

CITY  
OF SCOTTSDALE  
EMPLOYEE  
OPEN ENROLLMENT  
GUIDE

2016/2017





# OPEN ENROLLMENT

## 2016/17 Benefits Open Enrollment

May 9 – May 31

This booklet is a summary of your benefits package for 2016/17. Take the time to review the information, so that you can make the best selections for you and your family. All information, including the amount of any benefit and employee eligibility for benefits, is subject to and governed by the terms and conditions of the applicable policy or plan documents, including Cigna's clinical policy bulletins. If any information provided in this guide differs from information provided by the policy or plan, the terms of the plan will control.

### Open Enrollment available online

May 9 – May 31

This year's open enrollment period takes place from May 9 through May 31. All employees are required to complete an enrollment form available on the Employee Self Service intranet site: <https://apps/ess>

Benefit elections made during this open enrollment period will become effective July 1.

#### Tips:

- If needed, update your address on the Employee Self Service site. Don't forget that you can also visit this site to access your current benefit elections.
- Be sure to include your Social Security number for you and all your dependents. This is a federal requirement and is necessary to properly administer Medicare Program benefits.
- Open enrollment is the only time to make changes to your benefit selection for the coming year – unless you experience a qualified life status change such as marriage, birth of child or divorce. You must notify HR Benefits within 30 days of a qualifying life change.

Computers are available to employees for online enrollment at the Human Resource Office. If you prefer a paper enrollment form or have questions, contact Benefit Services at 480-312-7600.

### What's new for 2016/17

On March 22, the City Council approved the rates for medical premiums for the 16/17 fiscal year. Each of Scottsdale's three employee health plans will remain in Cigna's nationwide Open Access Plus (OAP) network.

Employee premiums on the **OAP In-network** plan will increase 26 percent for Fiscal Year 2016/17.

Employees on the **OAP** and **OAP + HSA** plans will experience a 10.5 percent premium increase.

These increases are necessary to cover anticipated medical costs for next fiscal year. The monthly dollar impact from the premium increase to employees is between \$4 and \$96, depending on your plan and coverage.

There are also some adjustments to deductibles:

- **For the OAP plan**, the deductible and co-insurance requirement when using an Urgent Care Facility will be removed; instead, a \$50 co-pay will apply.
- **For the OAP + HSA plan**, the deductible will increase to \$1,300 for individual and \$2,600 for family per federal health care regulations.

Additionally:

- The city is implementing a \$20 monthly premium surcharge to employees or family members who self-report use of tobacco products.

Dental premiums and contribution rates will increase by 6 percent for DPPO only.

Employees have many ways they can minimize the financial impact of their health care.

- Be well and stay safe. Cigna and the city offer numerous classes and free resources to help you stay healthy.
- Consider using a Cigna Medical Group facility for a reduced primary care co-pay of \$10, or use the M.D. Live feature and call a doctor for only \$5.
- Take advantage of the city's wellness incentive to partially offset any premium increases.
- One of the most important things you can do to stay healthy is see your physician annually so that any serious medical issues can be caught early and treated – before they become more serious.

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Employees will once again have the opportunity to earn a wellness incentive, which can partially offset the cost of increased rates. Specific wellness incentive instructions will be provided at this year's benefits fairs.

## Wellness Incentive

There are two steps employees need to take to earn the wellness incentive. Spouses covered under our medical plan may also participate.

- Visit your physician or a Cigna Medical Group facility for your free annual wellness exam between May 1 and Aug. 15 OR complete an on-site biometric screening
- Register with [www.mycigna.com](http://www.mycigna.com) and complete your health risk assessment

Complete both steps to earn a one-time incentive of \$120 (employee) or \$240 (employee + spouse) by Aug. 15.

If the city of Scottsdale achieves 65 percent employee participation in the wellness incentive, there will be a raffle drawing to give away 50 \$500 gift cards!

## Annual Physical Exam

As a city of Scottsdale employee or covered dependent enrolled in a medical plan, your annual physical exam is covered. You do not pay a co-pay or deductible. At your appointment, show your medical card, which shows that you should not be charged for a preventive care appointment.

## Cigna Medical Group

Cigna Medical Group (CMG) is available to you and your family when you enroll in a Cigna medical plan.

Cigna Medical Group is one of the Valley's largest multispecialty group practices. At many of the centers you can see a doctor, fill your prescription, and get lab work and imaging. The use of electronic health records and digital imaging allows CMG doctors at all locations to access accurate, real-time information when considering your treatment and digital imaging is faster and safer than traditional X-rays. For more information on Cigna Medical Group services and locations, go to <http://www.cigna.com/cmga/>.

- Multispecialty and urgent care centers
- CareToday convenience care clinics
- On-site pharmacies and refill centers
- Vision services

- Hearing services
- Pediatric services
- Saturdays for Women locations
- Accredited Ambulatory Surgery Center

## Cigna Centers for Excellence

Cigna is committed to making it easy for you to make the best choice for a hospital by giving you the information you need to make the right choice for you and your family. This includes Cigna's Centers of Excellence designation program, and quality and cost-efficiency ratings. Cigna also provides patient experience ratings for hospitals received from Consumer Union in the health care professional directory on [myCigna.com](http://myCigna.com). By combining Cigna's cost-efficiency and quality ratings with patient experience overall hospital ratings, Cigna can help you make more informed decisions. The Centers of Excellence program identifies hospitals that have received high ratings for certain procedures or conditions based on patient outcomes and cost-efficiency. During the 16/17 fiscal year, the city is offering a \$250 incentive to use one of these centers for an outpatient surgery for one of the following procedures:

- Orthopedic back surgery
- Joint surgery (knee or hip replacement)
- Cardiac surgery
- Childbirth
- Bariatric surgery (OAP plan coverage only)
- Transplant surgery

This incentive is available to both the employee and spouse. You will be credited via Payroll after your claim has been processed.

Please contact the HR Benefits Team at 480-312-7600 if you have any questions, or need additional information.

## M.D. Live

M.D. Live provides access to health care anytime. Accessing M.D. Live is easy. All you need is a computer with an Internet connection or a telephone:

1. Go online to [www.mdlive.com/cityofscottsdale](http://www.mdlive.com/cityofscottsdale) or call 800-335-4836
2. Become a member
3. Create an account
4. Process your payment
5. Activate your account
6. Select a provider

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The provider will be able to answer your questions and write prescriptions, as he or she deems it is clinically appropriate. When your session is over, you may choose to share the visit notes with other providers, such as your primary care physician.

## Scottsdale Walker Tracker

Take positive steps with the help of the Scottsdale Walker Tracker Program. Registration and participation is free for those enrolled on the city's medical plan. Visit <http://scottsdale.walkertracker.com> to create a profile and compete against colleagues and friends. All activities can be logged and you can watch your progress on virtual maps throughout our yearly competitions.

Features include:

- Ability to create and compete in multiple competitions.
- A map that includes a pacer to see if you are ahead or behind to achieve the distance in the specified time frame.
- The ability to track daily fruit, vegetable and water consumption.
- A point & level system.
- Ability to privately track other metrics (blood pressure, body mass index, calories, etc.).
- Ability to track and sync your devices, such as Fitbit or Jawbone.
- The option to download the iPhone or Android Walker Tracker App.



### Mike Phillips, Public Affairs Manager

When the weather is right and the creek is flowing, Public Affairs Manager Mike Phillips enjoys backpacking into the Boulder Creek area of the Superstition Wilderness.

## Sign up . . . it's For Your Benefit

The For Your Benefit newsletter is a quick and convenient way to remain informed about your available benefits. This is a monthly e-newsletter produced by the Benefit Team to share all the great benefit offerings available through the city of Scottsdale to you and your family. Register yourself and/or your spouse now to have news delivered directly to your home email inbox by visiting [www.scottsdaleaz.gov/hr/newsletter](http://www.scottsdaleaz.gov/hr/newsletter). Email addresses are kept confidential.

## Need help?

Contact Benefit Services at 480-312-7600 or email [hrbenefitemail@scottsdaleAZ.gov](mailto:hrbenefitemail@scottsdaleAZ.gov)

## Como podemos ayudar?

Por favor llamenle al 480-312-7600 si tiene alguna pregunta sobre su seleccion de beneficios.



### Water Quality Crew

(left to right: Zoli Dregely, Mark Xerxis, Suzanne Grendahl, Justin Bern) after finishing Gateway Loop trail run in Scottsdale's McDowell Sonoran Preserve. "It's a great way to start your day," Mark said.

# MONTHLY BENEFIT PREMIUMS

## Monthly Benefit Premium and Contribution Rates

These are the monthly benefit premiums and contribution rates taking effect July 1, 2016, through June 30, 2017.

July 1, 2016 – June 30, 2017	Monthly Premium	City Contribution	Participant Contribution
<b>City of Scottsdale Cigna OAP In-Network</b>			
Full-Time Employee Only	\$562	\$435	\$127
Part-Time Employee Only	\$562	\$326	\$236
Full-Time Employee & Child(ren)	\$1,020	\$762	\$258
Part-Time Employee & Child(ren)	\$1,020	\$572	\$448
Full-Time Employee & Spouse/Partner	\$1,217	\$903	\$314
Part-Time Employee & Spouse/Partner	\$1,217	\$677	\$540
Full-Time Employee & Family	\$1,747	\$1,281	\$466
Part-Time Employee & Family	\$1,747	\$961	\$786
<b>City of Scottsdale Cigna OAP</b>			
Full-Time Employee Only	\$492	\$418	\$74
Part-Time Employee Only	\$492	\$314	\$178
Full-Time Employee & Child(ren)	\$891	\$718	\$173
Part-Time Employee & Child(ren)	\$891	\$539	\$352
Full-Time Employee & Spouse/Partner	\$1,064	\$846	\$218
Part-Time Employee & Spouse/Partner	\$1,064	\$635	\$429
Full-Time Employee & Family	\$1,526	\$1,195	\$331
Part-Time Employee & Family	\$1,526	\$896	\$630
<b>City of Scottsdale Cigna OAP + HSA</b>			
Full-Time Employee Only	\$470	\$424	\$46
Part-Time Employee Only	\$470	\$318	\$152
Full-Time Employee & Child(ren)	\$850	\$707	\$143
Part-Time Employee & Child(ren)	\$850	\$530	\$320
Full-Time Employee & Spouse/Partner	\$1,014	\$831	\$183
Part-Time Employee & Spouse/Partner	\$1,014	\$623	\$391
Full-Time Employee & Family	\$1,455	\$1,161	\$294
Part-Time Employee & Family	\$1,455	\$871	\$584

# MONTHLY BENEFIT PREMIUMS

Cigna HMO Dental	Monthly Premium	City Contribution	Participant Contribution
Full-Time Employee Only	\$9.06	\$9.06	\$0.00
Part-Time Employee Only	\$9.06	\$6.80	\$2.26
Full-Time Employee & Child(ren)	\$20.30	\$10.16	\$10.14
Part-Time Employee & Child(ren)	\$20.30	\$7.62	\$12.68
Full-Time Employee & Spouse/Partner	\$14.88	\$8.40	\$6.48
Part-Time Employee & Spouse/Partner	\$14.88	\$6.30	\$8.58
Full-Time Employee & Family	\$23.84	\$11.92	\$11.92
Part-Time Employee & Family	\$23.84	\$8.94	\$14.90

Cigna PPO Dental	Monthly Premium	City Contribution	Participant Contribution
Full-Time Employee Only	\$40.28	\$35.26	\$5.02
Part-Time Employee Only	\$40.28	\$26.45	\$13.84
Full-Time Employee & Child(ren)	\$72.50	\$39.28	\$33.22
Part-Time Employee & Child(ren)	\$72.50	\$29.46	\$43.04
Full-Time Employee & Spouse/Partner	\$88.62	\$41.30	\$47.32
Part-Time Employee & Spouse/Partner	\$88.62	\$30.98	\$57.64
Full-Time Employee & Family	\$119.86	\$44.32	\$75.54
Part-Time Employee & Family	\$119.86	\$33.24	\$86.62

Vision Service Plan (VSP)			
Full-Time Employee Only	\$3.56	\$0.00	\$3.56
Part-Time Employee Only	\$3.56	\$0.00	\$3.56
Full-Time Employee & Child(ren)	\$7.60	\$0.00	\$7.60
Part-Time Employee & Child(ren)	\$7.60	\$0.00	\$7.60
Full-Time Employee & Spouse/Partner	\$7.12	\$0.00	\$7.12
Part-Time Employee & Spouse/Partner	\$7.12	\$0.00	\$7.12
Full-Time Employee & Family	\$12.16	\$0.00	\$12.16
Part-Time Employee & Family	\$12.16	\$0.00	\$12.16



**Police Officer Kavon Attarpour, School Resource Officer**

“My family likes to live a strong, healthy and happier lifestyle by riding bikes and spending time with our Scottsdale neighbors preparing and donating bikes for those who don’t have bikes in our community.”

# BENEFIT PLANS COMPARISON CHART

## Which plan is right for me?

The city's benefits package continues to provide quality and competitive plan choices and comprehensive coverage. Three medical plans are offered. Use this guide and the comparison chart to make the best choice. If you have questions, contact Benefit Services at 480-312-7600 or email [hrbenefitsemal@ScottsdaleAZ.gov](mailto:hrbenefitsemal@ScottsdaleAZ.gov).

CITY OF SCOTTSDALE MEDICAL PLANS - COMPARISON CHART					
July 1, 2016 to June 30, 2017	Cigna OAP In-Network	Cigna OAP		Cigna OAP+ HSA	
Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Choice of Physician	Choice of in-network physician(s) only, no pre-selection of a primary care physician necessary	Choice of in-network physician(s) or out-of-network physician(s)		Choice of in-network physician(s) or out-of-network physician(s)	
Deductible per Plan Year	None	\$750 Individual, \$1,500 Family	\$2,000 Individual, \$4,000 Family	\$1,300 Individual, \$2,600 Family*	\$3,500 Individual, \$7,000 Family*
Annual Out-of-Pocket Maximum	\$2,500 Individual, \$5,000 Family	\$4,500 Individual, \$9,000 Family	\$4,500 Individual, \$9,000 Family	\$4,000 Individual, \$8,000 Family*	\$6,000 Individual, \$12,000 Family*
Basic Care					
Primary Physician Office Visits (Family & General Practice, Internal Medicine, OB/GYN & Pediatrician)	\$25 co-pay per visit	\$25 co-pay per visit	70% after deductible	90% after deductible	70% after deductible
Cigna Medical Group (25 locations valley wide)	\$10 co-pay per visit	\$10 co-pay per visit	No Benefit	90% after deductible	No Benefit
MDLive (telemedicine service)	\$5 co-pay per call	\$5 co-pay per call	No Benefit	\$38 per call	No Benefit
Specialist Office Visit	\$40 co-pay per visit	\$40 co-pay per visit	70% after deductible	90% after deductible	70% after deductible
Outpatient X-ray & Laboratory	No co-pay/\$100 co-pay for complex imaging	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Physical, Occupational, Speech Therapy (maximum 60 visits per plan year)	\$40 co-pay per visit	90% after deductible	70% after deductible	90% after deductible	70% after deductible

\*When on family coverage, the entire \$2,600 (or \$7,000 out-of-network) deductible must be met before any benefit is paid. \*\*Does not include supplies.



Alex Acevedo, Planning Specialist



Alice Sipos, Accountant I

# BENEFIT PLANS COMPARISON CHART

July 1, 2016 to June 30, 2017	Cigna OAP In-Network	Cigna OAP		Cigna OAP+ HSA	
Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Hearing &amp; Vision</b>					
Hearing Examinations	100%, no deductible; 1 visit every 12 months	100%, no deductible; 1 visit every 12 months	No Benefit	100%, no deductible; 1 visit every 12 months	No Benefit
Vision Basic Examinations	100%, no deductible; 1 visit every 12 months	100%, no deductible; 1 visit every 12 months	No Benefit	100%, no deductible; 1 visit every 12 months	No Benefit
Vision Materials (frames, lenses, contact lens exam/fitting, etc.)	Discounts available through Cigna Vision Network	Discounts available through Cigna Vision Network		Discounts available through Cigna Vision Network	
<b>Wellness</b>					
Routine Physicals, Exams, Immunizations/ Pap Smears and Mammograms	100%, no co-pay	100%, no co-pay	70% after deductible	100%, no deductible	70% after deductible
Well Baby Care	100%, no co-pay	100%, no co-pay	70% after deductible	100%, no deductible	70% after deductible
Chiropractor (maximum 20 visits per plan year)	\$40 co-pay per visit	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Allergy Injections	No charge	No charge	70% after deductible	90% after deductible	70% after deductible
<b>Maternity Care</b>					
Office Visits	\$25 co-pay first visit	\$25 co-pay first visit	70% after deductible	90% after deductible	70% after deductible
Delivery	\$500 co-pay (\$500 additional co-pay for newborns)	90% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Hospital Services</b>					
Inpatient Hospital	\$500 co-pay per admission	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Surgery	\$250 co-pay	90% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Emergency &amp; Urgent Care</b>					
Emergency Room	\$150 co-pay	\$150 co-pay, plus 10% co-insurance after deductible	\$150 co-pay, plus 10% co-insurance after deductible	90% after deductible	90% after deductible
Urgent Care Facility	\$50 co-pay	\$50 co-pay	\$50 co-pay, plus 10% co-insurance after deductible	90% after deductible	90% after deductible
<b>Ambulance</b>					
Ground	No co-pay**	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Air	No co-pay**	90% after deductible	90% after deductible	90% after deductible	90% after deductible

\*\* Does not include supplies.

# BENEFIT PLANS COMPARISON CHART

July 1, 2016 to June 30, 2017	Cigna OAP In-Network	Cigna OAP		Cigna OAP+ HSA	
Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Extended Care					
Home Health Care (maximum 40 visits per plan year)	No co-pay	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Skilled Nursing (maximum 60 days)	No co-pay	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Hospice Care	No co-pay	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Prescriptions - Retail (up to a 30-day supply)					
Preventive Generic	\$10 co-pay	\$10 co-pay	50% co-insurance	\$10 co-pay	50% after deductible
Preventive Brand Name	20% co-insurance (\$30 min-\$50 max)	20% co-insurance (\$30 min-\$50 max)	50% co-insurance	20% co-insurance (\$30 min-\$50 max)	50% after deductible
Preventive Non-Formulary	40% co-insurance (\$50 min-\$100 max)	40% co-insurance (\$50 min-\$100 max)	50% co-insurance	40% co-insurance (\$50 min-\$100 max)	50% after deductible
Non-Preventive Generic	\$10 co-pay	\$10 co-pay	50% co-insurance	Covered at 100% after plan deductible and \$10 co-pay	50% after deductible
Non-Preventive Brand Name	20% co-insurance (\$30 min-\$50 max)	20% co-insurance (\$30 min-\$50 max)	50% co-insurance	Covered at 100% after plan deductible and 20% co-insurance (\$30 min-\$50 max)	50% after deductible
Non-Preventive Non-Formulary	40% co-insurance (\$50 min-\$100 max)	40% co-insurance (\$50 min-\$100 max)	50% co-insurance	Covered at 100% after plan deductible and 40% co-insurance (\$50 min-\$100 max)	50% after deductible
Prescriptions - Mail Order (up to a 90-day supply)					
Preventive Mail Order Generic	\$20 co-pay	\$20 co-pay	No Benefit	\$20 co-pay	No Benefit
Preventive Mail Order Brand Name	\$60 co-pay	\$60 co-pay	No Benefit	\$60 co-pay	No Benefit
Preventive Mail Order Non-Formulary	\$110 co-pay	\$110 co-pay	No Benefit	\$110 co-pay	No Benefit
Non-Preventive Mail Order Generic	\$20 co-pay	\$20 co-pay	No Benefit	Covered at 100% after plan deductible and \$20	No Benefit

# BENEFIT PLANS COMPARISON CHART

July 1, 2016 to June 30, 2017	Cigna OAP In-Network	Cigna OAP		Cigna OAP+ HSA	
Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescriptions - Mail Order (up to a 90-day supply) - CONTINUED					
Non-Preventive Mail Order Brand Name	\$60 co-pay	\$60 co-pay	No Benefit	Covered at 100% after plan deductible and \$60	No Benefit
Non-Preventive Mail Order Non-Formulary	\$110 co-pay	\$110 co-pay	No Benefit	Covered at 100% after plan deductible and \$110	No Benefit
Mental Health					
Employee Assistance Program	5 free face-to-face sessions per issue per 12 month period				
Behavioral Health Outpatient Care	\$20 co-pay	\$20 co-pay	70% after deductible	\$20 co-pay	70% after deductible
Behavioral Health Inpatient Care	\$300 co-pay; covered at 100%	70% after deductible	No Benefit	70% after deductible	No Benefit

## DENTAL PLAN HIGHLIGHTS

The City of Scottsdale offers you a choice between two types of dental plans. You can find participating dental professionals and services using Cigna’s online directory at [www.Cigna.com](http://www.Cigna.com) or by calling 800-244-6224.

### Cigna DHMO Plan

The Cigna DHMO Plan provides streamlined dental care and makes most preventive and diagnostic services available at a reasonable cost or no additional cost to you, including yearly fluoride treatments for covered children. There is a co-pay for covered services, but no deductibles or annual dollar maximums, no coverage waiting periods and no claim forms to complete. You choose a network general dentist to help manage your overall dental care. You don’t need a referral to see a network orthodontist. There is no out-of-network coverage on the Cigna DHMO Plan.

### Cigna DPPO Plan

The Cigna DPPO Plan is a self-insured dental program with a preferred provider network. Under this plan, you have the freedom to select the dentist of your choice, but if you utilize a preferred provider dentist, you will receive a higher level of coverage. You have access to most preventive services at a reasonable cost or at no additional cost to you and never need a referral to see a specialist.

Cigna’s Dental PPO network offers a broad network of dentists to choose from and two tiers of in-network benefits to the City of Scottsdale: Cigna DPPO Advantage and Cigna DPPO. The first tier, Cigna DPPO Advantage offers the deepest discounts, greatest affordability and highest benefit level. The second tier, Cigna DPPO, offers access to an expanded network of participating dentists at a reduced benefit level.

#### Tips:

- Be sure to get any service over \$200 predetermined by Cigna Dental before you proceed. You may risk the chance of not being covered.
- Don’t get stuck paying more than you should. You may be billed for the balance of what the plan does not cover. This is called “balance billing.” Consider the following before obtaining a service:
  - » Make sure the provider and facility are a part of the network. If you’re not sure, call the provider or Cigna directly.
  - » Find out the cost for a service and how much the plan will cover. This will help you determine whether or not you will be billed later.
  - » If you will have to pay out-of-pocket for a service, consider searching for a participating provider so you can receive the maximum benefit.

# DENTAL PLAN HIGHLIGHTS

Dental Plan Choices		
	Cigna DHMO	Cigna DPPO
<b>Choice of dentist</b>	Must choose participating primary dentist	Choice of PPO or non-PPO dentist
<b>Annual deductible</b>	None	\$50 individual/ \$150 family
<b>Annual maximum benefit</b>	None	\$1,500 per individual
<b>Routine cleanings</b>	Two per plan year, \$10 co-pay	Two per plan year - In-network covered at 100% after deductible; out-of-network covered at 90% after deductible
<b>Basic services</b>	Per schedule of co-payments	In-network covered at 80% after deductible; out-of-network covered at 70% after deductible
<b>Major services</b>	Per schedule of co-payments or 15 - 25 % off participating specialist fees	In-network covered at 60% after deductible; out-of-network covered at 50% after deductible
<b>Orthodontia</b>	For adults and children, 25% discount off participating orthodontist retail price	For children under 19, 50% coverage: \$1,500 lifetime max. per child

Dental Plan Choices			
	In Network		Out of Network
	Network Names		
	Cigna DPPO Advantage	Cigna DPPO	Out of Network
	PERCENT PLAN PAYS		
<b>Service Levels</b>			
<b>Class 1 - Preventive &amp; Diagnostic Care</b>	100%	90%	90%
<b>Class 2 - Basic Restorative Care</b>	80%	70%	70%
<b>Class 3 - Major Restorative</b>	60%	50%	50%
<b>Class 4 - Orthodontia</b>	50%	50%	50%
<b>Reimbursements paid to the dentist by Cigna</b>	Contracted Rates - NO Balance Billing of outstanding charges		80% of Reasonable and Customary Charges + any balance not paid by Cigna



Anna Henthorn, Accounting Manager



Brian Pack, Electronic Technician II

# VISION PLAN HIGHLIGHTS

The City of Scottsdale offers vision care coverage through Vision Service Plan (VSP) as an optional benefit. The VSP Choice Plan is a full-service plan that offers choice, flexibility and maximum value through VSP Preferred Providers. VSP also has arrangements with high quality retail chains as affiliate providers. More information about discounts and providers is available at [www.VSP.com](http://www.VSP.com) or by calling 800-877-7195.

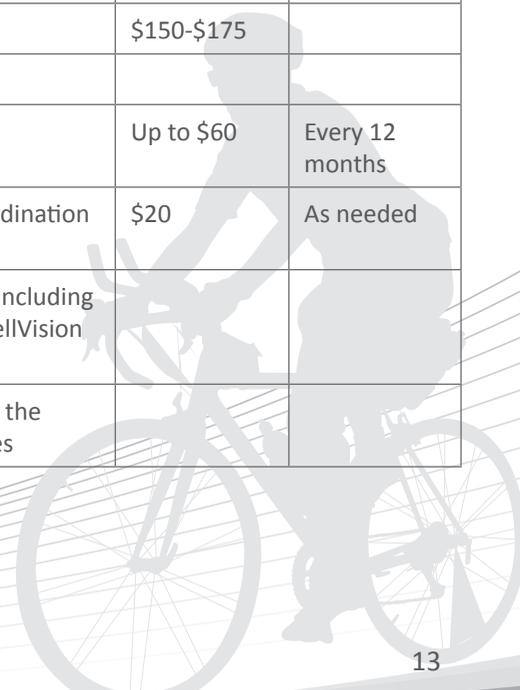
By registering online, you can learn what doctors are on the plan, where to go to utilize your reimbursement and other personal benefit information. Visit [www.vsp.com](http://www.vsp.com) to create an account.

**When asked for your identification method in Step 1, please select Member ID. Enter your city employee ID with five leading zeros (ex: 000001234). After completing Steps 2 and 3, you are on your way to learning more about your benefit.**

Please note, VSP does not send out a member ID card. When you visit a provider, please be sure to state that you are a member of VSP so that you can take full advantage of the benefit plan you have elected. When asked for an ID number, please provide your city employee ID with five leading zeros.

Don't know your employee ID number? Not a problem. It is listed next to your name when you log in to Webtime.

VSP Vision Benefit Summary			
Benefit	Description	Co-pay	Frequency
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness. Includes dilation Routine retinal screening guaranteed pricing, not to exceed \$39	\$20 for exam and glasses	Every 12 months
<b>Prescription Glasses, Contacts and Programs</b>			
<b>Frame</b>	\$150 allowance for a wide selection of frames. \$80 allowance at Costco	Combined with exam	Every 24 months
	20% off amount over your allowance		
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
<b>Lens Options</b>	Standard progressive lenses	\$55	
	Premium progressive lenses	\$95-\$105	
	Custom progressive lenses	\$150-\$175	
	Average 20-25% off other lens options		
<b>Contacts (instead of glasses)</b>	\$150 allowance for contacts; co-pay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
<b>Diabetic Eyecare Plus Program</b>	Services related to type 1 and type 2 diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details	\$20	As needed
<b>Extra Savings and Discounts</b>	Glasses and Sunglasses: 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.		
	Laser Vision Correction: Average 15% off the regular price of 5% off the promotional price; discounts only available from contracted facilities		



# OPEN ENROLLMENT

## Eligibility

Full-time employees or part-time employees with benefits are eligible for coverage under the benefit plans. If both you and your spouse work for the city, you may select coverage as an employee or dependent. However, dependents can only be enrolled under one parent. Dependents eligible for coverage:

- Legal spouse/domestic partner
- Children up to age 26, including natural-born, foster, stepchildren, legally adopted, placed for adoption or children whom you are a legal guardian
- Unmarried children beyond 26 who are incapable of self-sustaining employment because of a mental or physical disability incurred before age 19.

## Domestic Partner Coverage

Health insurance coverage may be extended to an employee's domestic partner and child(ren) with completion of a notarized Domestic Partnership Affidavit and supporting documentation on file. Contact Benefits to select or change domestic partner coverage and to discuss important tax considerations.

## Prescription Plan Highlights

All three medical plans provide a prescription benefit and include a three-tier prescription plan, with different co-payments in each tier. Prescriptions are assigned to a tier according to the Cigna formulary, which can change periodically:

- Tier 1 - Generic
- Tier 2 – Brand
- Tier 3 – Non-Formulary

Refer to the medical plan comparison chart for specific information on plans costs for prescriptions. Please remember that non-preventive prescriptions on the Cigna OAP + HSA will be subject to the deductible first.

If you choose a brand name drug over an available generic drug, you will pay the generic co-pay plus the difference in cost between the generic drug and the brand name drug. However if your doctor indicates that you must take the brand name drug over the generic, then you will only pay the applicable brand drug co-pay.

## Your three-tier prescription drug list

A three-tier prescription drug list splits medications into three categories (or tiers):

1st Tier – Generic Medications have the same strength and active ingredients as the brand name – but often cost much less. You will usually pay less for generic medications under a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.

2nd Tier – Preferred Brand Medications will usually cost you more than a generic, but less than a non-preferred brand medication on a three-tier plan.

3rd Tier – Non-Preferred Brand Medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for a non-preferred brand medication on a three-tier plan.

### Understanding Cigna's prescription drug list

Every year Cigna updates this drug list to reflect any changes to the list of covered prescription drugs. Examples of changes that may impact you include brand name medications may change tiers or may no longer be covered. In addition, any new FDA-approved drug product (including but not limited to medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace will not be covered for the first six months after the product receives FDA new drug approval.

- Use the Prescription Drug Price Quote tool on myCigna.com to price a medication and see the lower cost options available to you at your selected retail pharmacy and Cigna Home Delivery Pharmacy.

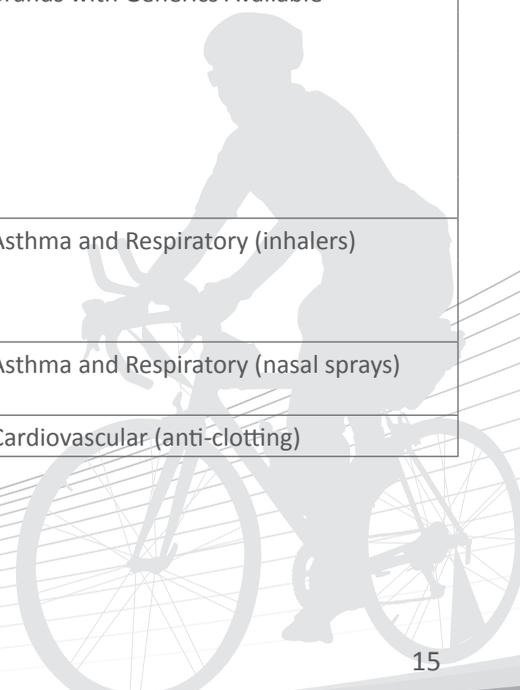


Amy Tolle, Technology Specialist

# OPEN ENROLLMENT

There are several drug classes where significant savings can be gained by using more cost-effective drugs. Cigna is committed to designing formularies that include the most clinically appropriate and effective drugs for its customers – and to work with pharmaceutical manufacturers to keep costs affordable and sustainable for clients, as well as for customers with chronic conditions. If you or members in your family are currently taking a drug listed in the first column, you and our medical plan will save by switching to a drug in the middle column. Below is a list of the most affected drug classes.

DRUG(S) that are more expensive	DRUG(S) that can achieve significant savings to you and the plan	CONDITION/COMMON USE	
Afrezza, Apidra, Novolin, Novolog	Humalog, Humulin	Diabetes (insulin)	
Levemir, Toujeo	Lantus		
Farxiga, Jardiance, Synjardy, Xigduo XR	Invokamet, Invokana	Diabetes (non-insulin)	
Bydureon, Byetta, Tanzeum, Victoza	Trulicity		
Glyxambi, Jentadueto, Kazano, Nesina, Oseni, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza		
AccuChek, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio	Diabetes (test strips)	
Axiron, Fortesta, Natesto, Testim, Vogelxo	Androgel, testosterone gel (generic)	Testosterone Replacement	
Duexis, Vimovo	Celecoxib, Meloxicam	Pain Relief and Inflammatory Disease (anti-inflammatory products)	
Enbrel, Kineret, Simponi	Cimzia, Humira	Pain Relief and Inflammatory Disease	
Acticlate	Doxycycline	Antibiotics for Acne/Rosacea	
Adoxa	Doxycycline		
Doryx	Doxycycline		
Minocin (oral)	Minocycline		
Monodox	Doxycycline		
Oracea	Doxycycline		
Vibramycin (capsule)	Doxycycline		
Solodyn	Minocycline		
Cymbalta	Duloxetine		Brands with Generics Available
Glumetza	Metformin, metformin ER		
Lexapro	Escitalopram		
Lipitor	Atorvastatin		
Prevacid Solutab	Lansoprazole		
Wellbutrin XL	Bupropion XL		
Dulera, Symbicort	Advair, Breo Ellipta	Asthma and Respiratory (inhalers)	
Proventil, Ventolin, Xopenex	ProAir		
Arcapta, Serevent	Foradil		
Beconase AQ, Dymista, Nasonex, Omnaris, QNASL, Veramyst, Zetonna	Generic nasal steroids (e.g. fluticasone)	Asthma and Respiratory (nasal sprays)	
Pradaxa	Warfarin, Xarelto	Cardiovascular (anti-clotting)	



# OPEN ENROLLMENT

DRUG(S) that are more expensive	DRUG(S) that can achieve significant savings to you and the plan	CONDITION/Common Use
Pristiq ER	Bupropion SR/XL, duloxetine, venlafaxine ER, all generic SSRIs	Depression
Toviaz	Generics (i.e. oxybutynin), VESIcare	Bladder Problems (overactive bladder)
Vyvanse	Generic ER stimulants, Adderall XR	ADD/ADHD and Stimulants
Lumigan	Generics, latanoprost, Travatan Z	Eye Conditions
Diovan, Diovan HCT, Edarbi, Edarbyclor	Generic ACE (e.g. lisinopril), generic ARB (e.g. losartan, valsartan), Benicar, Benicar HCT	Cardiovascular (high blood pressure)
Vytorin	Generic statins (e.g. simvastatin, atorvastatin), Crestor, Zetia	Cholesterol Lowering
Genotropin, Norditropin, Nutropin, Omnitrope, Zomacton	Humatrope, Saizen	Growth Hormones
Betaseron	Extavia	Multiple Sclerosis (beta 1b interferons)
Bravelle, Gonal-F	Follistim AQ	Infertility

For questions, contact:  
 Cigna Customer Service at 800-997-1654 or [www.cigna.com](http://www.cigna.com)  
 Human Resources Benefit Services 480-312-7600 or [hrbenefitsemial@scottsdaleaz.gov](mailto:hrbenefitsemial@scottsdaleaz.gov)

## Mail Order

If you take maintenance drugs, you should consider participating in the mail order drug program. It can save you money and time. To participate in the mail order program:

- Obtain a prescription for mail order drugs from your physician. A mail order prescription can be written for up to a 90-day supply with three refills.
- Obtain a mail order drug form from Human Resources or on Cigna’s website: [www.cigna.com](http://www.cigna.com).

Five ways to get the most out of your pharmacy benefit plan:

### 1. Learn what medications are covered

Save money by checking out the list of medications covered under your plan on [myCigna.com](http://myCigna.com). The amount you pay depends on whether your medication is listed as a generic, preferred brand, non-preferred brand or specialty medication.

### 2. Use the Prescription Drug Price Quote tool

View medication cost based on your pharmacy plan, see if there are lower cost alternatives and compare prices between Cigna Home Delivery Pharmacy<sup>SM</sup> and retail pharmacies.

### 3. Use Cigna Home Delivery Pharmacy<sup>SM</sup>

Have the medications you take on a daily basis delivered right to your door at no additional cost. Because you can get up to a 90-day supply at one time, you may even be able to save money. You’ll get a reminder when it’s time to reorder,

and have access to the CoachRx team for help with drug interactions, side effects and ways to lower your medication costs.

### 4. Get help with specialty medications

Take advantage of TheraCare<sup>®</sup>. Your personalized team will help you better understand your chronic condition (like multiple sclerosis, hepatitis c or hemophilia) and medication, including common side effects and how to follow your doctor’s treatment instructions correctly.

### 5. Use myCigna.com

Gives you 24/7/365 access to:

- See your pharmacy claim history
- Read your benefit details
- See medication prices based on your plan
- Manage your Cigna Home Delivery Pharmacy<sup>SM</sup> orders
- Ask a pharmacist a question



Carie Wilson, Water Quality Regulatory Manager

# OPEN ENROLLMENT

## Short-Term Disability Coverage

Short-term disability coverage is an optional benefit available through Cigna that provides you with continuing income if you experience a medically certified health condition and are unable to perform your job duties. STD benefits can begin once you have met the eligibility requirements and your accrued medical leave has been exhausted. This benefit can only be used for your own medical condition.

### There are two plan options available:

Benefit	Employee cost calculation
Plan 1 – 70 percent benefit with a maximum of \$1,000 per week	$(\text{Gross monthly pay}^* / 100) \times .396$
Plan 2 – 50 percent benefit with a maximum of 1,000 per week	$(\text{Gross monthly pay}^* / 100) \times .297$

\* To determine gross monthly pay, divide gross annual pay by 12.

## Employee Assistance Program

The Employee Assistance Program is a free, voluntary and confidential service available to all city employees. This service provides short-term counseling and referrals for up to five face-to-face sessions per issue per 12-month period. To schedule an appointment, call 800-554-6931 or for more information visit [www.cignabehavioral.com](http://www.cignabehavioral.com) and log in using employer ID: cityofscottsdale.

## Life Insurance - Basic, Commuter and Supplemental Life Insurance

### BASIC LIFE INSURANCE

As a benefited employee, the city provides a basic life insurance benefit equal to one times your annual salary rounded up to the nearest \$1,000 through Cigna Life Insurance. There are also age-based reductions once you reach age 65. Refer to the Cigna Life Insurance certificate for details. A copy of the certificate is available by contacting Benefits at 480-312-7600.

### COMMUTER LIFE INSURANCE

The city provides a \$200,000 life insurance benefit covering benefited employees while traveling on business and while traveling to and from work.

### SUPPLEMENTAL LIFE INSURANCE

Basic life insurance is provided by the city, but you can apply to purchase supplemental life insurance up to a maximum of \$300,000 in units of \$10,000. The amount cannot exceed five times your annual salary. There are also age-based reductions once you reach age 70. Specific details are listed on the Cigna Life Insurance certificate available by contacting Benefits at 480-312-7600.

For your spouse/partner, you may purchase up to a maximum of \$150,000, in units of \$10,000. Monthly premium rates for you and spouse/partner coverage are based on the employee's age. Coverage ceases upon spouse's attainment of age 70.

For your children, you may purchase up to a maximum of \$10,000, in units of \$2,000. Children are covered until age 26 regardless of student status.

Supplemental Life Insurance	
Employee's age	Monthly cost per \$10,000 units
Under 30	\$0.68
30 to 34	\$0.85
35 to 39	\$0.99
40 to 44	\$1.30
45 to 49	\$2.07
50 to 54	\$2.68
55 to 59	\$4.66
60 to 64	\$6.05
65 to 69	\$9.95
70 to 74	\$16.45
75 to 89	\$27.54
Children coverage per 2,000	\$0.31

Note: You must purchase additional life insurance on yourself in order to be eligible to purchase coverage for your children. Coverage is subject to the approval of Cigna Life Insurance. You may apply for new or increased coverage at any time, but you must satisfy Cigna's insurability requirement.

# FSA's HSA's AND RETIREMENT

## Flexible Spending Accounts

A flexible spending account (FSA) is a tax-free account that allows you to pay for eligible child/dependent care expenses or health care expenses not covered or partially covered by your medical and dental insurance plans. Most people save at least 25 percent on each dollar that is set aside in the program. When you enroll in an FSA, you decide how much to contribute to each account for the plan year. The money is deducted from your paycheck before taxes are deducted over the course of the year. After you incur expenses that qualify for reimbursement, you submit a claim to receive your reimbursement.

A **Health Care Flexible Spending Account** is a yearly benefit in which premiums are withdrawn over 24 pay periods with up to a \$500 per year roll over. You must re-enroll each plan year to utilize rollover portion.

A **Dependent Care Account** is a weekly benefit in which premiums are withdrawn over 26 pay periods. The money elected to this account does not roll over.

Eligible expenses include:

- Deductibles, co-pays & co-insurance
- Prescription drugs
- Glasses & contact lenses
- Chiropractic care
- Child care

Expenses can be for you, your spouse or any of your dependents, even if they are on a different insurance plan. Visit <http://www.asiflex.com/calculator.html> to estimate your annual medical expenses and tax savings.

The minimum plan year contribution is \$120 and maximum is \$2,500 for health care and \$5,000 for dependent care. To enroll for the 2016/17 plan year, complete the FSA section of your online open enrollment form and submit it by May 31. Enrollment in a FSA is required each plan year – even if you do not wish to change your deduction amount.

## An FSA is a smart way to save!

An FSA can help reduce your taxes and increase your take-home pay—giving you extra dollars for the things you really want.

With a salary of \$25,000 and an annual contribution of \$1,500 for health care, you could increase your take-home pay by \$341!\*

With a salary of \$40,000, an annual contribution of \$1,750

for health care and \$4,000 for dependent day care, you could increase your take-home pay by \$1,303!\*\*

With a salary of \$60,000, an annual contribution of \$2,000 for health care and \$4,500 for dependent day care, you could increase your take-home pay by \$1,473!\*\*

Examples are based on federal and Social Security tax for 2013. This may vary depending on your state and local taxes.

\*Based on single filing status

\*\*Based on married filing jointly with two dependents (including spouse)

Please be advised that these projections are only estimates of tax information and should not be assumed to be tax advice; they are intended for illustrative purposes. Be sure to consult a tax advisor to determine the appropriate tax advice for your situation.

## Tax savings estimator

Estimate the annual medical expenses and tax savings for you, your spouse and any tax dependents: <http://www.asiflex.com/calculator.html>

## Health Savings Account

A health savings account is a tax-favored savings account created for the purpose of paying medical expenses. Contributions are withdrawn over 26 pay periods. The account is tax deductible, tax free and unused money isn't forfeited at the end of the year. Qualified medical expenses include unreimbursed medical expenses of the employee and his or her spouse or dependents. The HSA cannot be used to pay pretax premiums.

In order to qualify for a HSA, the following conditions must be met:

- Covered by an IRS qualified high deductible healthcare plan; the city's Cigna OAP + HSA Plan qualifies.
- Not covered under other health insurance
- Not enrolled in Medicare; and
- Not another person's dependent

Contribution limits apply:

Single - \$3,350  
Family - \$6,750  
55+ - an additional \$1,000

## Important note to HSA Enrollees

A Cigna OAP + HSA plan member who opens an HSA account is also eligible for the healthcare flexible spending

account (FSA). However, participation is restricted to a limited scope FSA that provides reimbursement only for dental and vision expenses.

More detailed information is available at [www.asiflex.com](http://www.asiflex.com).

### Arizona State Retirement System

The contribution rates for employees in the Arizona State Retirement System will increase by 0.01 percent next year, from 11.47 percent to 11.48 percent. The change will take effect July 1. The rates fund pensions and health insurance benefits for employees after retirement, as well as income for employees who become disabled and unable to work. Most city employees are in the Arizona State Retirement System, with the exception of sworn public safety positions. For more about the ASRS, visit [www.azasrs.gov](http://www.azasrs.gov).

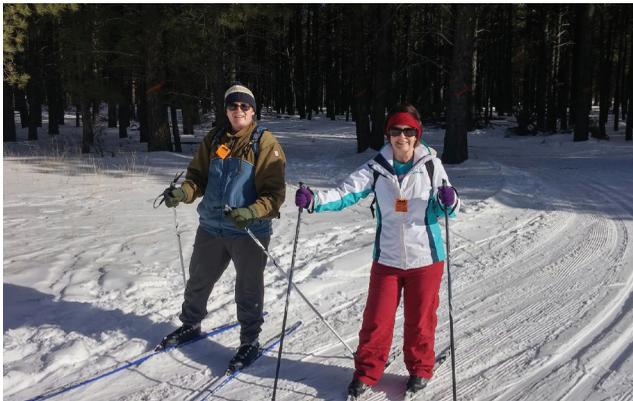
### Public Safety Personnel Retirement System

For employees under the Public Safety Personnel Retirement System (PSPRS), contribution rates are set by state statute. The city contribution rates are determined by actuarial valuation and reported to the city and local board by the fund manager. For FY 2016/17, the contribution

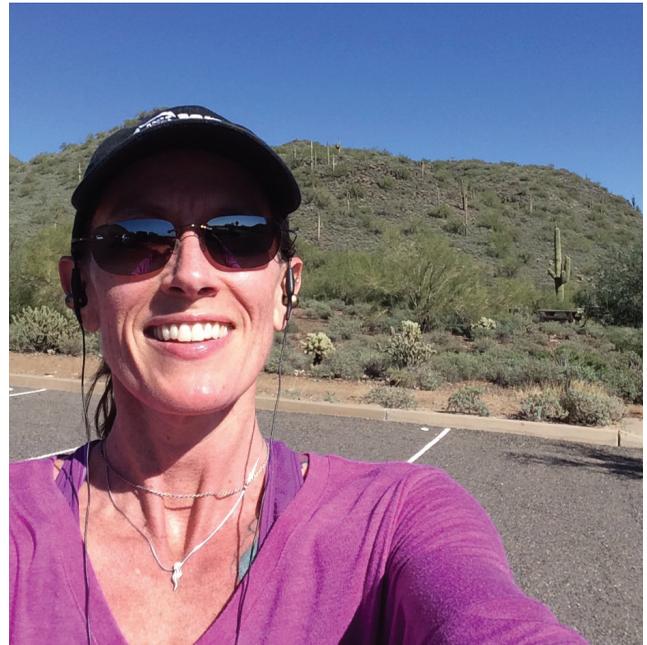
rate for PSPRS employees is 11.65 percent. The city will contribute 12.49 percent for Fire and 36.32 percent for Police personnel. For more information about the PSPRS, visit [www.psprs.com](http://www.psprs.com).

### ICMA-RC 457 Plan Deferred Compensation

The city's deferred compensation program is provided through ICMA Retirement Corporation. This program allows you to save for and invest in your retirement. Contributions are withdrawn over 26 pay periods. Federal and Arizona state income taxes are deferred until your assets are withdrawn, usually after retirement when you may be in a lower tax bracket. You may open or change an ICMA account at any time. Make an appointment with the city's ICMA representative by calling 800-669-7400.



Charlie Brown, Enterprise Systems Integrator



Police Officer Donna Gieber, Patrol



Cindy Stersic, Paralegal



Eric King, Senior Software Engineer

# LEGAL NOTICES

## New Medicaid/CHIP Special Enrollment Right Reauthorization Act of 2009

Effective April 1, 2009, the following changes have been made to your booklet. The following sub-sections replace the current sub-sections now appearing in the Eligibility section of your Booklet:

### Special Enrollment Periods

You will not be considered a Late Enrollee if you qualify under a Special Enrollment Period as defined below. If one of these situations applies, you may enroll before the next annual enrollment period.

### Loss of Other Health Care Coverage

You or your dependents may qualify for a Special Enrollment Period if:

- You did not enroll yourself or your dependent when you first became eligible or during any subsequent annual enrollments because, at that time:
  - » You or your dependents were covered under other creditable coverage; and
  - » you refused coverage and stated, in writing, at the time you refused coverage that the reason was that you or your dependents had other creditable coverage
- You or your dependents are no longer eligible for other creditable coverage because of one of the following:
  - » The end of your employment;
  - » A reduction in your hours of employment (for example, moving from a full-time to part-time position);
  - » The ending of the other plan's coverage;
  - » Death;
  - » Divorce or legal separation;
  - » Employer contributions toward that coverage have ended;
  - » COBRA coverage ends;
  - » The employer's decision to stop offering the group health plan to the eligible class to which you belong;
  - » Cessation of a dependent's status as an eligible dependent as such is defined under this Plan;
  - » With respect to coverage under Medicaid or an S-CHIP Plan, you or your dependents no longer qualify for such coverage; or
  - » You or your dependents have reached the lifetime maximum of another Plan for all benefits under that Plan.
- You or your dependents become eligible for premium assistance, with respect to coverage under the group

health plan, under Medicaid or an S-CHIP Plan.

You will need to enroll yourself or a dependent for coverage within:

- 31 days of when other creditable coverage ends;
- within 60 days of when coverage under Medicaid or an S-CHIP Plan ends; or
- within 60 days of the date you or your dependents become eligible for Medicaid or S-CHIP premium assistance.

Evidence of termination of creditable coverage must be provided to the Benefits Division. If you do not enroll during this time, you will need to wait until the next annual enrollment period.

### New Dependents

You and your dependents may qualify for a Special Enrollment Period if:

- You did not enroll when you were first eligible for coverage; and
- You later acquire a dependent, as defined under the plan, through marriage, birth, adoption, or placement for adoption; and
- You elect coverage for yourself and your dependent within 31 days of acquiring the dependent.

Your spouse or child who meets the definition of a dependent under the plan may qualify for a Special Enrollment Period if:

- You did not enroll them when they were first eligible; and
- You later elect coverage for them within 31 days of a court order requiring you to provide coverage.

You will need to report any new dependents by completing a change form, which is available from your employer. The form must be completed and returned to the Benefits Division within 31 days of the change. If you do not return the form within 31 days of the change, you will need to make the changes during the next annual enrollment period.

### If You Adopt a Child

Your plan will cover a child who is placed for adoption. This means you have taken on the legal obligation for total or partial support of a child whom you plan to adopt.

Your plan will provide coverage for a child who is placed with you for adoption if:

- The child meets the plan's definition of an eligible dependent on the date he or she is placed for adoption; and

# LEGAL NOTICES

- You request coverage for the child in writing within 31 days of the placement;
- Proof of placement will need to be presented to the Benefits Division prior to the dependent enrollment;
- Any coverage limitations for a preexisting condition will not apply to a child placed with you for adoption provided that the placement occurs on or after the effective date of your coverage;

## When You Receive a Qualified Child Support Order

A Qualified Medical Child Support Order (QMCSO) is a court order requiring a parent to provide health care coverage to one or more children. Your plan will provide coverage for a child who is covered under a QMCSO, if:

- The child meets the plan’s definition of an eligible dependent; and
- You request coverage for the child in writing within 31 days of the court order.

Coverage for the dependent will become effective on the date of the court order. Any coverage limitations for a preexisting condition will not apply, as long as you submit a written request for coverage within the 31-day period.

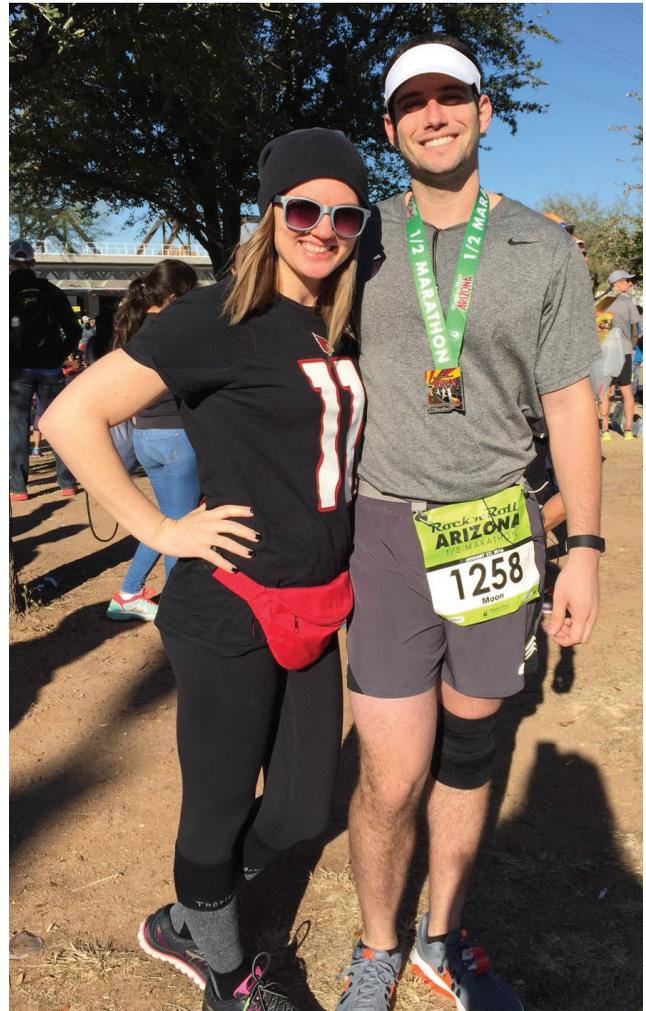
If you do not request coverage for the child within the 31-day period, you will need to wait until the next annual enrollment period.

Under a QMCSO, if you are the non-custodial parent, the custodial parent may file claims for benefits. Benefits for such claims will be paid to the custodial parent.

## Annual Notice: Women’s Health and Cancer Rights Act (WHCRA)

Your group health plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymph edema). For more information, call Human Resources at 480-312-7600.

This coverage is subject to any applicable plan co-payments, referral requirements, annual deductibles and co-insurance provisions consistent with those established for other benefits under the plan. These provisions are described in the plan’s Summary Plan Description (SPD).



Gabriel Moon, Warehouse Mail Technician



Jason Bowman, Utilities Technology Supervisor



# City of Scottsdale Group Health Plan Privacy Notice

## Purpose of This Privacy Notice

This Privacy Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.  
Please review this information carefully.

## Background

The City of Scottsdale Group Health Plan ("Plan") is a self-insured group health plan, which includes the Cigna OAP In-Network, Cigna OAP, Cigna OAP + HSA medical plans, the Cigna HMO, Cigna PPO dental plans, Vision Service Plan (VSP) and the Flexible Spending Account administration, as sponsored by the City of Scottsdale. The Plan is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI) and to inform you about:

1. Privacy Official And Contact Office
2. Protected Health Information
3. The Plan's Uses And Disclosures Of Protected Health Information
4. Your Individual Privacy Rights
5. The Plan's Duties With Respect To Your Protected Health Information
6. Your Right To File A Complaint

PHI use and disclosure by the Plan is regulated by the federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 *Code of Federal Regulations* Parts 160 and 164. The regulations will supersede this Privacy Notice ("Notice") if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Notice from other fully insured group health benefit plans offered by the City of Scottsdale. Each of those notices will describe your rights as it pertains to that plan. This Privacy Notice pertains to the City of Scottsdale's Plan.

## Effective Date

The effective date of this Notice is **September 23, 2013**.

### 1. Privacy Official And Contact Office

The City Manager has designated a Privacy Official to oversee the administration of privacy by the Plan and to receive complaints. If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan's Privacy Official at:

**Privacy Official**  
Human Resources (Contact Office)  
9191 E. San Salvador Drive  
Scottsdale, AZ 85258  
Phone: (480) 312-7600 Fax: (480) 312-7960

### 2. Protected Health Information

The term "**Protected Health Information**" (**PHI**) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form. PHI **does not** include health information contained in employment records, such as FMLA, Workers' Compensation, or Department of Transportation exams, held by the City of Scottsdale in its role as an employer.

The City of Scottsdale contracts with Business Associates to process claims (e.g., review claims submitted by health care providers for services provided to employees, pay health care providers directly, discuss health care procedures and associated fees, etc.) and perform various other administrative functions to support the Plan. As a result of these contracts with Business Associates, designated employees acting on behalf of the Plan see little, if any, of your PHI.

### 3. The Plan's Uses and Disclosures of Protected Health Information

- A. When the Plan May Disclose Your PHI** - The City of Scottsdale has amended its Plan Documents to protect your PHI as required by federal law. Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- i. **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- ii. **As required by the Secretary of the Department of Health and Human Services.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- iii. **For treatment, payment or health care operations.** The Plan and its Business Associates will use your PHI without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations. For example, the Plan may disclose your eligibility, coverage and cost sharing amounts. The Plan may disclose your PHI to the plan sponsor for purposes of plan administrative functions in accordance with the plan amendment.

**B. When the Disclosure of Your PHI Requires Your Written Authorization**

- i. **In general** - The Plan will require that you sign a valid authorization form in order to use or disclose your PHI other than as noted in 3. A. above or as required by law or any other required disclosure under the Privacy Rule or under C, D, E, or F noted below.
- ii. **Revocation** - You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**C. Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release**

- i. Disclosure of your limited PHI to family members and your personal representative is allowed if the information is directly relevant to the family or personal representative's involvement with your care or payment for that care.
- ii. Unless you notify us otherwise in writing, we may discuss a family member's eligibility status and claim payment and status with the participant, who is also the employee, or any other family member, unless the family member about whom the PHI relates has specifically requested confidential communication or requested that we restrict the use and/or disclosure of their PHI. If you know that a family member other than yourself will be the primary person addressing your benefits, beyond eligibility and claim status as previously noted, you will need to fill out an Authorization form and send it to the Privacy Official at the address listed on the first page of this Notice.

**D. Use or Disclosure of Your PHI Where Authorization or Opportunity to Object Is Not Required**

- i. **In general.** The Plan does not need your written authorization to release your PHI if required for public health and safety purposes, as required by law, for health oversight activities, for law enforcement purposes, or for specialized government functions, including the extent necessary to comply with **workers' compensation** or other similar programs established by law.
- ii. **To Plan Sponsor.** For the purpose of administering the Plan, we may disclose your PHI to certain employees of the Plan Sponsor. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

**E. Use or Disclosure To Your Personal Representative.** The Plan will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (e.g. power of attorney, health care power of attorney or court order).

- i. Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
  1. You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
  2. Treating such person as your personal representative could endanger you; or
  3. In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.
- ii. The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the personal representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise.
  1. *In loco parentis* may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time.
  2. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described below under the section titled "Your Individual Privacy Rights".

**F. De-identified information**

- i. This Notice does not apply to information that has been de-identified.

- ii. De-identified information is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

#### **4. Your Individual Privacy Rights**

##### **A. You Have the Right to Request Restrictions on PHI Uses and Disclosures**

- i. You may request the Plan to restrict the uses and disclosures of your PHI:
  - 1. To carry out treatment, payment or health care operations, or
  - 2. To family members, relatives, friends or other persons identified by you who are involved in your care.
- ii. The Plan, however, is not required to agree to your request if the Privacy Official determines it to be unreasonable, for example, if it would interfere with the Plan's ability to pay a claim.
- iii. Your request must be in writing. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request, contact the Privacy Official at the address listed on the first page of this Notice.

##### **B. You Have the Right to Request that PHI be Transmitted to You Confidentially**

- i. The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (e.g. mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you.
- ii. Your request must be in writing. You or your personal representative will be required to complete a form to request that PHI be transmitted to you confidentially. To make such a request contact the Plan's Privacy Official at the address listed on the first page of this Notice.

##### **C. You Have the Right to Inspect and Copy Your PHI**

- i. You have the right to inspect and obtain a copy of your PHI (except psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI.
  - 1. A "designated record set" includes your medical records and billing records that are maintained by or for the Plan. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan or other information used in whole or in part by or for the Plan to make decisions about you.
- ii. The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.
- iii. Your request must be in writing. You or your personal representative will be required to complete a form to request to inspect and copy the PHI in your "designated record set". Requests to inspect and copy your PHI should be made to the Plan's Privacy Official at the address listed on the first page of this Notice. The Plan may charge a reasonable, cost-based fee for copying.
- iv. If your request to inspect and copy your PHI is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise review rights and a description of how you may complain to the Plan's Privacy Official or the Secretary of the U.S. Department of Health and Human Services.

##### **D. You Have the Right to Amend Your PHI**

- i. You have the right to request that the Plan amend your PHI or a record about you in a designated record set if you believe the information is inaccurate or incomplete. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).
- ii. If the Plan denies your request in whole or in-part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- iii. Your request must be in writing. You or your personal representative will be required to complete a form to request amendment of your PHI. You should make your request to amend PHI to the Privacy Official at the address listed on the first page of this notice.

##### **E. You Have the Right to Receive an Accounting of the Plan's PHI Disclosures**

- i. At your request, the Plan will also provide you with an accounting of disclosures of your PHI by the Plan during the six years (or shorter period if requested) before the date of your request. Accounting of disclosures will not include any disclosure of PHI made prior to July 1, 2007, the effective date of this Notice.
- ii. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

**F. You Have the Right to Receive Notification in the Event of a Breach of your Unsecured Health Information**

You have the right to receive notice of a breach of your unsecured medical information. Notification may be delayed if so required by a law enforcement official. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if the plan knows the identity and address of such individual(s).

**G. You Have the Right to Receive a Paper or Electronic Copy of the Notice Upon Request**

- i. To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Official at the address listed on the first page of this Notice, or go on-line to [www.scottsdaleAZ.gov](http://www.scottsdaleAZ.gov) – search for "HIPAA Privacy Notice".

**5. The Plan's Duties With Respect to Your Protected Health Information**

**A. In General**

- i. The Plan is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices.
- ii. This Notice is effective on July 1, 2007 and the Plan is required to comply with the terms of this Notice.
- iii. The Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan.

**B. Distribution of Notice**

- i. This Plan will satisfy the requirements of the HIPAA Regulation by providing this Notice to the named insured (covered employee or retiree) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.
- ii. The Notice will be provided to each named insured when they initially enroll for benefits in the Plan (the Notice is provided in the Plan's Initial Enrollment packets).
- iii. The Notice is available on the Plan's Website: [www.scottsdaleAZ.gov](http://www.scottsdaleAZ.gov) – search for "HIPAA Privacy Notice". The Notice will also be provided upon request.
- iv. Once every three years the Plan will notify the individuals then covered by the Plan of the availability of the Notice and how to obtain the Notice.

**C. Notice Revisions**

- i. If a privacy practice of this Plan is materially changed affecting this Notice, a revised version of this Notice will be provided to all named insureds currently covered by the Plan.
- ii. Any revised version of this Notice will be distributed prior to the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice.
- iii. The Plan reserves the right to change its Notice and make the change applicable to PHI created or received before and after the date of the change.

**D. Disclosing Only the Minimum Necessary Protected Health Information**

- i. When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.
- ii. The minimum necessary standard will not apply in the following situations:
  1. Disclosures to or requests by a health care provider for treatment
  2. Uses or disclosures made to you
  3. Disclosures made to the Secretary of the U.S. Department of Health and Human Services
  4. Uses or disclosures required by law
  5. Uses or disclosures required for the Plan's compliance with legal regulations.

**6. Your Right to File a Complaint**

- A.** If you believe that your privacy rights have been violated, **you may file a complaint.** The Plan will not retaliate against you for filing a complaint. The complaint must be in writing using the Plan's form. Send the complaint to the Plan's Privacy Official, at the address listed on the first page of this Notice.
- B.** You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for a covered entity in Arizona by sending your complaint to:

Region IX, Office of Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza – Room 322  
San Francisco, CA 94102

# BENEFIT PROVIDERS

## CITY OF SCOTTSDALE

Human Resources Benefits Services  
480-312-7600  
[www.scottsdaleaz.gov/hr/benefits](http://www.scottsdaleaz.gov/hr/benefits)

## ARIZONA STATE RETIREMENT SYSTEM

602-240-2000  
[www.azasrs.gov](http://www.azasrs.gov)

## ASI (FLEXIBLE SPENDING)

800-659-3035  
[www.asiflex.com](http://www.asiflex.com)

## CENTRAL BANK (HEALTH SAVINGS ACCOUNTS)

877-554-5535  
[www.centralbank.net](http://www.centralbank.net)

## CIGNA MEDICAL, HMO & PPO DENTAL

Group number: 3337752  
800-244-6224  
[www.cigna.com](http://www.cigna.com)

## CIGNA LIFE INSURANCE

Group number: VTL004689  
800-732-1603

## CIGNA SHORT TERM DISABILITY

800-362-4462

## EMPLOYEE ASSISTANCE PROGRAM

Group number: 3170920  
800-554-6931  
[www.cignabehavioral.com](http://www.cignabehavioral.com)

## ICMA-RC (DEFERRED COMPENSATION)

Group number: 30-0496  
800-669-7400  
[www.icmarc.org](http://www.icmarc.org)

## PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM

602-255-5575  
[www.psprs.com](http://www.psprs.com)

## VISION SERVICE PLAN (VSP)

800-877-7195  
[www.VSP.com](http://www.VSP.com)



Todd Taylor, Principal Traffic Engineer

# KEY TERMS TO KNOW

**ACCESS FEE:** A specified dollar amount the insured person pays a health care provider toward the covered expenses of certain benefits in addition to fees for services. For example, you may pay an access fee for using emergency room services, in addition to the emergency room fees.

**COINSURANCE:** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You have to pay the deductible before you receive the coinsurance benefit. Your coinsurance share is higher for out-of-network claims.

**CO-PAY:** A flat amount you pay when you visit a health care provider or fill an in-network prescription. For example, if you enroll in the Cigna OAP In-Network plan and visit your Primary Care Physician (PCP), you would only pay the \$20 co-pay. Co-pays are applied to the annual out-of-pocket maximum.

**DEDUCTIBLE:** A fixed amount you pay before any plan begins to pay. Deductibles are higher on out-of-network claims.

**DRUG FORMULARY:** A listing of prescription drugs and insulin established by Cigna that includes both brand name

prescription drugs and generic prescription drugs. Drugs listed on the formulary are covered under the prescription drug plan, with co-payments. Also called “formulary.”

**EXPLANATION OF BENEFITS (EOB):** A written statement from Cigna that you receive after you or a provider submits a claim. The statement shows which benefits and charges the plan covers and how much they will pay.

**GENERIC:** A prescription drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

**IN-NETWORK PROVIDER:** A provider who contracts with the city’s claims administrator, Cigna, and provides a discount off regular fees.

**OUT-OF-NETWORK:** The use of health care providers who have not contracted with Cigna to provide services.

**OUT-OF-POCKET MAXIMUM:** This is your safety net in the medical plans that protects you from catastrophic medical expenses. Once you pay the individual maximum or family maximum, additional covered medical claims for the year are paid 100 percent by the city and you pay nothing.

**PLAN YEAR:** Plan year is the twelve-month period from July 1 – June 30.

**PREVENTIVE SERVICES:** All plans cover preventive service visits made to in network providers. Mammograms, flu shots, prostate exams and well-baby visits are examples of preventive services. Note: if you discuss another health issue during a preventive service visit, you may have to pay a fee for your visit.



Whitney Pitt, Police Records Manager









## **Human Resources Benefits Division**

9191 E. San Salvador  
Scottsdale, AZ 85258

480-312-7600

[www.scottsdaleaz.gov](http://www.scottsdaleaz.gov) search "benefits"

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 480-312-2246.