



2018-2019

Your Retiree Benefits Open Enrollment Guide



GILBERT
ARIZONA

Gilbert**Wellness**





Medical Coverage

For FY19, 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 - Open Access/Aetna Select Network (Broad Network)

The Preferred plan utilizes Aetna's Open Access/Aetna Select 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 Aetna Select network also includes Mayo providers.

BannerSelect - Banner Open Access Aetna Select (Performance Network)

The BannerSelect plan utilizes the narrower Banner Health Network and provides coverage within Maricopa and Pinal County. You must always utilize a Banner Health 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. Banner Health 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 at www.aetna.com/docfind using the network names below. Or call Aetna for help – 1-855-856-0038.



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!

Teladoc

Can't get in to your doctor's office when you're feeling under the weather? No problem! Aetna's Teladoc program provides 24/7 access to U.S. board certified doctors via phone or video consults. Teladoc doctors diagnose non-emergency medical problems such as respiratory infections, ear infections, cold and flu, sore throat, and pink eye. They can recommend treatment and even call in a prescription to your pharmacy, when necessary. Teladoc 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 talk to a doctor any time for \$20 (**Reduced from \$35!**)! Contact Teladoc at 1-855-835-2362 or visit www.Teladoc.com/Aetna for more information.

Aetna Navigator/Mobile App

If you have not already done so, be sure to create an Aetna Navigator account at www.aetna.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.aetna.com/individuals-families/using-your-aetna-benefits/aetna-mobile.html> 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 5 for your monthly cost.*

Benefits	Preferred Plan	Banner Select
	In-Network	In-Network
Network Coverage – <u>This is the difference</u>	<ul style="list-style-type: none"> ■ 4,400+ Primary Care Physicians ■ 19,200+ Specialists ■ 200+ Urgent Care Centers ■ 75 Hospitals ■ 12 Health Centers ■ 6 Behavioral Health Facilities ■ 45+ Walk-In Clinics 	<ul style="list-style-type: none"> ■ 1,650+ Primary Care Physicians ■ 9,000+ Specialists ■ 125 Urgent Care Centers ■ 23 Hospitals ■ 12 Health Centers ■ 6 Behavioral Health Facilities ■ 45+ 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
Teladoc Copay	\$20 copay*	\$20 copay*
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

*Change from FY18 – Removal of \$10 Child PCP co-pay; Reduction of Teladoc copay from \$35 to \$20

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 5 for your monthly cost.*

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%*, \$1,000 lifetime maximum	50%*, \$1,000 lifetime maximum

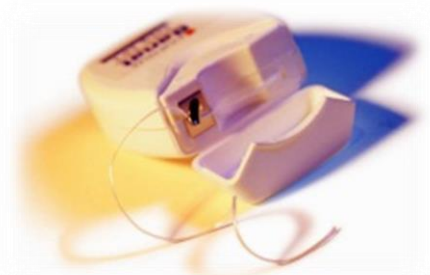
*Deductible applies

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!*





Vision Coverage

The Town of Gilbert will continue to offer vision coverage through **EyeMed** with no plan changes. Your vision plan covers routine eye exams and also pays for all or a portion of the cost of corrective glasses or contact lenses if you need them. *Please refer to page 5 for your monthly cost.*

Delta Vision (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 ■ Exam ■ Lenses ■ Frames	Once every 12 months Once every 12 months Once every 12 months	
Frames	\$120 allowance, 20% off balance over 120	Up to \$60 reimbursement
Lenses (One every 12 months) ■ Single Vision Lenses ■ Bifocal Lenses ■ Trifocal Lenses	Paid in full after \$10 copay	Up to \$20 reimbursement Up to \$40 reimbursement Up to \$55 reimbursement
Elective contact lenses in lieu of glasses	\$80 allowance, 15% off balance over \$80	Up to \$64 reimbursement

*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.

The EyeMed Network Consists of:

LENSCRAFTERS



- Private Practice Opticians
- Ophthalmologists
- Optometrists



Retiree Rates

Preferred Plan	Total Premium
Employee	\$680.48/month
Family	\$1,932.05/month
Banner Select Plan	Total Premium
Employee	\$600.82/month
Family	\$1,705.87/month
Dental Plan	Total Premium
Employee	\$40.40/month
Family	\$114.35/month
Vision Plan	Total Premium
Employee	\$4.62/month
Family	\$14.87/month

Contact Information

Plan	Contact	Phone Number	Website
Medical	Aetna	1-855-856-0038	www.aetna.com
Dental	Delta Dental of AZ	1-602-938-3131	www.deltadentalaz.com
Vision	EyeMed	1-866-939-3633	www.eyemedvisioncare.com