



WICKENBURG 2026-27 BENEFITS



Town of Wickenburg

Quick Plan Review

- Town of Wickenburg offers 3 Medical/Rx plans for you to choose from!
- High Deductible Health Plan (HDHP)
 - \$3,400/\$6,800 Deductible/Max Out-of-Pocket (In-Network)
 - Includes Prescriptions
 - Once Deductible Met - Eligible Expenses Paid at 100%
 - Preventive Care Provided With No Member Cost Share
 - You **MUST** elect the HDHP to be eligible for the Health Savings Account (HSA)

Quick Plan Review (continued)

- Preferred Provider Option (PPO)
 - \$750/\$1,500 Deductible (In-Network)
 - \$3,500/\$7,000 Maximum Out-of-Pocket (In-Network)
 - Excludes Prescriptions - Separate Maximum of \$3,600/\$7,200
 - Office Visit Co-Pays
 - \$25 Primary Care Providers
 - \$45 Specialist
 - Coinsurance
 - 20%
 - Preventive Care Provided With No Member Cost Share

Quick Plan Review (continued)

- Preferred Provider Option Buy-Up (PPO Buy-Up)
 - \$250/\$500 Deductible (In-Network)
 - \$3,000/\$6,000 Maximum Out-of-Pocket (In-Network)
 - Excludes Prescriptions - Separate Maximum of \$4,100/\$8,200
 - Office Visit Co-Pays
 - \$25 Primary Care Providers
 - \$45 Specialist
 - Coinsurance
 - 20%
 - Preventive Care Provided With No Member Cost Share

Refer to the Medical Plan Comparison in the New Hire Guide!

Quick Plan Review (continued)

- PPO and PPO Buy-Up - Prescription Co-Pays

	PPO & PPO Buy-Up	PPO & PPO Buy-Up
	Network Benefit	Out-of-Network Benefit
Plan Year Out-of-Pocket Maximum		
Single	\$3,600 / \$4,100	
Family	\$7,200 / \$8,200	
Retail Pharmacy: 30-Day Supply		
Generic Drug (Tier 1)	\$15 Copay	Member pays the network pharmacy copay plus the difference between the non-network and network pharmacy amount.
Preferred Drug (Tier 2)	\$35 Copay	
Non-Preferred Drug (Tier 3)	\$55 Copay	
Specialty	20% to Max of \$300	N/A
Retail Pharmacy: 90-Day Supply		
Generic Drug (Tier 1)	\$30 Copay	Member pays the network pharmacy copay plus the difference between the non-network and network pharmacy amount.
Preferred Drug (Tier 2)	\$80 Copay	
Non-Preferred Drug (Tier 3)	\$130 Copay	
Mail Order Pharmacy: 90-Day Supply		
Generic Drug (Tier 1)	\$30 Copay	N/A
Preferred Drug (Tier 2)	\$80 Copay	N/A
Non-Preferred Drug (Tier 3)	\$130 Copay	N/A

Health Savings Account (HSA)

- Only available with enrollment in the HDHP
- Maximum Contributions
 - 2026 = \$4,400 / \$8,750 (\$1,000 Catch-Up 55+)
- Funds Roll Over Year-to-Year



2026-27 Medical/Rx Premiums

	2026-27 Premium	Employee Cost
HDHP		
Employee Only	\$660.54	\$1.00
Employee+Spouse	\$1,299.31	\$192.63
Employee+Child(ren)	\$1,195.43	\$161.47
Employee+Family	\$1,766.64	\$332.83
PPO		
Employee Only	\$720.81	\$0.00
Employee+Spouse	\$1,439.71	\$215.67
Employee+Child(ren)	\$1,325.56	\$181.42
Employee+Family	\$1,953.11	\$369.69
PPO Buy-Up		
Employee Only	\$736.97	\$16.16
Employee+Spouse	\$1,470.85	\$246.81
Employee+Child(ren)	\$1,356.45	\$212.31
Employee+Family	\$2,001.88	\$418.46

Infusion therapies are breakthrough treatments for a wide range of chronic and acute conditions



Specialty Infusions commonly used to treat:

Rheumatoid arthritis
(Prolia, Orencia)

Oncology
(Keytruda, Mvasi)

Osteoarthritis and osteoporosis
(Reclast, Actemra)

Crohn's disease
(Remicade, Entyvio, Avsola)

Lupus
(Benlysta, Rituxan)

Ulcerative colitis
(Stelara, Remicade, Entyvio)

Psoriasis
(Infliximab, Skyrizi)

MS
(Ocrevus)

More...

Introducing *Leap*

A transparent infusion benefit delivering measurable savings while creating a seamless member experience



What Leap Does

- + Proactively identifies eligible members through medical claims and prior authorization files
- + Coordinates infusion care end to end
- + Integrates directly within the medical benefit and existing carrier workflow. Works fully within the medical benefit



What This Means for Your Members

- + Dedicated Care Guide support from referral through follow up
- + Infusion at home when clinically appropriate, reducing unnecessary travel
- + Clear communication and coordinated scheduling



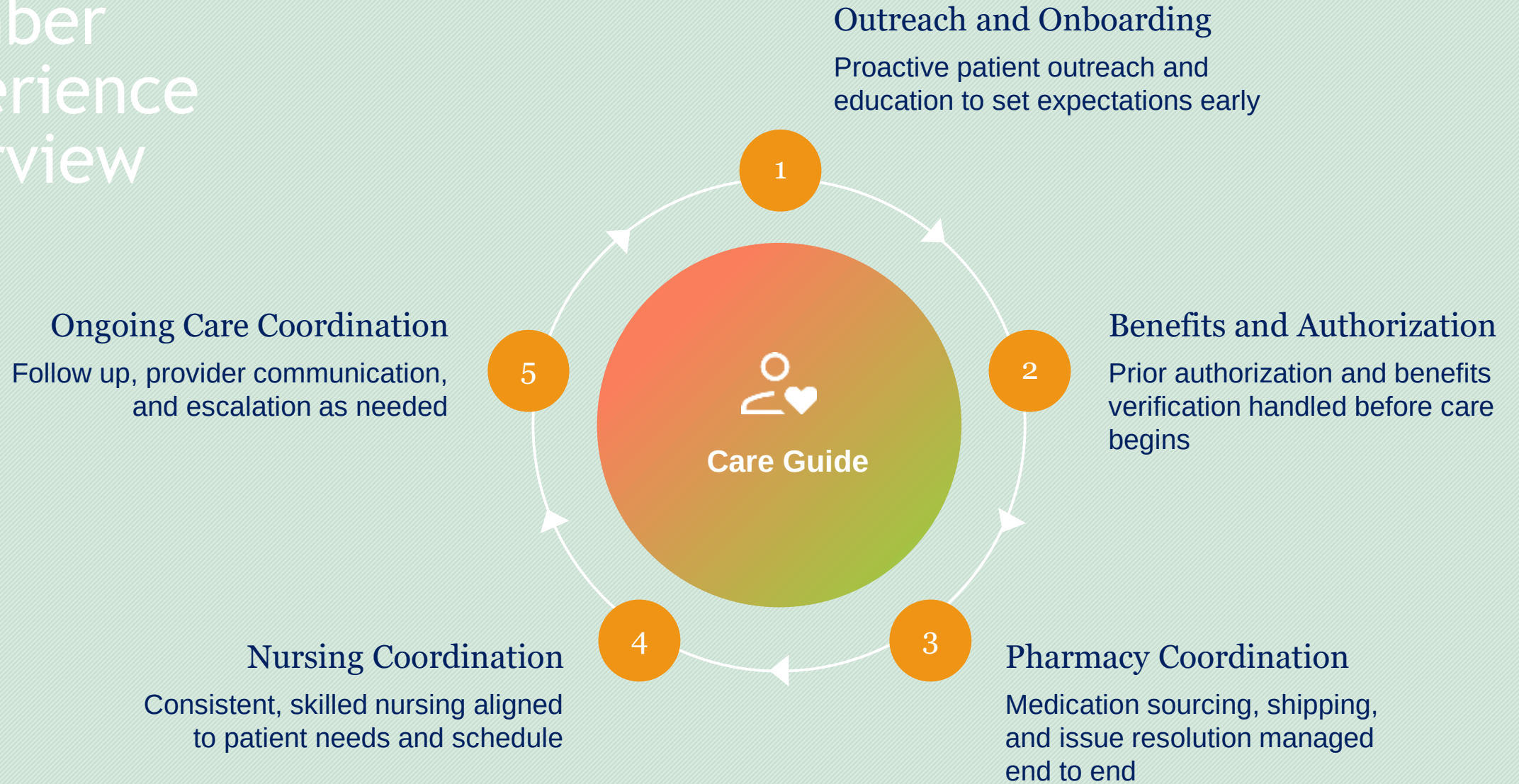
What This Means for You

- + A seamless member experience employees value
- + Meaningful medical savings without benefit redesign
- + Coordinated clinical integration with minimal administrative lift during and after implementation



Hard dollar medical savings with a *simple, coordinated member experience*

Member Experience Overview



Understanding your health plan



The four key elements to your health plan:

- 1. Third party administrator – AmeriBen**
AmeriBen handles and processes your health insurance claims. After reviewing services, claims are sent to AmeriBen for processing and payment, based on the plan language
- 2. Utilization management – AmeriBen Medical Management**
Some health services require precertification. Utilization management reviews if services will be covered but doesn't guarantee benefits or eligibility. Failure to pre-certify may lead to covering the full cost of care.
- 3. Preferred network – BlueCross BlueShield of Arizona**
Choose in-network providers to minimize costs. Out-of-network care costs more. Using network providers reduces expenses for both you and your employer.
- 4. Pharmacy benefit manager (PBM) – SmithRx**
For prescription coverage, pharmacy benefit manager (PBM) provider provides lower fees for medications. Contact PBM Provider using information on your ID card.

MyAmeriBen.com – Member Portal



Check Claims

See the status of claims 24/7.
View general summaries and details of reports.



Share ID Card Digitally

Never lose your card again. It's easy to download and send straight to providers.



Chat with Support

Contact online support specialists in real time or submit a question to be answered via email or chat.



Access Benefit Information

View information including your plan documents, benefit information, and provider networks.



Upload Documents

Use your smartphone's camera to instantly upload claims documents.

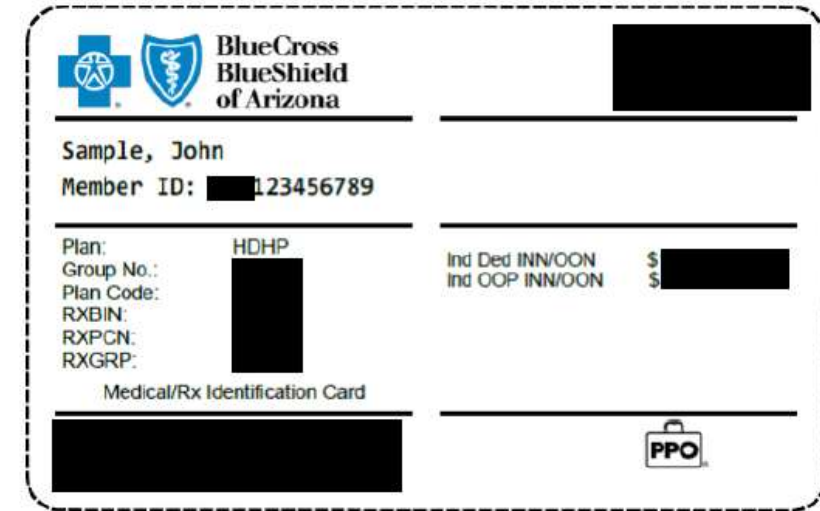
Need Help? Contact Us.

Call the AmeriBen number on the back of your ID card for more information.

Nationwide & around the world- you're covered with AZ Blue

What is changing?

- National provider access- members will no longer be limited to Arizona providers..
- New ID cards (example)
- AmeriBen will continue to handle member inquiries.
- New provider search link:
www.azblue.com/jaanetwork2
- Access to BlueCross BlueShield of Arizona
Arizona telemedicine services Telehealth by AZ Blue
by AZ Blue



BlueCross BlueShield of Arizona

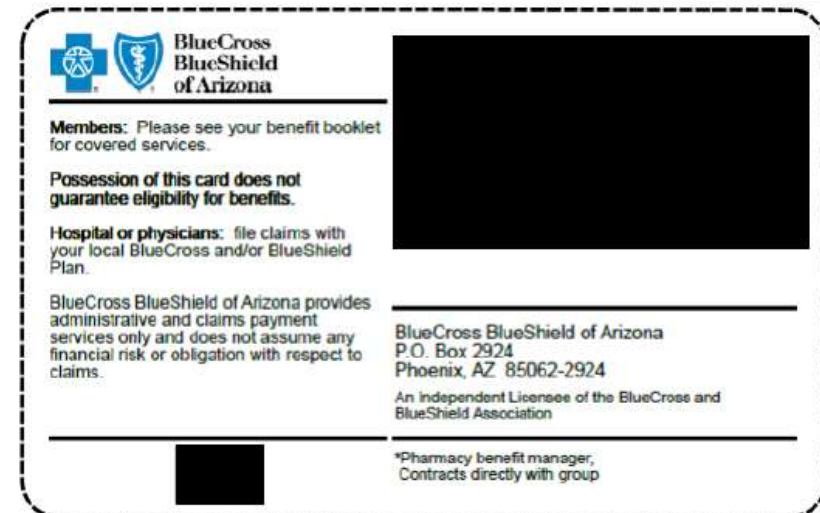
Sample, John
Member ID: 123456789

Plan: HDHP
Group No.:
Plan Code:
RXBIN:
RXPCN:
RXGRP:

Ind Ded INN/OON \$
Ind OOP INN/OON \$

Medical/Rx Identification Card

PPO



BlueCross BlueShield of Arizona

Members: Please see your benefit booklet for covered services.

Possession of this card does not guarantee eligibility for benefits.

Hospital or physicians: file claims with your local BlueCross and/or BlueShield Plan.

BlueCross BlueShield of Arizona provides administrative and claims payment services only and does not assume any financial risk or obligation with respect to claims.

BlueCross BlueShield of Arizona
P.O. Box 2924
Phoenix, AZ 85062-2924
An Independent Licensee of the BlueCross and BlueShield Association

*Pharmacy benefit manager,
Contracts directly with group

Telehealth from AZ Blue

What services are offered?



Medical Care 24/7

Get treated for minor injuries and illnesses and non-emergency health issues like cold and flu symptoms, fevers, rashes, and stomach bugs. Doctors can also prescribe medications from your pharmacy of choice, if needed.



Counseling

You can get the benefits of an in-person counseling session online. Schedule an appointment with a board-certified counselor or psychologist to get help for depression and anxiety, as well as stress caused by grief, divorce, parenting challenges, job loss, and other major life changes.



Psychiatry

A board-certified psychiatrist is available by appointment. Experienced psychiatrists can help you address common mental health challenges, and provide assessments and treatments, as well as assist with medication management.

Care is available now!

Visit AZBlueTelehealth.com to start a visit.

Customer service line: 1-844-606-1612

AmeriBen Maternal Health

- Personalized support to assist in maintaining health and avoiding complications during and after pregnancy

Pharmacy Benefits Manager (PBM)

- SmithRx Effective 07/01/26
- Expanded network access including CVS
- Different philosophy - focused on lowest net cost for both member and Trust
- **Member engagement is required!**



Pharmacy Benefits

Our mission is to reduce the cost and complexity of prescription drugs with radical transparency.



What is a PBM and how do I get my medications?

Pharmacy Benefit Managers (PBM) coordinate the interaction between your employer, physician and pharmacy.

How does the PBM help my pharmacy experience?

- Making sure you're charged the correct copay at the pharmacy.
- Setting up your medications to be covered according to your plan design.
- Managing clinical requirements related to your prescriptions.

How do I get coverage?

You're automatically covered when you enroll in your health plan.



Recommended Resource: Member Portal

Discover easy Rx benefits management in the Member Portal: smithrx.com/portal

Member ID Card

Access your Member ID Card and forms

Plan Usage Tracker

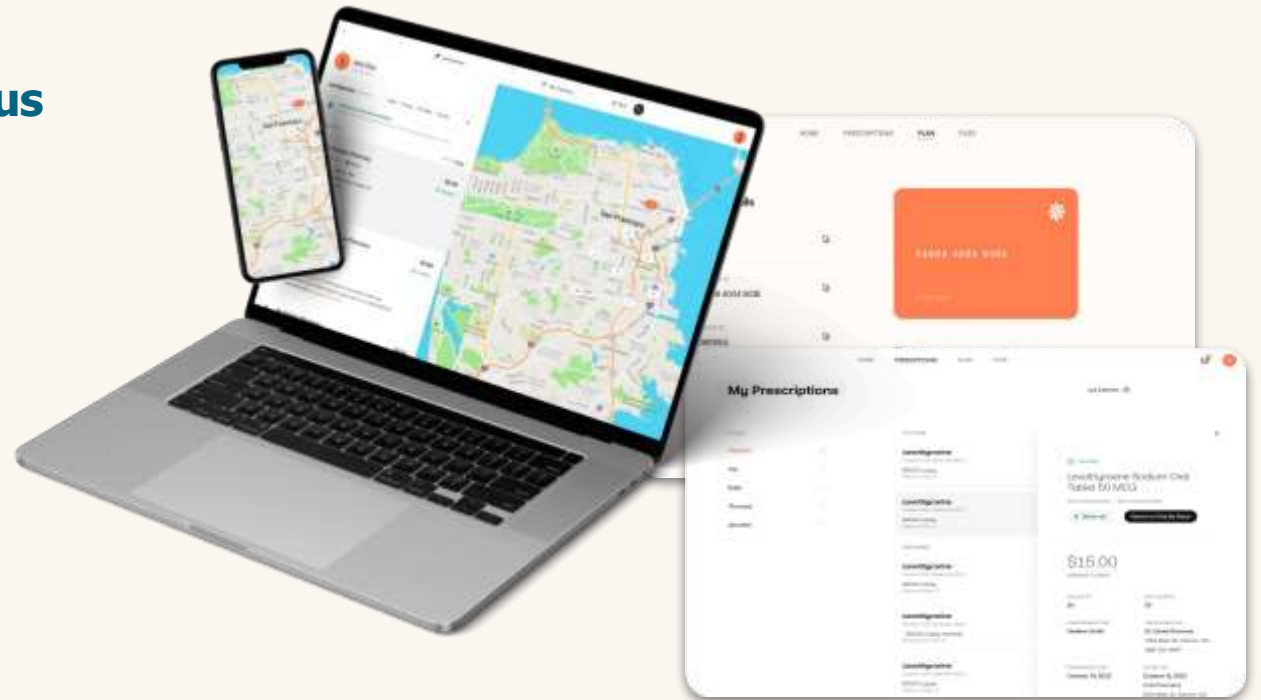
Track total spends against your plan deductible and out-of-pocket limits and the total spend breakdown

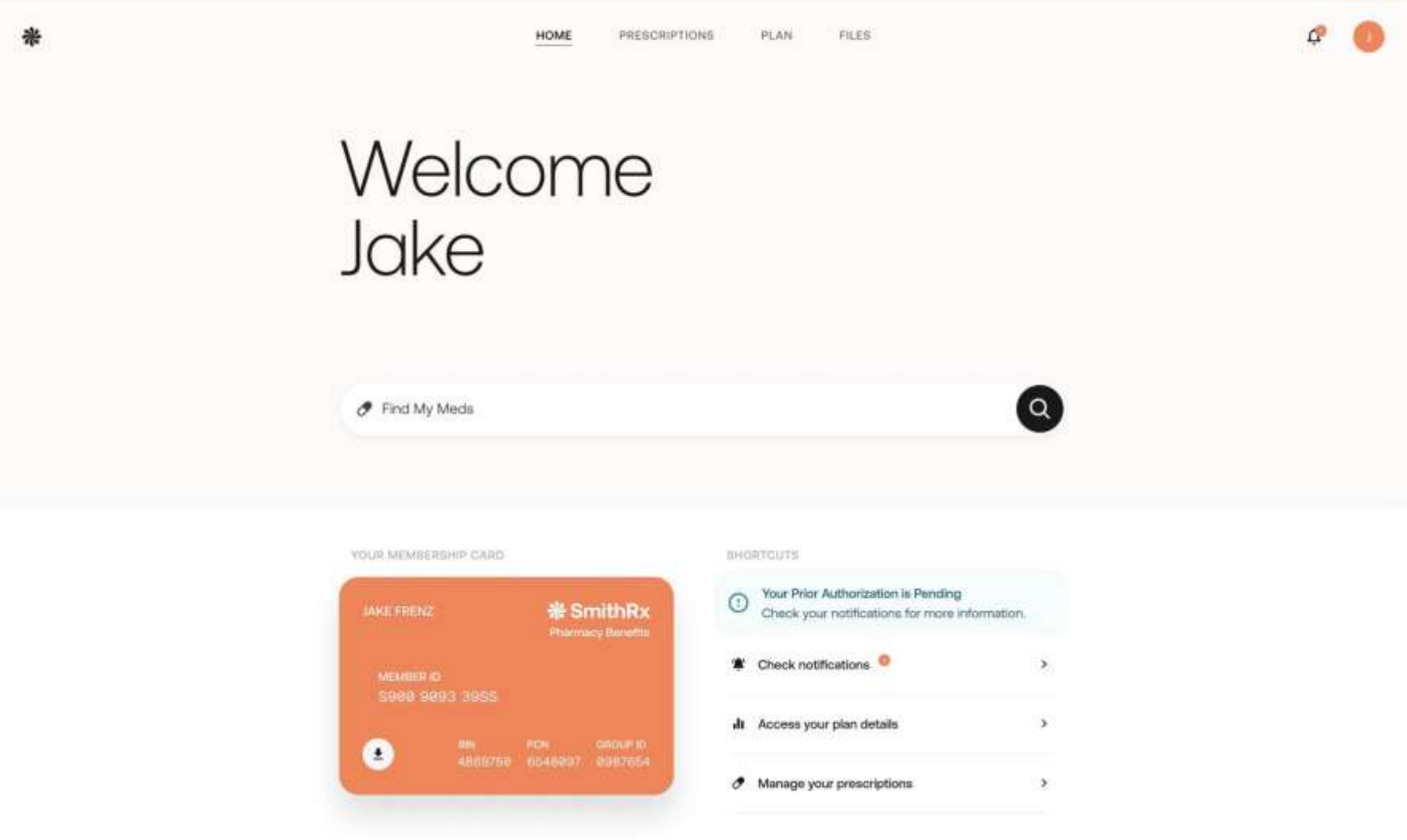
View Claims, PA status

View prescription claims.
Get Prior Authorization Status Notifications

Find My Meds

Search for the lowest cost pharmacy near you with the Find My Meds tool





QA



HOMEPLANPRESCRIPTIONSFILES



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Notifications



Test



Update: Access - Traditional (A-T) Program enrollment is Closed & Transitioned

Prescription: Test

10/1/2024



Update: Access Plus (AP) Program enrollment is Closed & Transitioned

Prescription: Test

9/27/2024



Action required! Savings for Test

Access Plus (AP) Renewal Reference Number - Potential savings for Test

9/26/2024



You may qualify for Access Plus (AP) Program

Prescription: Test

9/19/2024



You may qualify for International Sourcing (INT) Program

Prescription: Test Drug Name

9/18/2024



You may qualify for Access Plus - Med Pharm (AP-MP) Program

Prescription: test

9/17/2024



Hi TEST COPAYTEST-50!

Your enrollment for the Access - Traditional (A-T) Program is now Closed and you are now enrolled into the Access - Traditional (A-T) Program.

Your Reference Number is: 00753216 and was initiated on Oct 1st.

For any questions regarding your pharmacy benefits, **send us a chat**, or to speak with a Patient Access Specialist call us at **(844) 385-7612**.

Thank you.

Today, 10:35 AM



Hi TEST COPAYTEST-50!

The SmithRx Connect Team has attempted to reach you regarding the Access - Traditional (A-T) Program, which may help you save on Test.

If you have not yet connected with a SmithRx representative please **send us a chat** or give us call at **(844) 385-7612** to learn more and determine your eligibility.

We'll send you updates as your case moves forward. You may actively check the status of your case here in the SmithRx Member Portal as well. Your Reference Number is: 00753216

Thank you.

Today, 10:34 AM

smithrx.com

Our Nationwide Pharmacy Network

65,000 retail locations and growing

Retail Network



Mail Network



Specialty Pharmacy



Connect 360: Opportunities for more Rx savings

How our cost savings program works
to get help you achieve \$0 copay

1

If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs

2

The SmithRx representative will help you navigate the savings program enrollment

3

Ensure your HR team has your contact information on file so we can reach you and guide you through the easy cost-savings process



Connect 360: Opportunities for Rx Savings

What are the Connect 360 Programs?

Access (CA-S & CA-T) Capture manufacturer coupon savings on traditional and specialty medications. Members have a low or \$0 copay on prescriptions while also helping employers save on pharmacy benefit costs.

Access Plus: Leverages advocacy foundations and grant programs to reduce cost when a high-cost specialty medication is not covered under the pharmacy benefit. We assist members in navigating and applying to these different programs.

Autoimmune: Through this program, SmithRx members can now access low cost, FDA-approved biosimilars such as Yusimry, a biosimilar for Humira, and Otulfi, a biosimilar for Stelara, through Cost Plus Drugs and Costco Specialty Pharmacy. FDA-approved biosimilars have no clinically meaningful differences in terms of safety and effectiveness from their brand-name counterparts, while offering a more affordable option for members with autoimmune conditions.

Low-Cost Insulin (LCI): This program helps reduce insulin costs at the pharmacy by transitioning to generic and biosimilar insulin products.

Diabetes Non-Insulin (DNI) : Through our partnership with Cost Plus Drugs, we are offering Brenzavvy, an SGLT2 inhibitor, as the lowest cost option for members with type 2 diabetes.

Cost Plus Drugs : Cost Plus Drugs is building an innovative pharmacy model that delivers medications at cost, plus a straightforward 15% markup, along with a \$5 dispensing fee and shipping. Cost Plus Drugs carries over 1,000 medications and is continuing to expand their drug list weekly.

Multiple Sclerosis (MS) (at Cost Plus Drugs) The lowest-cost Multiple Sclerosis products on the market through Cost Plus Drugs. Generics offer substantial upfront savings.

Referral Partner Program (340B) Provides members with lower net costs for eligible program medications. By providing access to discounted medications, the 340B program helps eligible healthcare organizations stretch their resources further, enhance patient care, and improve health outcomes.





Patient (Member)
Support

Toll-free
Phone Number
(844) 454 - 5201

Email
help@smithrx.com

Hours of Operation
Monday – Friday
8 a.m. – 9 p.m EST

Saturday
11 a.m. – 4 p.m EST



Pharmacy /
Provider Line

Toll-free
Phone Number
(844) 512 - 3030

Toll-free Fax Number
(866) 642 - 5620

Email
provider@smithrx.com



Connect
Patient Support

Toll-free
Phone Number
(844) 385 - 7612

Toll-free Fax Number
(866) 642 - 5620

Connect Access Plus
(844) 385 - 4565

Connect Access
Specialty & Traditional
(844) 385 - 7612

Email
connect@smithrx.com

Hours of Operation
Monday – Friday
8 a.m. – 8 p.m. EST



Corporate

Toll-free
Phone Number
(844) 454 - 0123

Toll-free Fax Number
(866) 642 - 5620

Email
info@smithrx.com

Address
P.O. Box 77864
San Francisco, CA
94107

Find self-serve tools
and resources in the
SmithRx Member Portal

*SMS text and emails apply if
SmithRx has the updated
member contact information.
You can update your contact
information in the member portal
– simply click your profile to add
your email and phone number.





Delta Dental of AZ

2026-27 Dental Plan (Base Plan)



Customer Service: 800.352.6132 (TTY users call 711) | <https://www.deltadentalaz.com>
 Contract Start Date: July 1, 2026
 Document Creation Date: April 22, 2026

Delta Dental PPO plus Premier™ Summary of Benefits

For Group# 4720-10080080, 10095095, 10100110, 10100111, 10101110, 10102120, 10102130, 10102520, 10103120, 19100110, 19102120, 19102130, 19980080, 19995095
 Arizona Metropolitan Trust (AZMT)

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.*

Group Plan Sponsor - Arizona Metropolitan Trust (AZMT)

Dental Claims Administrator - Delta Dental of Arizona

Benefit Year - July 1 through June 30

Deductible - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

Benefit Maximum Payment - \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

Child Age Limit - To age 19

Student Age Limit - To age 19

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier™ Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	80%
Radiographs - X-rays	100%	100%	80%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	60%
Minor Restorative Services - fillings	80%	80%	60%
Endodontic Services - root canals	80%	80%	60%
Periodontic Services - to treat gum disease	80%	80%	60%
Oral Surgery Services - extractions and dental surgery	80%	80%	60%
Other Basic Services - misc. services	80%	80%	60%
Major Services			
Crown Repair - to individual crowns	50%	50%	40%
Major Restorative Services - crowns	50%	50%	40%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	40%
Prosthetic Services - bridges, implants, and dentures	50%	50%	40%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit

2026-27 Dental Plan (Buy-Up Plan)



Customer Service: 800.352.6132 (TTY users call 711) | <https://www.deltadentalaz.com>
Contract Start Date: July 1, 2026
Document Creation Date: April 22, 2026

Delta Dental PPO plus Premier™ Summary of Benefits

For Group# 4720-10080800, 11000100, 11001100, 11001101, 11010110, 11020120, 11020130, 11023120, 11025120, 11030130, 19980800, 91000100, 91010110, 91020120, 91020130, 91030130

Arizona Metropolitan Trust (AZMT)

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.*

Group Plan Sponsor - Arizona Metropolitan Trust (AZMT)

Dental Claims Administrator - Delta Dental of Arizona

Benefit Year - July 1 through June 30

Deductible - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

Benefit Maximum Payment - \$4,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

Child Age Limit - To age 26

Student Age Limit - To age 26

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	80%
Radiographs - X-rays	100%	100%	80%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	60%
Minor Restorative Services - fillings	80%	80%	60%
Endodontic Services - root canals	80%	80%	60%
Periodontic Services - to treat gum disease	80%	80%	60%
Oral Surgery Services - extractions and dental surgery	80%	80%	60%
Other Basic Services - misc. services	80%	80%	60%
Major Services			
Crown Repair - to individual crowns	50%	50%	40%
Major Restorative Services - crowns	50%	50%	40%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	40%
Prosthetic Services - bridges, implants, and dentures	50%	50%	40%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%

2026-27 Dental Plan

	2026-27 Premium	Employee Cost
Basic Plan*		
Employee Only	\$40.96	\$0.00
Employee+Spouse	\$78.86	\$11.37
Employee+Child(ren)	\$88.27	\$14.19
Employee+Family	\$130.16	\$26.76
Buy-Up Plan*		
Employee Only	\$42.41	\$1.45
Employee+Spouse	\$81.80	\$14.31
Employee+Child(ren)	\$96.07	\$21.99
Employee+Family	\$141.80	\$38.40

*Basic Plan = Dependents to Age 19 /
Buy-Up Plan = Dependents to Age 26

Please Note: If you elect the Basic Plan and you have a dependent who will reach Age 19 during the 2026-27 plan year, that is NOT considered a qualifying event and you will not be able to elect the Buy-Up Plan mid-year.

VSP Vision Plan

2026-27 Vision Plan (Base Plan)

Your VSP Vision Benefits Summary
Prioritize your health and your budget with a VSP plan through
Arizona Metropolitan Trust Plan W.

Provider Network:
VSP Choice
Effective Date:
07/01/2026

vsp.
vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every plan year*
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME*	\$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club frame allowance \$80 Costco frame allowance	Included in Prescription Glasses	Every plan year
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		
GET MORE AT PREFERRED IN-NETWORK LOCATIONS			
With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeonic®. Log in to vsp.com to find an in-network doctor.			

2026-27 Vision Plan (Buy-Up Plan)

Your VSP Vision Benefits Summary
Prioritize your health and your budget with a VSP plan through Arizona Metropolitan Trust Plan Y.

Provider Network:
VSP Choice
Effective Date:
07/01/2026

vsp.
vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every plan year*
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$10	See frame and lenses
FRAME*	\$245 Featured Frame Brands allowance \$225 frame allowance 20% savings on the amount over your allowance \$225 Walmart/Sam's Club frame allowance \$120 Costco frame allowance	Included in Prescription Glasses	Every plan year
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Impact-resistant lenses - Average savings of 30% on other lens enhancements	\$0 \$25 \$25 \$0	Every plan year
CONTACTS (INSTEAD OF GLASSES)	\$175 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		
GET MORE AT PREFERRED IN-NETWORK LOCATIONS			
With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.			

2026-27 Vision Plan

	2026-27 Premium	Employee Cost
Basic Plan*		
Employee Only	\$7.98	\$7.98
Employee+Spouse	\$17.58	\$17.58
Employee+Child(ren)	\$15.51	\$15.51
Employee+Family	\$24.99	\$24.99
Buy-Up Plan*		
Employee Only	\$11.47	\$11.47
Employee+Spouse	\$25.74	\$25.74
Employee+Child(ren)	\$23.85	\$23.85
Employee+Family	\$38.77	\$38.77

*Basic Plan = Dependents to Age 19 /
Buy-Up Plan = Dependents to Age 26

Please Note: If you elect the Basic Plan and you have a dependent who will reach Age 19 during the 2026-27 plan year, that is NOT considered a qualifying event and you will not be able to elect the Buy-Up Plan mid-year.



Employee Assistance Program (EAP)

SupportLinc

- 6 Free Visits per “Issue” per Year
- Family Assist
- Legal Assist
- Safe Ride
- Website: www.supportlinc.com
 - User Name - azmt



securian
FINANCIAL

Life Insurance

2026-27 Life Insurance

- Basic Life and Accidental Death & Dismemberment
 - \$20,000
 - \$50,000 Key Employees
 - Employer Paid
- Supplemental Life and Accidental Death & Dismemberment
 - Employee Paid
 - Employee, Spouse, Child(ren)

2026-27 Life Insurance (continued)



AzMT - Town of Wickenburg Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

Life and AD&D Insurance Coverage Available - No Health Questions!

There are many reasons to consider Life and AD&D Insurance and there are certain times in which you can enroll for coverage without answering health questions. **Below is a summary of those options.**

INITIAL ELIGIBILITY OPPORTUNITY

Initial eligibility refers to the first time an employee is eligible for coverage.

- ✓ Employee - up to **\$300,000**
- ✓ Spouse - up to **\$30,000**
- ✓ Child - **all coverage**
- ✓ Voluntary AD&D - **all coverage**

QUALIFIED FAMILY STATUS CHANGE

If you experience a family status change, check with your employer within 31 days to confirm guaranteed coverage availability.

LOOKING FOR A HIGHER AMOUNT OF COVERAGE?

A full list of your Life Insurance coverage options is outlined on the following pages. To apply for coverage other than the above, health questions and underwriting approval is required.



2026-27 Life Insurance (continued)

Your Basic and Supplemental Life and Voluntary AD&D Insurance Coverages:

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	Non-Key Employees: \$20,000	✓ Includes a matching AD&D benefit
	Key Employees: \$50,000	✓ Includes a Line of Duty benefit ✓ Coverage reduces beginning at age 75

Supplemental Life Coverage - 100% employee paid

Supplemental term life	Elect in \$10,000 increments Maximum \$750,000	
Spouse term life	Elect in \$5,000 increments Maximum \$250,000	✓ Not to exceed 100% of the employee's basic and supplemental coverages combined
Child term life	\$2,500, \$5,000, \$7,500, \$10,000 or \$15,000	
Voluntary AD&D (employee or family)	Elect in \$10,000 increments Maximum \$500,000	✓ Family benefit is a percentage of the employee's elected AD&D amount: Spouse w/children - 40%; Spouse no children - 50% Each child w/spouse - 10%; Each child no spouse - 15%

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

Monthly Cost:

Employee or Spouse Supplemental Life		
Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
<25	\$0.060	\$0.049
25-29	\$0.080	\$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	\$0.680	\$0.538
65-69	\$1.270	\$0.914
70-74	\$2.060	\$1.624
75*	\$7.532	\$3.340

*Rates beyond age 75 are available upon request.
Rates increase with age and all rates are subject to change.

Child Life				
\$2,500	\$5,000	\$7,500	\$10,000	\$15,000
\$0.325	\$0.650	\$0.975	\$1.300	\$1.950

One premium covers all eligible children from live birth to age 28

Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
+ 1,000	\$ _____
× your rate (based on your age)	\$ _____
= Monthly premium	\$ _____

Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
+ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.124
= Riley's monthly premium	\$18.60

Voluntary AD&D	
Employee	Family*
\$0.030 per \$1,000	\$0.045 per \$1,000

*One premium covers all eligible children from live birth to age 28



VOLUNTARY BENEFITS

GALLAGHER MARKETPLACE

- Access to Gallagher Marketplace
- Additional Discounted Benefits
 - Home and Auto Insurance
 - Boat, RV or Renters Insurance
 - Pet Insurance
 - And more...
- Enroll Anytime
- Simple Enrollment Process with Payment Options
- Easily Compare Rates from Multiple Carriers

GALLAGHER MARKETPLACE

How it works



All programs are portable so you can keep the coverage no matter where life takes you

Visit [Gallagher Marketplace](#) to get started.

When prompted to enter your employer's name, please use AzMT.

VOLUNTARY BENEFITS

- Group Accident Plan

- The Group Accident Plan is available through Securian and provides coverage for covered injuries and services.



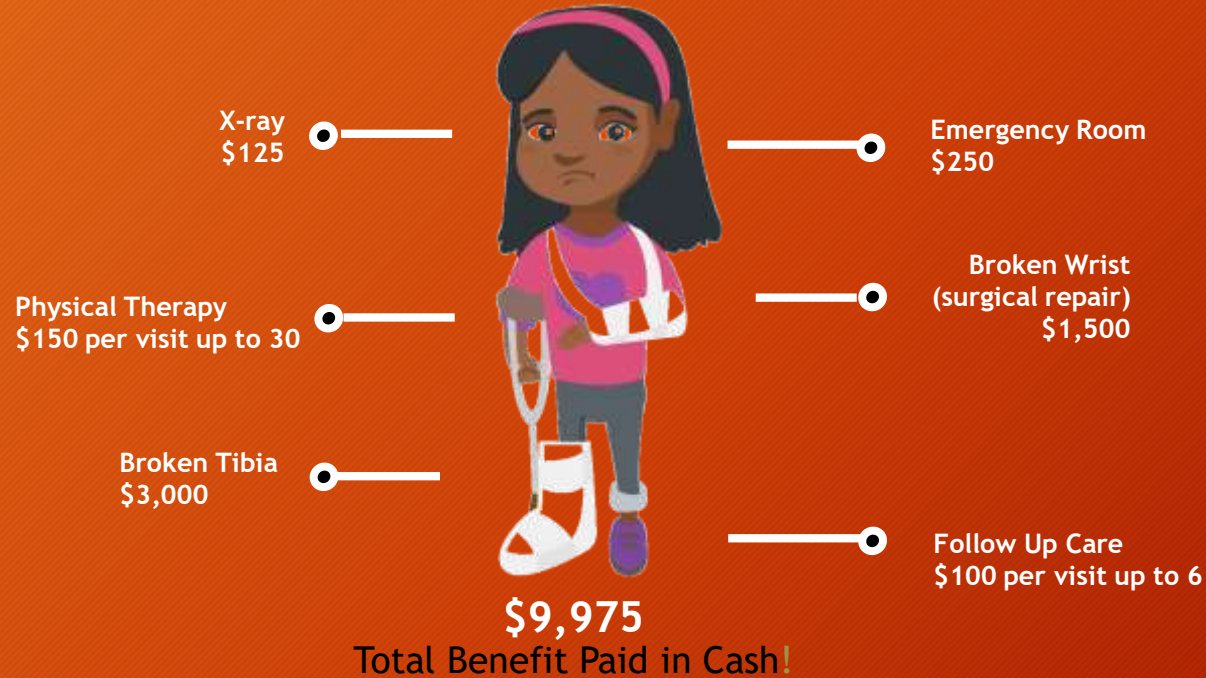
Incident	Payout
Emergency Room	\$250
Ambulance Benefit (Ground/Air)	\$400/\$1,500
Hospital Admission (General/ICU)	\$1,000/\$2,000
Daily Hospital Confinement	Up to \$200/day
Intensive Care Unit	Up to \$400/day
Follow Up Treatment by Physician	\$100 (Up to 6 Visits)
Urgent Care Treatment	\$200
Physical Therapy	\$150 Per Visit (Up to 30 Days)
Fracture/Dislocation	Up to \$9,000/ Up to \$6,000
Wellness	\$50 Per Insured Per Calendar Year

	EE Only	EE + Spouse	EE + Child	EE + Family
Cost Per Month	\$9.14	\$14.97	\$20.29	\$29.08
Wellness	\$50	\$100	\$100 +	\$150 +
Net Cost Monthly	\$4.98	\$6.64	\$11.96	\$16.58

How Your Accident Plan Works With Your Medical Insurance



Injury Example



Medical Plan	Deductible / Out of Pocket Maximum	Insurance Claim Expense	Accident Claim Amount	Out of Pocket Expense
PPO	\$750 individual (\$3,500 Out of Packet Max)	\$20,000	\$9,975	\$0 with \$6,475 for other expenses
HDHP	\$3,300 individual and Out of Pocket Max	\$20,000	\$9,975	\$0 with \$6,675 for other expenses

This is not intended to show the exact pay out on every broken leg. Payouts may be higher or lower depending on your situation. Please refer to your actual policy.

Group Critical Illness Plan



The Group Critical Illness Plan is available through Securian. This plan provides coverage in a lump-sum benefit if you are diagnosed with an illness below, amongst others. **You can choose a benefit between \$10k, \$20k, and \$30k.** Your spouse can elect 100% of your coverage and children are eligible for 50%.

Incident	Payout
Heart Attack	100%
Stroke	100%
Invasive Cancer	100%
Non-Invasive Cancer (Carcinoma In Situ)	25%
Major Organ Failure	100%
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
MS	100%
Parkinson's Disease	100%
Coronary Artery Bypass	25%
End Stage Renal Failure	100%
Wellness	\$50 Per Calendar Year
Recurrence (1 Month Separation)	Up to 100%

Rates will vary based on age and amount of coverage elected.

How Your Critical Illness Plan Works With Your Medical Plan

Example \$20,000 Policy

Cancer Diagnosis
\$20,000



Medical Plan	Deductible / Out of Pocket Maximum	Insurance Claim Expense	Accident Claim Amount	Out of Pocket Expense
PPO	\$750 individual (\$3,500 Out of Packet Max)	\$50,000	\$20,000	\$0 with \$16,500 for other expenses
HDHP	\$3,300 individual and Out of Pocket Max (\$4,000 Out of Packet Max)	\$50,000	\$20,000	\$0 with \$16,700 for other expenses

This is not intended to show the exact pay out on every cancer diagnosis. Payouts may be higher or lower depending on your situation. Please refer to your actual policy.

Group Hospital Plan



Securian Hospital Indemnity provides coverage if you are treated for an illness or injury. Pre-existing conditions are waived for all enrollees.

Incident	Payout
Hospitalization	\$1,000 (\$2,000 If ICU)
Daily Hospitalization / ICU Confinement	\$200 per day (up to 30 days) / \$400 ICU per day (up to 10 days)
Newborn Care Admission	\$200 (up to 3 days)
Inpatient Mental Health Disorder Stay	\$200 (up to 30 days)
Inpatient Substance Abuse Disorder Stay	\$200 (up to 30 days)
Outpatient Mental Health and Substance Abuse Disorder Diagnostic Screening	\$200 (up to 1 per year)
Wellness	\$50 Per Insured Per Year

Group Hospital Plan

Example 2-day maternity stay

Hospital Admission
\$1,000

New Born Benefit
\$200

Daily Benefit
\$200



\$1,800

Total Benefit Paid in Cash!

	EE Only	EE + Spouse	EE + Child	EE + Family
Cost Per Month	\$20.04	\$44.12	\$31.17	\$57.84
Wellness	\$50	\$100	\$100 +	\$150 +
Net Cost Monthly	\$15.88	\$35.79	\$22.84	\$45.34

How to Enroll

To enroll in these benefits visit the employee navigator site using the following instructions:

Link: <https://www.employeenavigator.com/benefits/Account/Register>

Enter your:

- First Name
- Last Name
- AZMT Company Identifier: AZTRUST
- PIN (Last 4 digits of your SSN)
- Date of Birth (mm/dd/yyyy)

Wellness Program



AzMT L.I.V.E.

Early Detection Through Preventive Screenings

- Preventive and early detection screenings are brought onsite to provide members a convenient and timely way to protect their health. Preventive screenings and services brought onsite through the AzMT Wellness Program are covered at 100% for eligible AzMT medical plan members. On-site events include, but not limited to, the following:
 - Health Risk Assessment
 - Skin Cancer Screenings
 - Cardiac and Organ Screenings
 - Mammograms

* Preventive screenings and services are subject to change. Watch for emails and flyers with more details.

Personify Health

Personify Health

Personify Health is a wellness portal designed to help you track your healthy habits, create new ones, learn about health topics that are important to you, and much more! By engaging in the portal, you earn points that can be redeemed for big rewards.

- Health Coaching
- Healthy Habit Tracking
- Daily Cards
- Health Guides
- Health Journeys
- Personal challenges
- Team Challenges
- REWARDS!

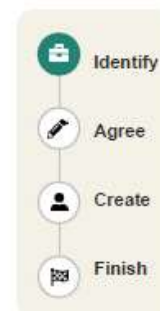
ENROLL IN PERSONIFY HEALTH

Signing up is easy

We'll help you make small, everyday changes for your wellbeing and focus on the areas you want to improve the most. Signing up is simple. Visit join.personifyhealth.com/azmt or open the app and select **Create Account**.

Unique passphrase: expressive-dragonfly-42

Download the app.



Follow the progress bar as you complete these easy steps:

Tell us who you are. We'll ask for a few details about you and your sponsor organization to check your eligibility. Some of the fields may already be filled.

Legal and privacy. Review and agree to the rules, data collection and privacy policy.

Create your account. Add your email, make a password and give us some additional details to customize your experience.

You're all set. Your account is ready. Click **Take Me There** to sign in.

© Personify Health 2025 0125



Digital Physical Therapy

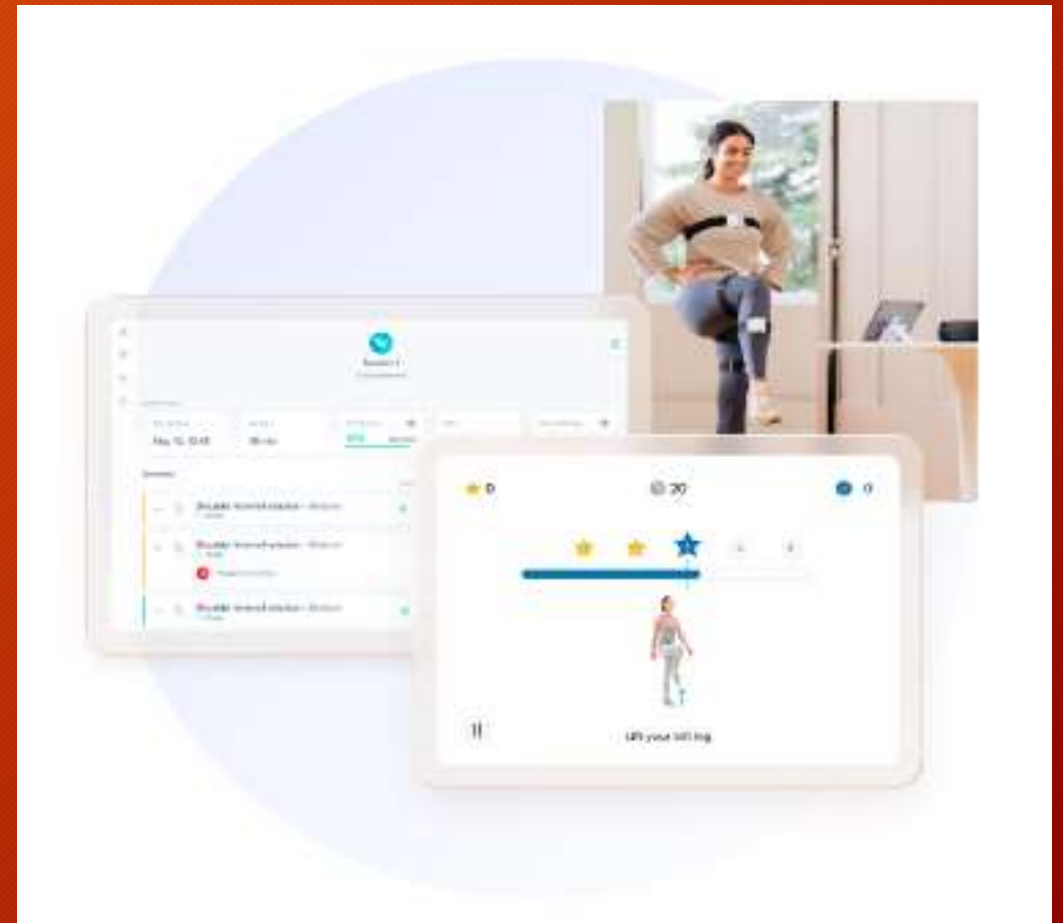
Sword Health

Digital Physical Therapy

Movement is medicine. Sword uses sensor technology to deliver a physical therapy program that can be done anywhere, anytime. All the movement data is then shared with your paired physical therapist, who adapts the program based on actual performance.

Bloom

Bloom is a new, digital pelvic-therapy solution that can help women who have suffered from urinary leaking, bowel disorders, pelvic pain, and more. Bloom can be for women in all stages of life including pregnancy, postpartum and menopause.

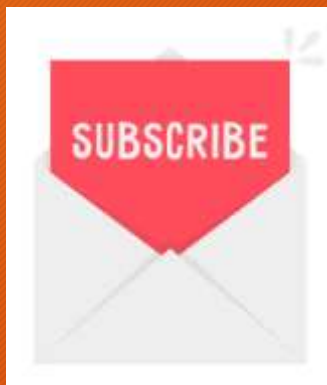


Stay Informed

Monthly Wellness Newsletter

Each month AzMT offers a free digital wellness newsletter that includes health information and upcoming events in the L.I.V.E. wellness program.

Opt-in to the newsletter by scanning the QR code. Members can sign up with the email of their choice.



Text Message Notifications

Text messages are sent out as reminders for upcoming on-site screenings and services. Text AzMTwellness to 844-539-1233 to opt in!



Questions?

If you have any questions about the benefits offered by Town of Wickenburg, please reach out to Human Resources!

THANK YOU FOR LISTENING TO THIS PRESENTATION!