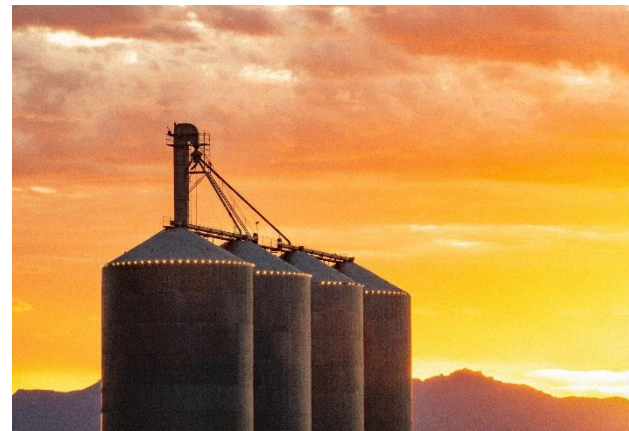
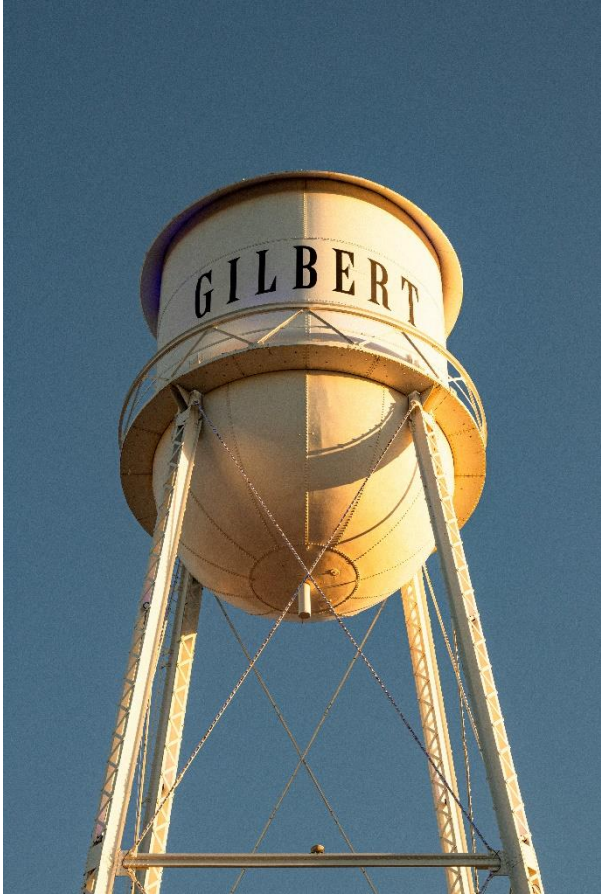


# Town of Gilbert

2024-2025

## Active Employee Benefits Guide



The following pages include lots of great information on the amazing benefits provided by the Town of Gilbert! Keep in mind that this guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to the plan documents, including your summary of benefits and coverage (SBCs) and summary plan descriptions (SPDs).

**WARNING: The boring legal stuff starts on page 22. We need to have it in here because it's super important, but we admit it's not as fun. Do not read the boring legal stuff while operating heavy equipment, as drowsiness may occur.**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage.

Please see page 26 for more information.

Hi Team Gilbert,

At the Town of Gilbert, we are committed to identifying and offering benefits programs that help you and your family stay healthy and happy. We recognize that these benefits form a significant portion of your total rewards package which also includes compensation and retirement.

With this in mind, we are constantly striving to enhance our offerings. Our goal is to ensure that our programs provide you and your family with the resources and tools necessary to maintain good health and overall well-being. We are committed to supporting you in leading a balanced and fulfilling life.

The Town of Gilbert's medical, prescription and dental plans are self-funded, meaning that employee contributions and Town dollars are deposited into a trust fund which is then used to pay all the claims and expenses associated with benefits. For the past several years, the medical plan expenses have been exceeding revenues, which is not sustainable and must be addressed.

This last plan year, the Town brought on Alliant Insurance Services, Inc. as our Broker/Consultant. This partnership has been valuable as the Town explores options to mitigate the post-pandemic inflationary pressures on the health insurance market. The Total Rewards Team conducted a comprehensive survey at the end of 2023 and asked employees for feedback regarding the benefits package. Through those results, staff was able to recommend, and Council approved, the following changes that will become effective July 1, 2024:

- Implementation of a 3-Tier Rate structure.
- Introduction of a High Deductible Health Plan (HDHP) with option to participate in a Health Savings Account (HSA).
- Implementation of an affordable preventive MRI program which will allow employees to take advantage of this potentially life savings screening at a fraction of the market cost.
- Prescription Drug Cost Savings Program, generics program and utilization guardrails to ensure pharmacies are dispensing prescriptions in accordance with FDA approved usage.

Alongside these improvements, you will notice that our premium rates have been adjusted. This increase is designed to offset the surge in claims and elevated administrative costs that our plans have encountered in recent years. This is the first move in a comprehensive, multi-year strategy. Our objective is to rectify the existing deficit and fortify the fund's stability, thereby ensuring its sustainability for the future.

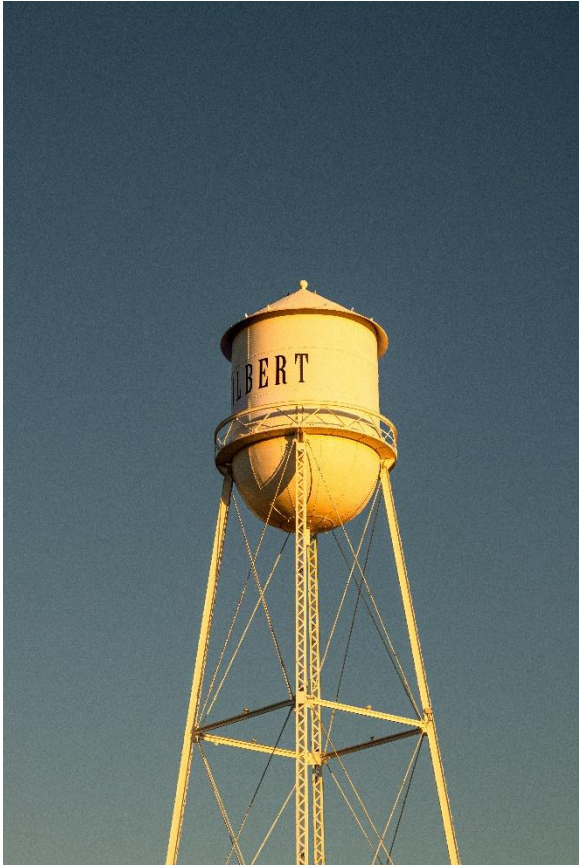
We hope that you find this guide helpful as you prepare for open enrollment which will be PASSIVE, meaning you will only need to log into the enrollment portal if you wish to make changes, such as to change plans or add/remove dependents. The period for changes will be May 6 – May 20, 2024, at 10:00 PM. **No exceptions can be made to this deadline**, so it is important to mark your calendar and complete your enrollment timely.

The Town of Gilbert is thriving because of our incredible employees and the work you do every day. Your efforts are noticed and appreciated. Continue to Anticipate. Create. And Help People.

Best regards,

Patrick Banger  
Town Manager

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**The Town of Gilbert offers a comprehensive suite of benefits to promote health and financial security for you and your family. This document provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you. Additional information is always available on the Benefits Intranet/SharePoint Page or the Online Enrollment Portal, Be-Well Central.**

## Benefit Basics

Our plans are on the fiscal year and are effective from July 1, 2024 to June 30, 2025. You are eligible to participate in our benefits on the first day of the month following your date of hire. Your eligible dependents that may also enroll include:

- Your legal spouse or qualified Domestic Partner
- Medical: Children up to the age of 26
- Dental/Vision: Unmarried, children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the plan year. **You may only change coverage within 30 days of a qualified life event, via the Be-Well Central portal.**

Enroll using the  
[Be-Well Central](#) portal.

You will have accessed last year  
during Open Enrollment OR at  
New Employee Orientation

For more information about your  
benefits, please contact the

Benefits Team at  
[Benefits@gilbertaz.gov](mailto:Benefits@gilbertaz.gov) or

480-503-6823

# Qualified Life Events

Generally, you may change your benefit elections only during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation or termination of domestic partnership.
- Birth of your child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of associate, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid\*

You must make changes in the [Be-Well Central](#) portal within 30 days\* of the qualified life event. If you do not make changes within 30 days\* of the qualified event, you will have to wait until the next annual enrollment period to make changes. No exceptions can be made.



*\* If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage; or if you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP, you have 60 days to make changes in the Be-Well Central portal and submit documentation.*

## Dependent Verification

Making changes to dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following documents within 30 days of their eligibility:

- Marriage Certification or License
- Domestic Partner Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disability condition (for dependent children over age 26 incapable of self-support)

If you do not upload the proper documentation within the 30-day period in the Be-Well Central portal, you will not be able to add the dependents until the next open enrollment period. No exceptions can be made. If you have any questions about documentation, please reach out to the Benefits Team at [Benefits@Gilbertaz.gov](mailto:Benefits@Gilbertaz.gov).

# Medical/Rx Coverage



For FY25, the Town of Gilbert will continue to provide medical coverage through **Aetna**. We will continue to offer the Broad Network (Preferred Plan) and Narrow Network (BannerSelect Plan) options, as well as introduce a High Deductible Health Plan (HDHP).

All Plans are under the structure of the Banner Health Network and Aetna Plans, however the provider network varies between the three plans.

To find an in-network doctor with Aetna, use their [DocFind tool](#) and enter the network names listed below in blue into the *Select A Plan* search field Or contact Aetna for help at 1-844-267-2253.

## **Broad Network (Preferred Plan)** **Banner|Aetna Standard Plans – Aetna Networks (Broad) EPO Plus/Open Access EPO Plus**

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.

## **Narrow Network (BannerSelect)** **Banner Networks (Performance)** **Banner EPO Plus/Banner Open Access EPO Plus**

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

## **High Deductible Health Plan** **Banner|Aetna Standard Plans – Aetna Networks (Broad) Open Access POS II**

The High Deductible Health 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

### **Aetna Services**

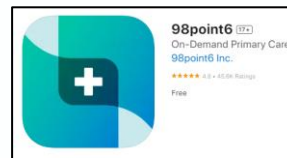
If you enroll in Town of Gilbert’s medical plan with Aetna, you will have access to additional tools that will help you manage the health of you and your family. Below is a brief overview of a couple of Aetna tools that can help you and your family stay healthy and happy!

### **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 copays? 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.

If you enroll in the Broad or Narrow Network Plans, you can text or talk to a doctor any time for \$0 copay! If you enroll in the HDHP, you can text or talk to a doctor anytime for a \$5 copay.



Download the app from the Apple App Store or Google Play to get started.

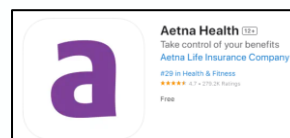
For more information visit

<https://www.98point6.com/banner-aetna-members/>

### **Aetna Navigator/Mobile App**

If you have not already done so, be sure to create an Aetna Navigator account at [www.banneraetna.com](http://www.banneraetna.com) using your Aetna member ID shown on your ID card or your Social Security Number. 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.



Download the app from the Apple App Store or Google Play to get started.

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"> <li>▪ 5,180+ Primary Care Physicians</li> <li>▪ 21,800+ Specialists</li> <li>▪ 245+ Urgent Care Centers</li> <li>▪ 93 Hospitals</li> <li>▪ 12 Health Centers</li> <li>▪ 6 Behavioral Health Facilities</li> <li>▪ 70+ Walk-In Clinics</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2,000+ Primary Care Physicians</li> <li>▪ 10,450+ Specialists</li> <li>▪ 144 Urgent Care Centers</li> <li>▪ 35 Hospitals</li> <li>▪ 12 Health Centers</li> <li>▪ 6 Behavioral Health Facilities</li> <li>▪ 44 Walk-In Clinics</li> </ul>
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		

\*90-day fill of maintenance medications is available at CVS retail and mail order at 2X the co-pay amount. You can opt-out to continue at current pharmacy at current 3x co-pay

**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.



Benefits	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	
	In-Network	Out-of-Network
<b>Plan Year Deductible<sup>1</sup></b> Individual Individual in a Family Family Embedded <sup>2</sup>	\$2,000 \$3,200 \$6,000 Embedded	\$4,000 - \$12,000 Embedded
<b>Plan Year Out-of-Pocket Maximum<sup>1,4</sup></b> Individual Family Embedded <sup>3</sup>	\$4,000 \$12,000 Embedded	\$8,000 \$24,000 Embedded
<b>Office Visit</b> Primary Care Specialist	20% 20%	50% 50%
<b>Online Visit</b>	\$5/VISIT	Not covered
<b>Preventive Services</b>	No charge (deductible waived)	Not covered
<b>Chiropractic (up to 30 visits/year)</b>	20%	50%
<b>Lab and X-ray</b>	20%	50%
<b>Urgent Care</b>	20%	50%
<b>Emergency Room</b>	20%	
<b>Inpatient Hospitalization</b>	20%	50%
<b>Outpatient Surgery</b>	20%	50%
<b>PRESCRIPTION DRUGS</b>		
<b>Out-of-Pocket Maximum</b>	None	None
<b>Retail- 30 Day Supply</b> <ul style="list-style-type: none"> <li>■ Generic \$0</li> <li>■ Brand \$30</li> <li>■ Non-Formulary \$50</li> <li>■ Specialty 20%</li> </ul>		In-network cost + 20%
<b>Mail Order- 90 Day Supply</b> <ul style="list-style-type: none"> <li>■ Generic \$0</li> <li>■ Brand \$60</li> <li>■ Non-Formulary \$100</li> <li>■ Specialty N/A</li> </ul>		Not covered

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a plan year from July 1, 2024 through June 30, 2025.

<sup>2</sup>An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>3</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

<sup>4</sup>All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

# Flexible Spending Accounts (FSA and DCFSA)

Next Open Enrollment is November 2024

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and credited to a Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. The Town of Gilbert partners with ASI to provide you with FSA services. We strongly recommend this program to help you save money – read on!

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
<a href="#">Health Care FSA</a>	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$3,200 (CY24)	Saves on eligible expenses not covered by insurance; reduces your taxable income
<a href="#">Dependent Care FSA</a>	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

## FSAs Let You Save on Your Taxes

Here is an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

Account Type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax savings with the Medical and Dependent Care FSA	\$654	N/A

\*This is an example only. It assumes a 25% federal marginal income tax rate and 7.65% in FICA taxes. State and local taxes vary, and are not included in this example. However, you may save on state and local taxes as well.

## Important Information About FSAs

Your current FSA elections (if participating) are in effect from January 1, 2024, through December 31, 2024. Next open enrollment period will be November 2024.

Reminder: Unused funds in your Health Care FSA, up to the IRS maximum, may be rolled over into your FSA for the plan year beginning 1/1/25. Funds in excess of the IRS maximum will be lost if unused. This is known as the “use it or lose it” rule and is governed by IRS regulations. Please plan your contributions carefully.

**Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.** In the event of your separation from the Town of Gilbert, your FSA account will close the last day of the month in which you separate.

## What Are the Advantages of an FSA?

Your contributions are not taxed, nor are you taxed when you receive reimbursements from the account. You are not taxed when you file your income tax return at the end of the year.



# Health Savings Account (HSA)



Available only with the High Deductible Health Plan (HDHP)

Click to play video



## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

## How the VOYA Plan works

- Your HSA account is set up automatically after you enroll.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Aetna High Deductible Health plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA).

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

## Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

2024 Annual Contribution Limits Set by the IRS	
Single Coverage	\$4,150
<a href="#">Family Coverage</a>	\$8,300

# 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](http://www.deltadentalaz.com) or call 602-938-313. Rates will remain the same for FY25, **Please refer to page 13 for premium rates.**

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

**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. You are eligible to enroll in this benefit during Open Enrollment and Qualifying Life Events only. **Please refer to page 13 for premium rates.**

EyeMed Advantage Network	In-Network	Out-of-Network Allowance*
Exam	Paid in full after \$10 copay	Up to \$30 reimbursement
Hardware	\$10 copay	See below
Frequency <ul style="list-style-type: none"> <li>■ Exam</li> <li>■ Lenses</li> <li>■ Frames</li> </ul>		Once every 12 months Once every 12 months Once every 12 months
Frames	\$130 allowance, 20% off balance over 120	Up to \$60 reimbursement
Lenses ( One every 12 months) <ul style="list-style-type: none"> <li>■ Single Vision Lenses</li> <li>■ Bifocal Lenses</li> <li>■ Trifocal Lenses</li> </ul>	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
<small>*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 EyeMed for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule listed.</small>		

## The EyeMed Network Consists of:



LENSCRAFTERS®



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.

- Private Practice Opticians
- Ophthalmologists
- Optometrists

# Payroll Deductions:

Broad Network (Preferred Plan)	Total Monthly Premium	Full Time & Council		Part Time	
		EE Paid portion of the premium	Bi-weekly deduction	EE Paid portion of the premium	Bi-weekly deduction
EE Only	\$ 831.00	\$ 166.20	\$ 83.10	\$ 332.40	\$ 166.20
EE + 1	\$2,077.00	\$ 415.40	\$ 207.70	\$ 830.80	\$ 415.40
EE + 2+	\$2,493.00	\$ 498.60	\$ 249.30	\$ 997.20	\$ 498.60
Narrow Network (Banner Select)	Total Monthly Premium	Full Time & Council		Part Time	
		EE Paid portion of the premium	Bi-weekly deduction	EE Paid portion of the premium	Bi-weekly deduction
EE Only	\$ 570.00	\$ 85.50	\$ 42.75	\$ 206.63	\$ 103.31
EE + 1	\$1,425.00	\$ 213.75	\$ 106.88	\$ 516.56	\$ 258.28
EE + 2+	\$1,711.00	\$ 256.65	\$ 128.33	\$ 620.24	\$ 310.12
High Deductible Health Plan (HDHP)	Total Monthly Premium	Full Time & Council		Part Time	
		EE Paid portion of the premium	Bi-weekly deduction	EE Paid portion of the premium	Bi-weekly deduction
EE Only	\$ 467.00	\$ 93.40	\$ 46.70	\$ 186.80	\$ 93.40
EE + 1	\$1,167.00	\$ 233.40	\$ 116.70	\$ 466.80	\$ 233.40
EE + 2+	\$1,400.00	\$ 280.00	\$ 140.00	\$ 560.00	\$ 280.00
Dental Plan	Total Monthly Premium	Full Time & Council		Part Time	
		EE Paid portion of the premium	Bi-weekly deduction	EE Paid portion of the premium	Bi-weekly deduction
EE Only	\$ 34.64	\$ 6.93	\$ 3.46	\$ 13.85	\$ 6.93
EE + Family	\$ 98.04	\$ 19.61	\$ 9.81	\$ 39.22	\$ 19.61
Vision Plan	Total Monthly Premium	Full Time & Council		Part Time	
		EE Paid portion of the premium	Bi-weekly deduction	EE Paid portion of the premium	Bi-weekly deduction
EE Only	\$ 4.16	\$ 4.16	\$ 2.07	\$ 4.16	\$ 2.08
EE + Family	\$ 13.39	\$ 13.39	\$ 6.70	\$ 13.39	\$ 6.70



Gilbert Wellness supports the health and well-being of Town of Gilbert employees and family members through education and interactive opportunities. Our program is designed around the 8 dimensions of well-being: Physical, Psychological, Spiritual, Financial, Social, Environmental, Occupational and Intellectual.

Program	Description	Annual Incentive	Who is Eligible?
<b>'Know Your Numbers' Health Screenings</b>  <i>Get your free, confidential health screening with Quest Diagnostics!</i>	Participate at an onsite event, Quest Lab or submit a Physician Form.  Measurements include height, weight, BMI, blood pressure, total cholesterol, HDL, Non-HDL, HDL Ratio, Glucose, Hemoglobin A1c, and PSA (males 45+)	<b>\$50</b>  Gift cards sent electronically by Gilbert Wellness	Medically enrolled employees and spouses/ domestic partners
<b>Aetna Health Your Way</b>  <i>Members must register to earn and claim rewards.</i>	Earn \$\$\$ throughout the year by participating in preventive screenings and other wellness activities on the Aetna member portal.  To participate, sign in to <a href="http://BannerAetna.com">BannerAetna.com</a> and select "Health & Wellness," or you can download the ActiveHealth® mobile app.	<b>Up to \$100</b>  Gift cards sent electronically by Aetna	Medically enrolled employees, spouses/domestic partners and dependents (18+)

## Lifestyle and Condition Coaching

### NEW Nurse and Well-Being Coaches

**Coaching Options:** Digital, video group coaching and/or 1:1 telephonic. Members can register through the Aetna member portal/ Aetna Health Your Way, the ActiveHealth® mobile app or by calling the toll-free number.

## Walker Tracker Challenges

### Challenges that Keep you Moving

Gilbert Wellness hosts quarterly Town-wide step challenges on the Walker Tracker platform. These challenges are open to ALL Gilbert employees and family members.



Join In! [GilbertWellness.walkertracker.com](http://GilbertWellness.walkertracker.com)

## Virta Health

### Reverse Type 2 Diabetes with Virta

Virta Health is a medically-supervised nutrition program, helping those with type 2 diabetes lose weight, lower their A1c and reduce medications.

This benefit comes at no cost to members who fit the eligibility requirements. To learn more and apply, visit [www.virtahealth.com/join/banneretna](http://www.virtahealth.com/join/banneretna)

## Gilbert Peer Support (GPS)

### Support Through any Season

Need support? Connect with a Gilbert team member trained in Mental Health First Aid. Visit the [Gilbert Peer Support intranet page](#) to learn more and meet the GPS team.

[Gilbert Wellness](#) offers many unique events throughout the year. Be sure to check your email for monthly newsletter updates. Contact [GilbertWellness@gilbertaz.gov](mailto:GilbertWellness@gilbertaz.gov) with questions or feedback.

*\*Wellness programs are subject to change or discontinue at any time throughout the year.*

# EMPLOYEE ASSISTANCE PROGRAM (EAP)



## CONTACT THE EAP

### What now?

Your GuidanceResources® program can help.

Call: 877.465.1349 | TTY: 800.697.0353

Online: [guidanceresources.com](https://guidanceresources.com) | Web ID: TOG

App: GuidanceNow<sup>SM</sup> / Koa Foundations

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Website  
[guidanceresources.com](https://guidanceresources.com)

## Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through ComPsych can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

### No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 12 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

### COUNSELING BENEFITS

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

### PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

### FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

### LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

### ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

### ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics



# Employee Discounts

## Employee Network

Working Advantage provides a network of discounts for employees of the Town of Gilbert. Visit <https://gilbertaz.savings.workingadvantage.com/home> for more details.

## Aetna LifeMart

Members on the health plan also have access to special discounts through Lifemart, on the Aetna member portal.

1. Login to the [Aetna Member Portal](#)
2. Click on Health & Wellness > Health & Wellness Discounts > Select discount category
3. Create a LifeMart account

Other health and fitness discounts powered by LifeMart and Husk can be found here: [MarketPlace.HuskWellness.com](http://MarketPlace.HuskWellness.com)



## Fitness Center Discounts

Select local fitness centers offer discounts on enrollment fees and/or membership rates to Town of Gilbert employees. *These discounts are subject to change. Contact the facilities below to inquire.*

- [Freestone Recreation Center](#)
- [Crunch Fitness](#)
- [Planet Fitness](#)



# Tuition Reimbursement

## Tuition Reimbursement

Courses or degree must be for credit and directly related to the employee's job or to prepare the employee for another job within the organization. Subject to budget funding, Gilbert reimburses eligible employees' tuition, books and lab fees for preauthorized courses at 100% for a grade of "A" or "B", or 90% for a grade of "C" up to a maximum of \$5,000 per fiscal year. For more information visit the [Tuition Reimbursement](#) SharePoint page!

# Benefits Required by Law

## Social Security/Medicare (FICA)

The current rate for Social Security is 6.2% of gross pay for the employer and 6.2% of gross pay for the employee; maximum wage base for Calendar Year 2024 contributions is \$168,600 with a maximum contribution of \$10,453.20. All employees and Gilbert must contribute to Medicare. The current rate for Medicare tax is 1.45% of gross pay on the first \$200,000 of wages and 2.35% for any portion of wages exceeding \$200,000.

## Unemployment

In the event you are unemployed and actively seeking employment, you may be eligible for unemployment compensation. The Town of Gilbert is billed directly by the Department of Economic Security for claims paid.

## Workers' Compensation

Arizona law requires employers to provide workers' compensation coverage. This protects the employee in the event of a job-related injury. Coverage includes payment of medical bills, payment of lost wages equal to 2/3 of the employee's monthly wage up to \$4,888.56 (or as set by state law), and rehabilitation services necessary to return to work.

Employees must notify a supervisor immediately when an injury occurs on the job. In addition, job related injuries could qualify for injury leave.

## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit to you and/or your beneficiaries in the event of accidental death or dismemberment. The Town of Gilbert provides Basic Life and AD&D Insurance to all full-time employees at no cost. The benefit amount provided is one times your annual basic earnings. A seat-belt provision provides additional coverage equal to the employee's annual salary, up to \$50,000. In addition, eligible dependents are covered by a \$2,000 basic life insurance policy.

### Voluntary Life Insurance

The Town of Gilbert offers all eligible employees working 20 hours or more per week the opportunity to purchase voluntary life insurance for yourself and your dependents. When you enroll yourself and your dependents in this benefit, you pay the full cost through payroll deductions. You can enroll your dependents without enrolling or having coverage for yourself.

Coverage Guidelines			
	Employee	Spouse	Child(ren)
<b>Maximum</b>	6x annual salary, up to \$750,000	100% of employee's benefit, up to \$250,000	\$10,000, \$15,000 or \$20,000
<b>Guarantee Issue</b>	\$250,000/\$300,000 (newly eligible)	\$50,000	\$10,000

Please log in to the [Be-Well Central](#) Portal if you would like to change your beneficiaries for your Life and/or Voluntary Life Insurance Plans.

### Disability Insurance

Disability Insurance provides income replacement should you become disabled and unable to work due to a non-work related illness or injury. The Town provides eligible employees with short-term disability income benefits at no cost as shown in the table to the right.

The Town provides eligible sworn employees with long-term disability benefits. Non-sworn employees are provided long-term disability benefits through the Arizona State Retirement System (ASRS).

*Information about the limitations and exclusions for this plan will be included in the summary of coverage, which you will receive after you are enrolled. Please contact the Benefits Team if you have questions at [Benefits@Gilbertaz.gov](mailto:Benefits@Gilbertaz.gov).*

Coverage Guidelines
<p><b>Short-Term Disability</b>            Benefit Amount: 60% of your covered earnings            Weekly Maximum: \$1,500            Benefits Begin: After 90 days of accident or illness            Benefit Duration: 90 days</p>
<p><b>Long-Term Disability (Sworn Employees)</b>            Benefit Amount: 66.67% of your covered earnings            Benefits Begin: After 180 days of disability</p>
<p><b>Long-Term Disability (Non-sworn Employees)</b>            Benefit Amount: 66.67% of your covered earnings            Benefits Begin: After 180 days of disability</p>



# Other Voluntary Benefits

The Town of Gilbert is excited to continue these voluntary benefits for FY25. These important coverages are available to you at a group rate and election times vary. Payroll deductions may vary by coverage amounts and are deducted from your paycheck post-tax.

Company	Benefit Description	Employee Cost
<a href="#">Pet Assure</a>	Veterinary Discount Plan and PetPlus Prescription Savings Plan – all pets are eligible with NO breed exclusions! Includes 24/7 Pet Help Line.  <b>Available to elect at any time.</b>	1 pet - \$11.75 / month 2+ pets - \$18.50 / month
<b>Allstate Identity Protection</b>	Includes comprehensive identity monitoring, fraud remediation and restoration, and identity theft reimbursement.  <b>Available to elect during OE and QLE only.</b>	Single - \$9.95 / month Family - \$17.95 / month
<a href="#">AFLAC Short-Term Disability Insurance</a>	Replaces part of your income for covered illness of injury, or disability from as early as 7 days up to 12 weeks, depending on plan selected.  <b>Available to elect at any time.</b>	Based on age and plan selected
<a href="#">Voya Hospital Insurance</a>	Helps cover finances in the event of hospitalization. \$1,000 each covered hospitalization admission (1x / year); \$100 each day of covered hospital stay (up to 60 days, 1x / year); \$200 for each day in intensive care (up to 15 days, 1x / year).  <b>Available to elect during OE and QLE only.</b>	Employee - \$10.42 / month EE & Spouse - \$26.73 / month EE & Child - \$17.23 / month EE, Spouse & Child - \$33.54 / month
<a href="#">Voya Accident Insurance</a>	Provides a set benefit amount based on the type of injury and type of treatment. Covers off job accidents and a range of injuries and treatments. Wellness Benefit included - \$50 / year for health screening test.  <b>Available to elect during OE and QLE only.</b>	Employee - \$9.87 / month EE & Spouse - \$16.87 / month EE & Children - \$19.74 / month Family - \$26.74 / month
<a href="#">Voya Critical Care Insurance</a>	Lump sum benefit payment for certain illnesses, cancer conditions, progressive diseases, or supplemental conditions. Wellness Benefit available - \$50 for your health screening test.  <b>Available to elect during OE and QLE only.</b>	Based on age and amount selected.

## All Benefit Information is detailed in the [Personnel Policies](#)

# Employee Leave

## Vacation (All except Fire Suppression)

Regular, full-time employees accrue vacation based upon years of service in accordance with the following schedule:

Years of Service	Bi-Weekly Accrual	Annual Accrual
Less than 5 years	3.85 hrs/pay	100 hrs/yr
5 – 9.99 years	4.81 hrs/pay	125 hrs/yr
10 – 14.99 years	5.54 hrs/pay	144 hrs/yr
15 – 19.99 years	6.27 hrs/pay	163 hrs/yr
20+ years	6.81 hrs/pay	177 hrs/yr

Maximum carryover is 350 hours

## Vacation (Fire Suppression)

Fire Suppression employees accrue vacation based upon years of service in accordance with the following schedule:

Years of Service	Bi-Weekly Accrual	Annual Accrual
Less than 5 years	5.38 hrs/pay	140 hrs/yr
5 – 9.99 years	6.73 hrs/pay	175 hrs/yr
10 – 14.99 years	7.75 hrs/pay	201.6 hrs/yr
15 – 19.99 years	8.78 hrs/pay	228.2 hrs/yr
20+ years	9.53 hrs/pay	247.8 hrs/yr

Maximum carryover is 490 hours

## Sick Leave

Full-Time Employees accrue 3.7 hours of sick leave per pay period (40 hr work week) or 5.26 hours per pay period (Fire Suppression schedule). Sick leave may be used for personal illness/injury, medical and dental examinations, care of an immediate family member with an illness or injury, and approved absences as identified in AZ Prop. 206. Employees whose sick leave balance exceeds 520 hours (40 hr work week) or 728 hours (Fire suppression schedule) in December each year will receive payment for hours in excess of the carryover maximum, not to exceed the lesser of 50% of the unused annual sick leave accrual or 48 hours (40 hr work week)/68 hours (Fire Suppression schedule). Part-Time employees accrue a minimum of 1 hour for every 30 hours worked. See Personnel Policies for more details.

## Jury Duty

Jury duty leave provides an employee with paid leave when the employee is subpoenaed or summoned for jury duty.

## Bereavement Leave

Bereavement leave is paid leave that may be granted to an employee for up to 3 working days or 2 fire suppression shifts in the event of the death of a member of the immediate family. A Department Director may grant more than 3 working days, or 2 fire suppression shifts for special circumstances.

## Holidays

Regular full-time employees receive 9 observed holidays per year. Employees receive holidaytime for the following holidays:

- New Year's Day
- MLK/Civil Rights Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

Additionally, FT employees are eligible for Floating Holidays, which can be used when the employee wants, and with supervisor approval. 56-hour employees receive payouts for these days. See [Personnel Policies](#) for more details.

## Injury Leave

Injury leave provides paid leave for time spent in medical treatment and when an employee has been placed off work by a medical provider due to an accepted workers' compensation claim. Injury leave must be requested and is subject to approval by the Chief People Officer or designee. More information can be found on the [Workers' Compensation](#) SharePoint Page.

## Leave Donation Program

Employees may donate vacation leave to eligible employees who have exhausted their own accrued leave due to an FMLA related issue (subject to [Personnel Policies](#)).

## Military Leave

Special paid leave is granted to a member of the National Guard or Reserve Corps of the United States Armed Services up to limits specified in the Personnel Rules. Absences for basic training or active duty call up may qualify for supplemental pay if there is an income loss to the employee. [Request for leave form.](#)

# Retirement Plans

## Arizona State Retirement System (ASRS)

Generally, all employees except sworn public safety employees who work a minimum of 20 hours per week for 20 or more weeks in the fiscal year are required to participate in ASRS. The program provides a benefit at retirement based upon the number of years of service and compensation of the employee while in the system. The system also provides Long Term Disability Insurance (LTD) for absences of 180+ days.

Effective 7/1/24, the employee pre-tax contributions for retirement is 12.12% of gross pay and the employee post-tax contribution for LTD is 0.15% of gross pay. The Town of Gilbert also contributes the same percentages, a total of 12.27%. More information can be found on the ASRS website at: [www.azasrs.gov](http://www.azasrs.gov).



## Public Safety Personnel Retirement System (PSPRS) – Sworn FD/PD Personnel

All sworn Fire and Police Personnel regularly assigned to hazardous duties are required to participate in PSPRS. PSPRS membership tiers, pension contribution rates and benefits are determined by member hiring dates.

More information can be found on the PSPRS website at [www.psprs.com](http://www.psprs.com).

## Deferred Compensation

The Town of Gilbert offers deferred compensation plans where participation is voluntary, and contributions can be made through pre-tax payroll deductions. Gilbert plans are administered through Nationwide. For more information, please visit [www.togdefcomp.com](http://www.togdefcomp.com).





## Contact Information

Plan	Contact	Phone Number	Website
Medical/Rx	Aetna	1-844-267-2253	<a href="http://www.aetna.com">www.aetna.com</a>
Telehealth	98point6	1-866-657-7991	<a href="https://www.98point6.com/banner-aetna-members">https://www.98point6.com/banner-aetna-members</a>
Dental	Delta Dental of AZ	1-800-352-6132	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
Vision	EyeMed	1-866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Flexible Spending Account (FSA)	ASI	1-800-659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Health Savings Account (HSA)	VOYA	1-833-232-4673	<a href="https://www.voya.com/page/on-demand/health-savings-accounts">https://www.voya.com/page/on-demand/health-savings-accounts</a>
Life Insurance	Ochs, Inc.	Claims: 1-888-658-0193 General: 1-800-392-7295	<a href="https://ochsinc.com/">https://ochsinc.com/</a>
Disability Insurance	Ochs, Inc.	Claims: 1-800-356-9601 General: 1-800-392-7295	<a href="https://ochsinc.com/">https://ochsinc.com/</a>
Critical Illness, Accident, & Hospital	Voya	1-877-236-7564)	<a href="https://presents.voya.com/EBRC/Gilbert">https://presents.voya.com/EBRC/Gilbert</a>
Pet Discount	Pet Assure	1-800-891-2565	<a href="http://www.petbenefits.com">www.petbenefits.com</a>
Identity Protection	Allstate Identity Protection	1-800-789-2720	<a href="http://www.infoarmor.com">www.infoarmor.com</a>
Employee Assistance Program	ComPsych	1-800-697-0353	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Employee Discount Program	Working Advantage	N/A	<a href="https://gilbertaz.savings.workingadvantage.com/home">https://gilbertaz.savings.workingadvantage.com/home</a>
Retirement – Non-Sworn	Arizona State Retirement System (ASRS)	1-602-240-2000	<a href="http://www.azasrs.gov">www.azasrs.gov</a>
Retirement – Sworn FD/PD	Public Safety Personnel Retirement System (PSPRS)	1-602-255-5575	<a href="http://www.psprs.com">www.psprs.com</a>

*If you have read through all of this information – thank you!! That deserves a reward! Contact [Benefits@gilbertaz.gov](mailto:Benefits@gilbertaz.gov) and share the secret phrase: “Town of Gilbert Rocks” and you will get a Gilbert Wellness prize!*

*This benefit summary provides selected highlights of the Town of Gilbert employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. The Town of Gilbert reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.*

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA – Medicaid</b></p>	<p align="center"><b>INDIANA – Medicaid</b></p>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p align="center"><b>KANSAS – Medicaid</b></p>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-766-9012</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>LOUISIANA – Medicaid</b></p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center"><b>MAINE – Medicaid</b></p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p>	<p align="center"><b>MISSOURI – Medicaid</b></p>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>MONTANA – Medicaid</b></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>



<p style="text-align: center;"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p style="text-align: center;"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p style="text-align: center;"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p style="text-align: center;"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p style="text-align: center;"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p style="text-align: center;"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p style="text-align: center;"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p style="text-align: center;"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p style="text-align: center;"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.childrenshealthinsuranceprogram.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p style="text-align: center;"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RItte Share Line)</p>
<p style="text-align: center;"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p style="text-align: center;"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p style="text-align: center;"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p style="text-align: center;"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<p style="text-align: center;"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health/insurance/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p style="text-align: center;"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p style="text-align: center;"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p style="text-align: center;"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p style="text-align: center;"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p style="text-align: center;"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# Important Notice from Town of Gilbert Group Insurance Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Town of Gilbert and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Town of Gilbert has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Town of Gilbert coverage will not be affected. You can keep the Town of Gilbert coverage if you elect part D and the Plan will coordinate with Part D coverage; See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance available at: <http://www.cms.hhs.gov/CreditableCoverage/>, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Town of Gilbert coverage, be aware that you and your dependents will be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Town of Gilbert and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information contact Human Resources at 480-503-6859. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Town of Gilbert changes. You also may request a copy of this notice at anytime.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 1, 2024  
Name of Entity/Sender: Town of Gilbert  
Contact--Position/Office: Shawn M. Irula  
Address: 50 East Civic Center Drive  
Gilbert, AZ 85296  
Phone Number: 480-503-6857