

Your Benefits Guide

2023-2024 COBRA Participants



IMPORTANT INFORMATION!

Upon separation from Gilbert for any reason, all of your Gilbert provided benefits will end on the last day of month in which you separate. You are eligible to continue your current health plans for up to 18 months. You must make an election within 60 days from the later of the date of the loss of coverage, known as the qualifying event, or the date the COBRA election notice is provided to you. It will be retroactively effective back to the coverage termination date, so there is no lapse in coverage. If you do not elect within 60 days, you will not have a future opportunity to elect.

You will be sent paperwork from our COBRA Administrator, ASI COBRA to the mailing address on file when you separate service. All elections and premium payments are made through ASI COBRA

You cannot participate in COBRA and Retiree coverage at the same time. If you choose COBRA coverage, you do not have the option to opt back into Retiree coverage later.

Dependents aging out of the health plan, also have the option to continue coverage for up to 18 months. The same 60-day election timeline applies.

Medical Coverage

For FY24, the Town of Gilbert will continue to provide medical coverage through **Aetna**. We will continue to offer the Preferred and BannerSelect plan options.

Both the Preferred and BannerSelect Plans are under the structure of the Banner Health Network and Aetna Plans, however the provider network varies between the two plans.

Preferred – EPO Plus/Open Access EPO Plus Network (Standard Plans – Extended/Broad)

The Preferred plan utilizes Aetna’s Standard Broad Network, which provides access to a large and broad national network. You can find in-network providers anywhere you go in the U.S. The Standard Broad Network also includes Mayo providers.

BannerSelect - Banner EPO Plus/Open Access EPO Plus (Banner Network - Performance)

The BannerSelect plan utilizes the narrower Banner Network and provides coverage within Maricopa and Pinal County. You must always utilize a Banner Network physician/facility in order to have in-network coverage with the exception of emergency situations. You may visit any provider in the case of an emergency. BannerSelect does not have Mayo providers in-network.

Check out the plan comparison on the next page!
To find an in-network doctor with Aetna, use their [DocFind tool](#) using the network names below. Or call Aetna for help – 1-844-267-2253.



Aetna Services

If you enroll in Town of Gilbert’s medical plan with Aetna, you will have access to additional tools that will help you manage the health of you and your family. Below is a brief overview of a couple of Aetna tools that can help you and your family stay healthy and happy!

98point6 is our Text-Based Medicine

Can’t get to your doctor’s office when you’re feeling under the weather? Don’t want to pay urgent care co-pays? No problem! Aetna’s 98point6 program provides 24/7 access to U.S. board certified doctors via their App or by requesting a telephone conversation at their website. 98point6 delivers on-demand primary care doctors that can diagnose non-emergency medical problems, diagnoses, treatments, and call in a prescription to your pharmacy, order labs and provide follow-ups and reminders. 98point6 does not replace your primary care physician, but it does offer an affordable convenient option when going to see the doctor isn’t convenient. You can text or talk to a doctor any time for \$0 copay! Contact 98point6 at www.98point6.com or call 1-866-657-7991

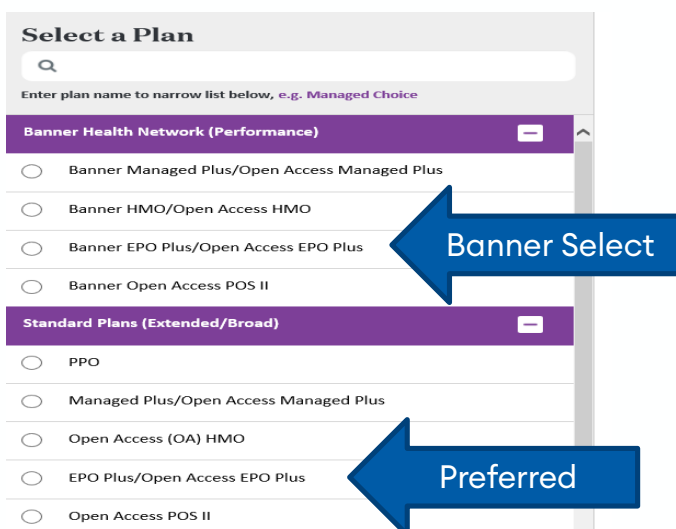
Aetna Navigator/Mobile App

If you have not already done so, be sure to create an Aetna Navigator account at www.banneraetna.com using your Aetna member ID shown on your ID card. You can use Aetna Navigator to **find a doctor, manage your claims and prescriptions, estimate costs for services, and participate in wellness activities.**

You can also access Aetna Navigator by downloading Aetna’s mobile app. Aetna’s mobile app provides you the tools you need to manage your health while on the go. You can use the drug estimator tool to estimate your out-of-pocket costs for your next doctor’s appointment. You can pull up your member ID card if you forgot your card at home, and much more!

Download the Aetna Mobile app for your phone or computer today!

Visit <https://www.banneraetna.com> for more information.



Medical Coverage



Below is an overview of your plans provided with **Aetna**. We will continue to offer the Preferred and BannerSelect plan options. The benefits on the plans are exactly the same, but the network size is different. Please refer to page 7 for your monthly premiums. **Increasing +6% for FY24.**

Benefits	Preferred Plan – Broad Network	Banner Select – Narrow Network
	In-Network	In-Network
Network Coverage – <u>This is the difference</u>	<ul style="list-style-type: none"> ■ 5,180+ Primary Care Physicians ■ 21,800+ Specialists ■ 245+ Urgent Care Centers ■ 93 Hospitals ■ 12 Health Centers ■ 6 Behavioral Health Facilities ■ 70+ Walk-In Clinics 	<ul style="list-style-type: none"> ■ 2,000+ Primary Care Physicians ■ 10,450+ Specialists ■ 144 Urgent Care Centers ■ 35 Hospitals ■ 12 Health Centers ■ 6 Behavioral Health Facilities ■ 44 Walk-In Clinics
Deductible: Single/Family	\$500/\$1,000	\$500/\$1,000
Coinsurance	20%	20%
Out-of-Pocket Maximum (Includes deductible, coinsurance, copays & rx copays)	\$2,000/\$4,000	\$2,000/\$4,000
Preventive Care	No Charge	No Charge
Primary Care Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$35 copay	\$35 copay
Tele-medicine Copay (98point6)	\$0*	\$0*
X-Ray and Lab	20% after deductible	20% after deductible
Complex Imaging	20% after deductible	20% after deductible
Hospital Stay	20% after deductible	20% after deductible
Emergency Room Care	\$200 copay (copay waived if admitted)	\$200 copay (copay waived if admitted)
Urgent Care	\$50 copay	\$50 copay
Retail Prescription Drugs (34-day supply)		
■ Generic	\$10 copay	\$10 copay
■ Brand	\$20 copay	\$20 copay
■ Non-Formulary	\$50 copay	\$50 copay
■ Specialty	\$100 copay	\$100 copay
Mail Order (90-day Supply)*		
■ Generic	\$30 copay	\$30 copay
■ Brand	\$60 copay	\$60 copay
■ Non-Formulary	\$150 copay	\$150 copay
*Co-pay is 2X at CVS or Mail Order		

No Plan design changes for FY24.

Important Notes

- This is a synopsis of coverage only; the benefits summary and plan booklet contain exclusions and limitations that are not shown here. Please refer to the carrier-provided benefits summary and booklet for the full scope of coverage.
- In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges; and balance billing may apply.

Dental Coverage



Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

The Town of Gilbert will continue to offer dental insurance through **Delta Dental**. Delta Dental has the largest National Network of providers. If you are currently enrolled in the dental plan, you will not receive a new ID card. If you would like a new card or need assistance finding a provider, visit www.deltadentalaz.com or call 602-938-313. **Please refer to page 7 for your monthly premiums. Dental premiums are DECREASING 5% for FY24!**

Benefit	Delta Dental	
	In-Network PPO Dentist & Premier Dentist	Non Delta Dental Dentist
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum (per person)	\$1,500	\$1,500
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, and x-rays, space maintainers (Deductible waived)	100%	100%
Basic Services: Includes fillings, sealants, endodontics, periodontal maintenance and oral surgery	80%*	80%*
Major Services: Includes crowns, periodontal root planning and scaling, implants, bridges and full and partial dentures	60%*	60%*
Orthodontia (Children and Adults)	50%*, \$2,000 lifetime maximum	50%*, \$2,000 lifetime maximum

*Deductible applies

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

When you enroll in a Delta Dental PPO plus Premier plan, you and your family members may visit any licensed dentist.

There are three levels of providers to choose from:

- PPO Dentist – Payment is based on the PPO dentist’s allowable fee or the actual fee charged, whichever is less. *This is usually the best deal!*
- Premier Dentist – Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less. *Still a great deal!*
- Non-Participating Dentist – Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist. *This may cost more!*

Voluntary Vision Coverage

The Town of Gilbert will continue to offer vision coverage using the EyeMed network. Your vision plan covers routine eye exams and pays for all or a portion of the cost of corrective glasses or contact lenses if you need them. Please refer to page 7 for your monthly premiums. This benefit is available during OE and QLEs.

EyeMed Advantage Network	In-Network	Out-of-Network Allowance*
Exam	Paid in full after \$10 copay	Up to \$40 reimbursement
Hardware	\$10 copay	See below
Frequency <ul style="list-style-type: none"> ■ Exam ■ Lenses ■ Frames 		Once every 12 months Once every 12 months Once every 12 months
Frames	\$130 allowance, 20% off balance over 120	Up to \$84 reimbursement
Lenses (One every 12 months) <ul style="list-style-type: none"> ■ Single Vision Lenses ■ Bifocal Lenses ■ Trifocal Lenses 	Paid in full after \$10 copay	Up to \$30 reimbursement Up to \$50 reimbursement Up to \$70 reimbursement
Elective contact lenses in lieu of glasses	\$100 allowance, 15% off balance over \$80	Up to \$56 reimbursement
<p><i>*Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule listed.</i></p>		

The EyeMed Network Consists of:



LENSCRAFTERS®

- Private Practice Opticians
- Ophthalmologists
- Optometrists



National retail locations

Our network includes some of the most preferred, recognized names, including LensCrafters, Pearle Vision and Target Optical.



Regional retail locations

And we include a diverse selection of neighborhood stores, too, like America's Best, Eyeglass World, For Eyes Optical and plenty more.

Monthly Premium Payments:

Medical: Increase 6%; Dental: Decrease 5%; Vision: No Change.

Preferred Plan	Total Premium Cost
Employee	\$663.29/month
Family	\$1,883.23/month
Banner Select Plan	Total Premium Cost
Employee	\$585.27/month
Family	\$1661.66/month
Dental Plan	Total Premium Cost
Employee	\$35.33/month
Family	\$100.00/month
Vision Plan	Total Premium Cost
Employee	\$4.24/month
Family	\$13.66/month



Need help? Contact the vendor directly for assistance.

Other Benefits?

Voluntary life coverage can be continued to an individual plan option. Contact the appropriate vendor below to inquire about options. If you have questions on retirement, please contact the appropriate organization below.

Contact Information

Plan	Contact	Phone Number	Website
Medical	Aetna	1-844-267-2253	www.aetna.com
Medical	98point6	1-866-657-7991	www.98point6.com
Dental	Delta Dental of AZ	1-800-352-6132	www.deltadentalaz.com
Vision	EyeMed	1-866-939-3633	www.eyemed.com
Employee Assistance Program	ComPsych	1-800-697-0353	www.guidanceresources.com
Life Insurance	Ochs, Inc.	Claims: 1-888-658-0193 General: 1-800-392-7295	www.ochsinc.com
Retirement - ASRS	Arizona State Retirement System (ASRS)	1-602-240-2000	www.azasrs.com
Retirement - PSPRS	Public Safety Personnel Retirement System (PSPRS)	1-602-255-5575	www.psprs.com

Reminders:

- ASI COBRA processes payments only.
- Questions related to coverage and plans should be directed to the appropriate vendor as listed above.
- To contact the People Team in Gilbert – email GilbertWellness@gilbertaz.gov