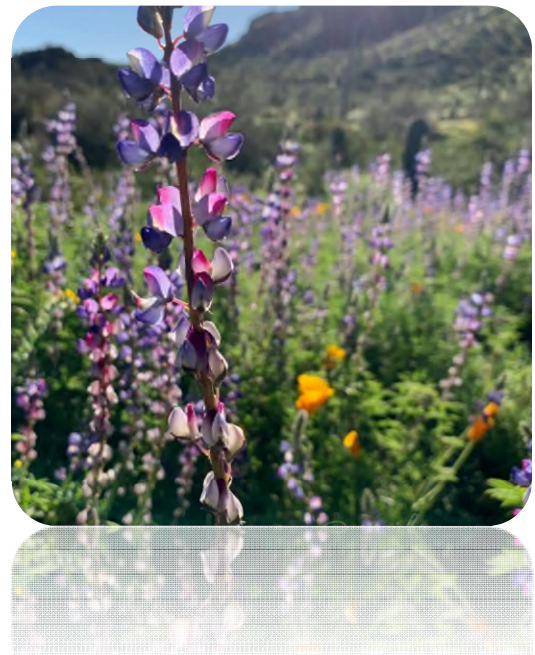
Basic Life and AD&D coverage amount reduces by 50% at the age of 75.

Commuter Life Insurance

The commutation insurance policy provides benefits for accidental death and dismemberment to any active full-time County employee while traveling between their primary residence and regular place of employment

Short-Term Disability Insurance

Benefit eligible employees will receive County paid Short-Term Disability Insurance (STD). The STD plan provides income replacement for a qualifying disability for up to six months. The plan has a 14-Day Elimination Period during which you must use your sick, vacation, and comp time accruals. The plan provides 60% income replacement. There is no minimum weekly benefit, however; the maximum weekly benefit is \$1,900, based on your salary. You must use your sick accruals to make up the difference between the paid benefit and your actual salary.



Rates for Supplemental Life

Supplemental Life

Benefit Eligible Employees may elect to supplement their County paid Basic Life insurance. This coverage is available in increments of \$10,000, up to a maximum of \$500,000. This does NOT include Basic Life.

Supplemental Spouse Life can request in increments of \$5,000 up to a maximum of \$250,000. Spouse coverage cannot exceed 100% of Employee combined Basic and Supplemental Life.

Supplemental Child(ren) Life coverage may be elected in increments of \$2,500 up to a maximum of \$10,000. The plan covers children up to age 26.

If you are an existing employee (not hired within the last 31 days), you have an annual open enrollment opportunity to increase your Supplemental Life by \$10,000 without providing Evidence of Insurability (EOI) as long as your current coverage does not exceed the Guaranteed Issue (GI) amount of \$150,000.

Should you wish to apply for Supplemental Life in excess of \$10,000, you must complete the Evidence of Insurability (EOI) form and be approved through the carrier.

Any change to Spouse Supplemental coverage will require an Evidence of Insurability (EOI) for and be approved through the carrier.

Monthly Rates for Employee and Spouse Supplemental Life are per \$1,000 of coverage:

	Employee	Spouse
<30	\$0.060	\$0.049
30-34	\$0.080	\$0.050
35-39	\$0.090	\$0.066
40-44	\$0.124	\$0.093
45-49	\$0.201	\$0.141
50-54	\$0.307	\$0.214
55-59	\$0.496	\$0.356
60-64	\$0.660	\$0.538
65-69	\$1.270	\$0.914
70-74	\$2.060	\$1.624
75*	\$7.532	\$3.340

*If you need rates for Age 76+, please see Human Resources.

Rates for Child(ren) are \$0.13 per \$1,000 of coverage. Monthly premiums per increment are:

\$2,500	\$0.325
\$5,000	\$0.65
\$7,500	\$0.98
\$10,000	\$1.30

Rates for Supplemental Life

Voluntary Accidental Death & Dismemberment (VAD&D)

Benefit Eligible Employees may also elect supplemental Voluntary AD&D in \$10,000 increments up to a maximum of \$500,000. You have the option of electing Employee Only VAD&D coverage or Family VAD&D coverage.

If Family VAD&D coverage is elected, your eligible spouse and child(ren)'s coverage amounts will automatically be a percentage of the employee elected amount as follows:

- Spouse with no children – 50% of employee's VAD&D coverage amount;
- Child(ren) with no spouse – 15% of employee's VAD&D coverage amount; or
- Spouse and Child(ren) – 40% of employee's VAD&D coverage amount for the spouse and 10% of the employee's VAD&D coverage amount for each child.

Monthly VAD&D Employee Only rates are \$0.03 per \$1,000 of coverage and \$0.045 per \$1,000 of coverage for Family Coverage.

Note:

- If your spouse or child is also a County employee, they cannot be covered as a dependent on your plan. Only one employee may cover a dependent child.
- At age 75, life insurance coverage will be reduced by 50%.



Health Savings Account (HSA)



Employees who select the HDHP medical plan will be automatically enrolled into an HSA.

A Health Savings Account (HSA) is a tax-free savings account that is combined with the HDHP medical plan. The HSA is different from an FSA because the money deposited into the HSA belongs to you, and you don't lose it if you don't spend it. You can use your HSA to pay for your insurance deductibles and qualified out-of-pocket medical expenses.

Your contributions to your HSA are deducted from your paycheck in 24 equal increments over the plan year on a pre-tax basis, and contributions are available for use when deposited in to your account. If a balance remains in your HSA at the plan year's end, all funds roll over for use during the next plan year. In addition, you accumulate tax-free interest on your HSA funds. Thus, you can use your account to save for care you may need in the future.

Please Note: The IRS limits the total amount that can be contributed to an HSA on an annual basis, those limits are:

Employee: \$3,550

Family: \$7,100

(If you are 55 or older, you can also make a \$1,000 catch-up contribution)

Like a personal savings account, the money in an HSA rolls over annually, the funds never expire, and you can take it with you wherever you go, even if you leave the County.

Flexible Spending Accounts

Flexible Spending Accounts

The County offers you the opportunity to participate in a flexible spending account (FSA) plan which is administered by American Fidelity. Two options are available:

1. **Medical Reimbursement** – Employees may elect to participate in the Medical Flexible Spending Account which is a cost-effective way to pay for predictable, eligible health care expenses that comply with the rules defined by the IRS. Such expenses typically are items not covered by health care insurance, such as co-payments for doctor visits and prescriptions. By paying for these expenses through FSA before federal, social security, and state taxes are taken out, your taxable income is reduced. The maximum medical reimbursement amount allowable in FY20-21 is **\$2,750**. **(Employees enrolled in the HDHP/HSA can sign up for a limited purpose FSA. This allows you to use the FSA for dental and vision benefits only.)**
2. **Dependent Care Reimbursement** – Employees may also elect to participate in the Dependent Care Flexible Spending Account which allows you to be reimbursed for dependent care expenses with tax-free dollars for eligible dependents. Maximum amount in FY20-21 is **\$5,000**.
The maximum amount for employees who are married but file their taxes separately is limited to **\$2,500**.



Please note: At the end of the plan year, there is a 90-day run out period to file reimbursement claims for the previous year. The Medical FSA allows you to carry over up to \$500 into the new plan year; however, **FSAs have a use-it-or lose-it rule. This means that if you have any funds over \$500 left in your FSA at the end of the plan year, you will forfeit them.**

YOU MUST ENROLL IN THE FSA EACH YEAR.

ENROLLMENT IS ALSO REQUIRED IF YOU WAIVE MEDICAL COVERAGE AND WANT TO PARTICIPATE IN THE COUNTY PAID PROGRAM. ENROLLMENT IN THIS PLAN IS IRREVOCABLE DURING THE PLAN YEAR. YOU MAY BE RESPONSIBLE FOR THE CONTRIBUTION IF YOU HAVE A QUALIFYING LIFE EVENT.

Accident Only Insurance

Limited Benefit Accident Only Insurance

Whether a weekend warrior with an active lifestyle or just a busy family, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity's Accident Only Insurance policy provides you a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual may incur for the treatment of covered injuries received in an accident.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section.

Optional Rider

Enhance your base plan with the following rider:

- **Accident Benefit Enhancement Rider**

American Fidelity Assurance Company

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced, and Enhanced Plus	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers all types of covered injuries.
Wellness Benefit	The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing.
Accident Emergency Treatment Benefit	Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO-03 series with AMDI258 rider. This product is inappropriate for people who are eligible for Medicaid coverage. The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. Availability of riders may vary by state.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plan Works

Our plan is designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, this plan provides benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used at your own discretion.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
Includes a cancer benefit and a heart attack/stroke benefit
- **Hospital Intensive Care Unit Rider**

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. This product is inappropriate for people who are eligible for Medicaid coverage. The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected.

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance
Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. This product is inappropriate for people who are eligible for Medicaid coverage. Group Critical Illness is only offered on an after-tax basis.

Hospital GAP PLAN® Choice™

Hospital Limited Benefit Medical Expense Insurance Policy

American Fidelity Assurance Company

Hospital GAP PLAN® Choice™ Insurance from American Fidelity Assurance Company can help policyholders pay for their out of pocket expenses. Supplementing their medical insurance with gap insurance can help cover their expenses so they can focus on getting well.

Three Primary Benefits

- **In-Hospital****
- **Outpatient**
- **Physician Outpatient Treatment**

**,"Hospital" shall not include any institution used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Coverage Feature	What It Means for the Policyholder
In-Hospital Benefit	This is payable for covered for out-of-pocket expenses up to the maximum benefit selected per confinement.
Outpatient Benefit	<ul style="list-style-type: none"> • The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum outpatient benefit of: • \$400, \$800 or \$1,200 for outpatient surgery or treatment performed in a Hospital or a Free-Standing Outpatient Surgery Center; • \$100, \$200 or \$300 for outpatient diagnostic testing procedure performed in a hospital or a Free-Standing Magnetic Resonance Imaging (MRI) Facility.; or • \$50, \$100 or \$150 for outpatient treatment in a Hospital Emergency Room, without the covered person subsequently being considered an inpatient.
Physician Outpatient Treatment Benefit	This is payable for Physician visits. This benefit pays up to \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year, for outpatient treatment due to Sickness, or outpatient emergency care for an injury due to an Accident, provided the Covered Person is covered by Another Medical Plan when such charges are incurred, at a Hospital outpatient clinic, free-standing emergency care clinic, or Physician office for out-of-pocket Covered Charges.

THIS IS A LIMITED POLICY. This highlights the important features of the policy. Limitations, exclusions, and waiting periods apply. Refer to the policy for complete details. This product is inappropriate for people who are eligible for Medicaid coverage. If the policyholder resides in a state other than their employer's state of domicile, where required by law, policy provisions and benefits may vary.

Benefits Directory

Core Benefits

AmeriBen IEC/Group

Medical claims, coverage questions, eligibility and ID cards.
855.350.8699
www.myameriben.com

Prescriptions

Navitus Health Solutions
Prescription claims and coverage questions. 866.333.2757
www.navitus.com

Utilization Review

AmeriBen IEC/G
Precertification for medical necessity and Case Management.
855.778.9053

Life and AD&D

Securian*
Life Insurance
800.392.7295
www.ochsinc.com

EAP

SupportLinc
Confidential Counseling for life's matters.
888.881.5462
www.supportlinc.com

Delta Dental of Arizona

Dental claims, coverage questions, and eligibility.
800.352.6132
www.deltadentalaz.com

VSP Vision

Vision Claims, coverage questions
800-877-7195
www.vsp.com

Section 125 Administrative Services & Flexible Spending Accounts

American Fidelity Assurance Company
Attn: Flex Account Administration
P.O. Box 161968
Altamonte Springs, FL 32716
Fax # 844-319-3668
www.americanfidelity.com

Voluntary Benefits

American Fidelity Assurance Company

Accident, Cancer, Group Critical Illness and GAP PLAN
Mon - Fri, 7 a.m. - 7 p.m. CST 800-662-1113
www.americanfidelity.com

Other Contact Information

Pinal County

Human Resources
31 N. Pinal St., Building A
P.O. Box 1590 Florence, AZ 85132
Phone: 520-866-6231 Fax: 520-866-6930

*Note: Securian is administered by Ochs, Inc. who handles all administration of the Life benefit.

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefit's Office for further guidance.