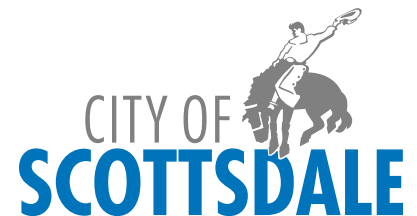




2024/2025

Employee Benefits Guide

Understanding your benefits



Fellow Scottsdale employees;

As our world continues to evolve, one thing that remains unchanged is the excellent benefits offered to city employees. We take immense pride in continuously offering a comprehensive benefits package, a vital part of our total compensation.

Scottsdale was once again recognized for our culture of wellness as one of the Valley's healthiest employers. I applaud employees and their families in their wellness efforts to make our program so strong. Like previous years, wellness incentives are available for many preventive services and financial readiness programs. Like everything else, medical costs continue to increase, but our coverage will remain largely unchanged. The city continues to provide exceptional programs with the 2024-25 plan year resulting in no changes to the In Network, Local Plus and OAP plans. The Cigna OAP + HSA plan's individual deductible will increase by \$100 (\$200 for the family coverage tier) due to an IRS-mandate.

Full-time employees will see only a slight increase in premiums – somewhere between \$4 to \$37 per month, depending on your chosen plan. Our PPO dental plan will have the same rates—no increase in premiums for employees for 2024-25. The dental HMO plan has a slight increase in premium which results in less than \$1 per month increase.

Understanding the choices available through our benefits packages is crucial – everything from behavioral health virtual care and pharmacy home delivery, to deferred compensation and discounted fitness options. We want to help you and your family understand and get the most from our health plan benefits so you can make informed decisions about benefit selections, providers and care, based upon what matters most to you.

We will also continue our Personalized Health Team concierge program, where a case manager assists employees in navigating the healthcare system, removing barriers for members with a more personalized touch.

Take advantage of the information provided in this benefits booklet, to make sure you get the health care coverage that makes the most sense for you.

Call Cigna's pre-enrollment line at 888-806-5042 to get started. If you have questions regarding your benefits or this guide, the HR Benefits Team is ready to assist you at 480-312-7600 or hrbenefitsemail@ScottsdaleAZ.gov.

Take care,
Jim



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Granite Reef Senior Center Employees on City Hall Selfie Day

What Is Open Enrollment?

This booklet is a summary of your benefits package for 2024/25. 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.

Employee Benefit Eligibility

Full-time employees or grandfathered 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.

Dependent Eligibility

- 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 HR Benefits to select or change domestic partner coverage and to discuss important tax considerations.

Open Enrollment is May 1-19

This year's open enrollment period takes place online from May 1-19. All employees are required to complete their enrollment on the Employee Self Service intranet site: scottsdaleaz.munisselfservice.com.

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.
- Legal name and social security number for each enrolled dependent must be included. 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 Resources office at 9191 E. San Salvador Dr.

Benefit Status Changes

Federal Law allows you to qualify under a special enrollment period. See [page 37](#) for more information under Special Enrollment Periods. If one of these situations applies, you may enroll before the next annual enrollment period.

What do I need to do?

For enrollment:

- Complete your enrollment on the [Employee Self Service](#) site by May 19
- Review your Benefit Enrollment Summary email for accuracy

For incentive rewards:

- Log into [myCigna.com](#) and complete your Health Risk Assessment to earn \$25
- Schedule your annual wellness visit with your doctor to earn \$120
- Print the [wellness screening form](#) to take to your appointment to earn \$240 blood pressure incentive
- Have your doctor complete and sign the [wellness screening form](#)
- Upload the wellness screening form to [myCigna.com](#)
- Don't stop here, see pages 4-6 for more incentive opportunities



Need Help?

Contact HR Benefits at 480-312-7600 or email hrbenefitsemail@ScottsdaleAZ.gov

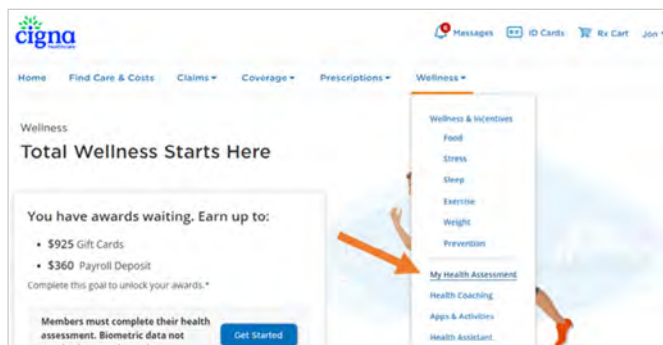
Como podemos ayudar?

Por favor llámenle al 480-312-7600 si tiene alguna pregunta sobre su selección de beneficios

2024-2025 Wellness Incentives

Take Care. Get Rewarded.

Each of Scottsdale’s medical plans offer robust wellness incentives through Cigna’s MotivateMe Program. This program helps you change unhealthy behaviors and rewards you for it. That’s important, because taking healthy actions will help reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you’ll work towards achieving real results that mean a real, healthy change for you. Get rewarded for the healthy actions you take – the more you do, the more you earn. Of course, the best reward is your good health.



I’m ready. How do I start?

Visit [myCigna.com](https://mycigna.com), under “Wellness” go to “My Health Assessment.”

STEP ONE: Complete the Start-Up Goal

In order to earn any incentive rewards, employees and spouse must complete the Health Risk Assessment on mycigna.com. A new Health Assessment can be completed from May 1, 2024 to June 30, 2025. Biometric data is not required to complete the Assessment.

STEP TWO: Tackle other goals

After completing the Start-Up Goal, jump right into any other goals that are available to begin earning awards.

STEP THREE: Earn Awards

Goals are action-orientated opportunities to make healthier daily choices. The more you complete, the more you earn.

Goal Type	Description	Award Type	Employee Award	Spousal Award	Deadline	Notes
Start-Up Goal Complete a personalized health assessment on mycigna.com. Biometric data is not required to complete the assessment.	A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health.	Gift Card	\$25	\$25	06/30/2025	Visit mycigna.com to complete your Health Assessment.
Complete an annual preventive physical OR Complete an annual preventive OB/GYN exam Don't forget to take the Wellness Screening Form.	An annual physical is a preventive exam that’s used to reinforce good health, address potential and chronic problems.	Payroll Deposit	\$120	\$120	06/30/2025	Visit your Primary Care Physician, appropriate physician or an Evernorth Care Group facility for your free annual preventive/wellness: exam from July 1, 2024 to June 30, 2025.
Achieve a blood pressure of less than or equal to 139/89 or improve to a healthy level. Wellness Screening Form is required to receive this incentive.	Get a blood pressure test. Aim for systolic (pressure when heart beats) of 139 or less and diastolic (pressure when heart is resting) of 89 or less. If you cannot achieve the blood pressure target, aim to improve to a healthier level.	Payroll Deposit	\$10 per pay period	\$10 per pay period	06/30/2025	Download the Wellness Screening Form and take it to your appointment. Upload the completed Wellness Screening Form to mycigna.com or fax to Cigna.

2024-2025 Wellness Incentives

Goal Type	Description	Award Type	Employee Award	Spousal Award	Deadline	Notes
Complete an annual preventive dental exam (two per year)	A preventive dental exam is used to reinforce good health and address potential and chronic problems.	Gift Card	\$100* (\$50 per dental exam)	\$100* (\$50 per dental exam)	06/30/2025	Schedule a preventive exam with your Cigna dentist. Your incentive will be credited when your claim is processed.
Complete a preventive cancer screening	Complete a preventive Colon, Breast, Prostate and/or Cervical cancer screening.	Gift Card	\$100	\$100	06/30/2025	Maximum of \$200 per person per plan year.
Plan for your future	Complete steps in Nationwide's retirement planning tool available at scottsdale457.com	Gift Card	\$100*	N/A	06/30/2025	Visit scottsdale457.com
Talk to a coach and achieve a health goal	Achieve a fitness, diet or health goal with the help of a trained health coach.	Gift Card	\$50*	\$50*	06/30/2025	Visit mycigna.com or call 800.244.6224.
Get help improving my lifestyle habits – Tobacco	Quitting tobacco is one of the most important things you can do for better health. A health coach can help you take that critical first step today.	Gift Card	\$50*	\$50*	06/30/2025	Visit mycigna.com .
Complete 9 lessons of the 26-week Cigna Diabetes Prevention Program	More than 1 out of 3 people are at risk for diabetes. Are you? This online program, available through Cigna, in collaboration with Omada, helps you make lifestyle changes that can reduce risks.	Gift Card	\$50*	\$50*	06/30/2025	See if you're eligible for this program now at omadahealth.com/scottsdaleaz
Reduce your weight by 5% with the Cigna Diabetes Prevention Program based on 3 separate daily weigh ins compared to your initial weight at the beginning of the program	This online program offers support for healthy weight loss and better nutrition, which helps reduce the risk for developing diabetes. Available through Cigna in collaboration with Omada.	Gift Card	\$50*	\$50*	06/30/2025	See if you're eligible for this program now at omadahealth.com/scottsdaleaz

Note: Maximum gift card earning per qualified individual is \$300. Redeeming your incentive gift cards is easy. [Learn how.](#)

2024-2025 Wellness Incentives

Goal Type	Description	Award Type	Employee Award	Spousal Award	Deadline	Notes
Enroll in the first trimester and complete the postpartum consultation with my Healthy Pregnancies Healthy Baby nurse.	Speak with a maternity nurse to receive support and guidance starting in your first trimester and after your baby is born. (Limit 1 maternity award per pregnancy)	Gift Card	\$150	\$150		See below for more information about this new program.
Enroll in the second trimester and complete the postpartum consultation with my Healthy Pregnancies, Healthy Baby nurse.	Speak with a maternity nurse to receive support and guidance starting in your second trimester and after your baby is born. (Limit 1 maternity award per pregnancy).	Gift Card	\$75	\$75		See below for more information about this new program.
Get your surgery performed at a Center of Excellence Facility	Cigna's Center's of Excellence program identifies hospitals that have received high ratings for certain procedures or conditions based on patient outcomes and cost-efficiency.	Gift Card	\$250	\$250	06/30/2025	See page 7 for more information on Cigna's Centers of Excellence.

Note: Maximum gift card earning per qualified individual is \$300. Redeeming your incentive gift cards is easy. [Learn how.](#)

Healthy Pregnancies, Healthy Babies Program

The city's medical plans now offer even greater maternity support. Enroll in this program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth.

Find support early and often.

- Tell them about you and your pregnancy so they can meet your needs.
- Ask them anything - your health coach, who has nursing experience, is there to support you during your whole pregnancy.
- Get a pregnancy journal with information, charts and tools to help you have a happy nine months.

Learn as much as you want. Get live support 24 hours a day, seven days a week. Just call the number on your Cigna ID card to:

- Talk to a health coach who can help you with everything from tips on how to handle your discomfort during pregnancy to what foods to avoid, birthing classes and maternity benefits.
- Access an audio library of maternity and general health topics.
- Or visit mycigna.com for tools to help you track your pregnancy week by week, prepare for delivery, and care for your baby.

Get rewarded for making smart choices. When you participate and complete the program, you may be eligible to receive:

- A \$75 incentive if you enroll by the end of your second trimester; or
- A \$150 incentive if you enroll by the end of your first trimester.

Call 800.615.2906 to enroll as soon as you know you are pregnant.

Cigna Resources

Evernorth Care Group

Evernorth Care Group is available to you and your family when you enroll in a Cigna medical plan.

Evernorth Care Group is one of the Valley's largest multi-specialty 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 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 Evernorth Care Group services and locations, go to evernorth.com/evernorth-care.

- Multi-specialty and urgent care centers
- CareToday convenience care clinics
- On-site pharmacies and refill centers
- Vision services
- Hearing services
- Pediatric services
- 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 for Excellence designation program, and quality and cost-efficient ratings. Cigna also provides patient experience ratings for hospitals received from Consumer Union in the health care professional directory on 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 Center's for Excellence program identifies hospitals that have received high rating for certain procedures or conditions based on patient outcomes and cost-efficiency. During the 24/25 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. ***The online health risk assessment must be completed in order to earn this additional incentive.***

Cigna Resources

Omada: Digital Diabetes Prevention

More than 1 out of 3 people are at risk for diabetes. Are you? This free online program, available through Cigna, in collaboration with Omada, helps connect the dots between knowing how to get healthy and actually doing it. Eligible participants can enroll in this program at no additional cost if you or your covered adult dependents are enrolled in the city's medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program. Gain support from a professional health coach, accountability from a wireless smart scale, empowerment from weekly lessons, and encouragement from a small online community.

Take Omada's 1-minute health screener to see if your eligible for the free program at: omadahealth.com/scottsdaleaz

Active & Fit Direct

Active and Fit Direct provides discounted gym memberships to a nationwide network of 11,500+ standard fitness centers for just \$28/month. No long-term contracts gives you the flexibility to switch fitness centers and cancel when you need to. Initial payment includes one low enrollment fee, applicable taxes, and your first two month's membership.

The program offers:

- Online directory maps and locator for fitness centers
- A free guest pass to try out a fitness center before enrolling
- The option to switch fitness centers at any time
- Online fitness tracking from a wide variety of popular wireless fitness devices, apps and exercise equipment

You must be enrolled in a city' medical plan to be eligible for this program. To learn more visit myCigna.com.



Officer Watson “resting” and saying hello to Officer Hartman while completing the 2024 Rock ‘n’ Roll half marathon

Virtual Care

Your medical plan includes access to medical and behavioral/mental health Virtual Care. Cigna partners with MDLIVE. MDLIVE allows you to connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. Get the care you need when, where it works best for you – including most prescriptions – for a wide range of minor conditions.

With virtual care, you can:

- Get medical virtual care 24/7/365 – via video or call from your phone, tablet or computer.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.
- Save money. Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

It's important to remember that telehealth services are designed for minor, non-life-threatening conditions. In an emergency, you should dial 911 or go to the nearest hospital.

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Behavioral/Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

Virtual Care Providers

Signing up is easy! Set up and create an account with MDLIVE by completing a medical history using an online "virtual clipboard." You can also download the **MDLIVE app** to your smartphone or mobile device for access on-the-go.

MDLIVEforCigna.com 888-726-3171
(Virtual medical and behavioral care)

Employee Assistance Program

Your home and work life impacts your health. The Employee Assistance Program (EAP) is a free, voluntary and confidential service available to all city employees and anyone in their household. EAP provides access to work/life resources, and licensed clinicians to help you cope with a wide variety of concerns, from family and financial issues to substance use, emotional health, and stress.

City employees and any member of their household can receive up to five face-to-face counseling sessions per issue per 12-month period. (Sworn fire and police employees receive up to 12 face-to-face sessions per issue per 12-month period.) Video-based sessions are also available.

The city has hired Dori DiPietro, LCSW, ERPSCC as a dedicated EAP provider. Individual counseling sessions are available to all employees and their household members, whether you receive health benefits from the city or not, from 9 a.m. – 5 p.m. every Thursday and Friday.



To schedule your EAP session, email Dori directly at doridipietro@gmail.com. If you would like to schedule an EAP counseling appointment at any other time, 24/7, visit myCigna.com or call 1-800-554-6931 (1-877-505-3671 for sworn fire and police). If using mycigna.com, log into your account, click Coverage, then Employee Assistance Program (EAP).



In addition to professional consultations, the Employee Assistance Program can also direct you to a variety of helpful referrals or community

resources such as:

Home Life Referrals

Adoption: Adopting a child is one of the most wonderful times in an adoptive parent's life. But

it can also be stressful. Cigna's EAP adoption services provide all the support you need to help find the right adoption specialist and support groups to get you headed in the right direction.

Children & Families:

- Parenting: Receive guidance on child development, sibling rivalry, separation anxiety and much more.
- Prenatal care: Get the information you need for a healthier pregnancy and delivery.
- Child care: Whether you need care all day or just after school, find a place that's right for your family.
- Children with special needs: Let EAP help you better understand care for your unique family needs
- Summer care: Summer care services provide parents with the resources to help find the right summer camps and programs for your children.

Education: A full suite of education services are available for parents. From kindergarten to public schools to special programs and college preparation, let the Employee Assistance Program help get you the information you need to make the best decisions throughout your child's life.

Pet Care: From vets to dog walkers, EAP pet care services will help connect you with the right resources so that your furry friends are well taken care of.

Senior Care: When it comes to managing important senior citizen care issues that arise in your family, making the right decisions can be difficult. That's why EAP provides the information you need along with a support system to help guide you through the process.

Employee Assistance Program

Financial and Legal Assistance

Financial Services: When it comes to finances, most of us need a little help now and then. Get a free 30-minute talk with a qualified financial services specialist. In addition, you can get 25 percent off on tax preparation when you take advantage of this service.

Identity Theft: If you think you might be a victim of identity theft, talk to a fraud resolution specialist. To start, you'll get a free 60-minute consultation and resources to help you protect your identity.

Legal: Some of life's events call for expert advice. When you need legal assistance, contact the Employee Assistance Program. You can be connected to a lawyer in your area for a free 30 minute consultation and up to a 25 percent discount on usual fees for most legal issues.

Emotional Health Services

Managing Stress: There are ways to manage stress and build resilience that can help make life easier. Check out Cigna's online Managing Stress Toolkit for:

- Self-assessment tools
- On-demand stress reduction seminars
- Mindfulness exercises for free download
- Helpful articles and information

EAP National Wellness Seminars: Take part in monthly seminars year-round on topics that apply to real-life concerns. Watch live or on-demand from a computer, smartphone or table at: cigna.com/EAPWebCasts.

Behavioral Awareness Series: Cigna offers free monthly behavioral health awareness seminars on autism, eating disorders, substance use and children's behavioral health issues. For more information visit:

cigna.com/individuals-families/health-wellness

TalkSpace with Cigna EAP

You can utilize your EAP benefits to virtually connect with a TalkSpace licensed therapist via live video and private texting as well as access online resources via the TalkSpace app. Psychiatrist services are also available.

To Access TalkSpace using your EAP benefit visit talkspace.com/EAPCigna

To ensure coverage through Cigna EAP, use the link above. Do not go directly through TalkSpace.

“TalkSpace has been a big help for me. The convenience of accessing therapy anytime, anywhere has been a lifesaver for my busy schedule. Since I started using it, I feel happier and more supported. It's made a real difference in my life and I'm grateful for the guidance I received.”

- 33-year-old employee

Additional Mental Health Resources

Headspace Care

Headspace Care offers confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry. Support is available anytime (24/7/365), anywhere (we go where your phone goes), for a variety of mental health challenges you may be struggling with—all from the privacy of your smartphone.



Get started today by downloading the **Headspace Care app**

Watch this short video to learn about Headspace Care.



Happify

Resilience and stress reduction app with science-based games and activities that are designed to help you:

- Defeat negative thoughts
- Gain confidence
- Reduce stress and anxiety
- Increase mindfulness and emotional well-being
- Boost health and performance

Using Happify is fun, free, quick and easy.

Visit cigna.happify.com or myCigna.com to get started.

iPrevail

iPrevail is a digital therapeutics platform, designed to help you take control of stress, anxiety, and negative thoughts and feelings.

How does it work?

After signing up for iPrevail on myCigna.com, you start with a short quiz. From there you receive:

- A program tailored to your needs, including interactive video lessons and online wellness activities
- A peer coach, matched, based on your symptoms
- The ability to join support communities focused on stress, anxiety, depression and more.

Use iPrevail for just 15 minutes a week, day or night, and it can help you start feeling happier and healthier.

How do I sign up? Visit iprevail.com/cigna

Live Life Well Resources



Unleash the Potential to Live Life Well: Scottsdale's award-winning worksite wellness program, empowering you and your family to protect and maximize your health for a lifetime.

Vision

We are committed to supporting healthy and productive lifestyles of employees and family members.

Mission

To develop and implement strategies that promote, educate, protect, and empower individuals.

What exactly is wellness?

Here at the City of Scottsdale we feel optimal wellness includes all aspects of your well-being which is why we have a comprehensive program based off five pillars.

- Physical
- Emotional
- Financial
- Safety
- Community

Research has stated 60-80% of lifestyle choices could contribute to the development of chronic diseases. A good portion of our lives are spent at work which is why we take this opportunity to educate employees about health. The City of Scottsdale cares about you and Live Life Well provides resources to help you reach optimal wellness.



John Loleit conquers the Phoenix Summit Challenge



Live Life Well Resources

The following resources are available to all employees regardless of plan enrollment participation.

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 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 Garmin.
- The option to download the iPhone or Android Walker Tracker App.

Veterans Support Line

The Veteran Support Line provides a wide range of assistance for veterans, as well as their caregivers and families, whether they are Cigna customers or not. The Support Line is free and available 24/7/365 at 855-244-6211.

- It is completely anonymous. Cigna does not ask for verification of military status or relationship to a veteran or for any personal identification.
- It's staffed by licensed Cigna behavioral health specialists, some of whom are veterans themselves and understand the unique and often difficult experiences both veterans and their caregivers often face.

- There is a dedicated triage team that will help veterans find the right resources and services including pain management, substance use counseling and treatment, financial issues, food, clothing, housing, safety, transportation, parenting and child care, aging services, health insurance, legal assistance and more.
- If someone who is in a crisis calls, they will be immediately routed to a member of their crisis team trained to handle those specific situations.

Mindfulness for Vets

This program is specifically designed for all veterans, whether they are Cigna customers or not, to provide training in mindful stress management, acceptance and compassion. The telephonic program is available every Tuesday at 5 p.m. ET at 866-205-5379 (passcode 113 29 178).

- Many veterans suffer from chronic pain due to injuries, post-traumatic stress disorder, opioid dependency and other causes of stress at a higher rate than the general population. Mindfulness is an evidence-based therapy proven to have a positive impact on depression, stress, anxiety, performance, sleep, addiction, and post-traumatic stress disorder.
- Weekly trainings typically last for 45-60 minutes with time at the end for veteran participants to ask questions and share experiences.
- Additional mindfulness sessions are available for veterans, their caregivers and families every Monday and Thursday at 6 p.m. ET and every Wednesday at 8:30 p.m. ET at 866-205-5379 (passcode 113 01 992).

Live Life Well Resources

Employee Fitness Pass

The city's Live Life Well program encourages employees to be physically active and to participate in activities that positively impact their health and wellness. In support of this important goal the city provides access to several city-owned fitness and recreational facilities at no cost to employees. Utilizing city fitness facilities have the following advantages:

- Convenient locations and hours of operation
- Variety of fitness classes, equipment and amenities
- Supports COS facilities and departments
- Helps you reach and maintain your fitness levels



Available Fitness Locations:

- Cactus Aquatic and Fitness Center
- McDowell Mtn. Ranch Aquatic and Fitness Center
- Eldorado Aquatic and Fitness Center
- North Corp. Yard Fitness Center (this facility is not available for public use)
- North Water Campus (this facility is not available for public use) *limited hours of operation
- City Hall (this facility is not available for public use) *limited hours of operation
- **Club SAR**

Visit the [Live Life Well SharePoint page](#) to learn how to register for your Fitness Pass.

LLW Lunchtime Fitness Classes

Join us for a 30-minute burnout. No registration is needed for class. Whether working remote or onsite, we have classes for everyone. Visit Live Life Well's [Virtual and Onsite Fitness Classes SharePoint page](#) for complete class details.

Monday: Barre and Spin

Tuesday: Yoga

Wednesday: HIIT and Spin

Thursday: Yoga

Friday: Strength and Kickboxing

Employee Network Discount Program

Get access to awesome discounts! As a city of Scottsdale employee, you are an official member of **The Employee Network**, which is your employee discount program.

You can save money on theme park tickets, hotels, attractions, home services, concerts, education, financial services and more! For specific questions please contact The Employee Network Directly at 480-758-0837.

Live Life Well Resources

LLW Race Reimbursement

Lace up your racing shoes to earn up to \$100 by participating in the Live Life Well race reimbursement program. Here's how:

- Open to employees only. Compete in an organized race/walk/triathlon, etc., between July 1, 2024, and June 30, 2025.
- Submit a photo of your participation (race #, finish line photo, action photo, etc.), race name, date of race and cost of entry to livelifewell@scottsdaleaz.gov by June 30, 2025.
- If your race entry fee was between \$1 and \$50, you can earn a \$50 Digital gift card.
- If your race entry fee was more than \$50, you can earn a \$100 Digital gift card.
- Gift card awards will start to be reimbursed after January 10, 2025.
- Multiple race entries are encouraged, however, only one entry per employee will be eligible.
- Employees enrolled in the city's medical plan are eligible.

Planet Fitness

- All city of Scottsdale employees, friends and family members can receive a special membership discount with no enrollment fees at participating Planet Fitness locations.
- **Learn more** about the discounts available for each membership. Questions? Contact Wendy Cox at 480-536-6250.

YMCA

As an employee, you receive reduced membership rates and an additional 15% off of programs like personal training, childcare, swim lessons, and more.

- Access to 13 Valley of the Sun YMCA branches across Arizona
- Access to partner YMCAs across the country
- Unlimited group fitness classes
- Opportunities to give back to the community and volunteer in a variety of roles, from leadership to youth sports coaches

Membership Rates

- Adult \$24.95/month
- Couple \$44.95/month
- Family \$54.45/month

How to Enroll

1. Visit your local YMCA branch.
2. Show your employee ID badge.
3. The employee must be the primary contact on the membership. The employee will provide payment for monthly membership dues.



Mental Health Awareness

Choose a Plan with Confidence

Reviewing health plan options can be confusing and overwhelming at times. That's why Cigna One Guide is available to city employees now – whether you're a current Cigna customer or considering Cigna for the first time.

Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance. Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the available health plans that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers on any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away. Should you forget to ask something and need to call back, simply ask for your guide by name and you will be reconnected, so you can pick up where you left off.

After enrollment, the support continues for Cigna's city customers.

When you enroll with Cigna, your One Guide representative will be there to guide you through the complexities and unclear jargon of the health care system, and help you avoid costly missteps. The goal is a simpler health care journey for you and your family.

Cigna's One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

Get it all in the way that's most convenient for you. Call 800-244-6224, 888-806-5042 for those who are not currently Cigna members. Once enrolled, access Cigna One Guide support by downloading the myCigna app.



Monthly Benefit Premium and Contribution Rates

These are the monthly benefit premiums and contribution rates taking effect July 1, 2024 through June 30, 2025.

July 1, 2024 through June 30, 2025	Monthly Premium	City Contribution	Employee Contribution
City of Scottsdale Cigna OAP In-Network			
Full-Time Employee Only	\$839	\$671	\$168
Part-Time Employee* Only	\$839	\$503	\$336
Full-Time Employee & Child(ren)	\$1,522	\$1,141	\$381
Part-Time Employee* & Child(ren)	\$1,522	\$856	\$666
Full-Time Employee & Spouse/Partner	\$1,816	\$1,363	\$453
Part-Time Employee* & Spouse/Partner	\$1,816	\$1,022	\$794
Full-Time Employee & Family	\$2,606	\$1,955	\$651
Part-Time Employee* & Family	\$2,606	\$1,466	\$1,140
City of Scottsdale Cigna LocalPlus Network			
Full-Time Employee Only	\$759	\$606	\$153
Part-Time Employee* Only	\$759	\$455	\$304
Full-Time Employee & Child(ren)	\$1,377	\$1,033	\$344
Part-Time Employee* & Child(ren)	\$1,377	\$775	\$602
Full-Time Employee & Spouse/Partner	\$1,643	\$1,233	\$410
Part-Time Employee* & Spouse/Partner	\$1,643	\$924	\$719
Full-Time Employee & Family	\$2,360	\$1,771	\$589
Part-Time Employee* & Family	\$2,360	\$1,326	\$1,034
City of Scottsdale Cigna OAP			
Full-Time Employee Only	\$736	\$618	\$118
Part-Time Employee* Only	\$736	\$464	\$272
Full-Time Employee & Child(ren)	\$1,335	\$1,055	\$280
Part-Time Employee* & Child(ren)	\$1,335	\$791	\$544
Full-Time Employee & Spouse/Partner	\$1,593	\$1,259	\$334
Part-Time Employee* & Spouse/Partner	\$1,593	\$944	\$649
Full-Time Employee & Family	\$2,287	\$1,808	\$479
Part-Time Employee* & Family	\$2,287	\$1,355	\$932

* Grandfathered only

Monthly Benefit Premium and Contribution Rates

These are the monthly benefit premiums and contribution rates taking effect July 1, 2024 through June 30, 2025.

July 1, 2024 through June 30, 2025	Monthly Premium	City Contribution	Employee Contribution
City of Scottsdale Cigna OAP + HSA			
Full-Time Employee Only	\$699	\$629	\$70
Part-Time Employee* Only	\$699	\$472	\$227
Full-Time Employee & Child(ren)	\$1,269	\$1,053	\$216
Part-Time Employee* & Child(ren)	\$1,269	\$789	\$480
Full-Time Employee & Spouse/Partner	\$1,515	\$1,242	\$273
Part-Time Employee* & Spouse/Partner	\$1,515	\$931	\$584
Full-Time Employee & Family	\$2,175	\$1,741	\$434
Part-Time Employee* & Family	\$2,175	\$1,305	\$870
City of Scottsdale HMO Dental			
Full-Time Employee Only	\$10.40	\$10.40	\$0.00
Part-Time Employee* Only	\$10.40	\$7.78	\$2.62
Full-Time Employee & Child(ren)	\$23.30	\$11.66	\$11.64
Part-Time Employee* & Child(ren)	\$23.30	\$8.74	\$14.56
Full-Time Employee & Spouse/Partner	\$17.04	\$10.40	\$6.64
Part-Time Employee* & Spouse/Partner	\$17.04	\$7.78	\$9.26
Full-Time Employee & Family	\$27.34	\$13.68	\$13.66
Part-Time Employee* & Family	\$27.34	\$10.26	\$17.08
City of Scottsdale PPO Dental			
Full-Time Employee Only	\$43.82	\$38.36	\$5.46
Part-Time Employee* Only	\$43.82	\$28.78	\$15.04
Full-Time Employee & Child(ren)	\$78.86	\$42.74	\$36.12
Part-Time Employee* & Child(ren)	\$78.86	\$32.06	\$46.80
Full-Time Employee & Spouse/Partner	\$96.38	\$44.92	\$51.46
Part-Time Employee* & Spouse/Partner	\$96.38	\$33.70	\$62.68
Full-Time Employee & Family	\$130.38	\$48.22	\$82.16
Part-Time Employee* & Family	\$130.38	\$36.16	\$94.22

* Grandfathered only

Monthly Benefit Premium and Contribution Rates

These are the monthly benefit premiums and contribution rates taking effect July 1, 2024 through June 30, 2025.

July 1, 2024 through June 30, 2025	Monthly Premium	Buy Up Premium
Vision Service Plan (VSP)		
Full-Time Employee Only	\$4.00	\$6.22
Part-Time Employee* Only	\$4.00	\$6.22
Full-Time Employee & Child(ren)	\$8.54	\$13.26
Part-Time Employee* & Child(ren)	\$8.54	\$13.26
Full-Time Employee & Spouse/Partner	\$7.00	\$12.42
Part-Time Employee* & Spouse/Partner	\$7.00	\$12.42
Full-Time Employee & Family	\$13.66	\$21.20
Part-Time Employee* & Family	\$13.66	\$21.20

* Grandfathered only



Scottsdale Police Officers and Firefighters at American Lung Association Fight For Air Climb

Medical 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. Four medical plans are offered. Use this guide and the comparison chart to make the best choice. If you have questions, contact HR Benefits at 480-312-7600 or hrbenefitsemail@ScottsdaleAZ.gov.

July 1, 2024 - June 30, 2025	Cigna OAP In-Network or Cigna LocalPlus	Cigna OAP		Cigna OAP+ HSA	
Medical 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	\$1,600 Individual, \$3,200 Family*	\$3,500 Individual, \$7,000 Family*
Annual Out-of-Pocket Maximum	\$3,000 Individual, \$6,000 Family	\$4,500 Individual, \$9,000 Family	\$4,500 Individual, \$9,000 Family	\$4,000 Individual, \$8,000 Family*	\$7,000 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	30% after deductible	10% after deductible	30% after deductible
Evernorth Care Group (formerly CMG) (25 locations valley wide)	\$10 co-pay per visit	\$10 co-pay per visit	No Benefit	10% after deductible	No Benefit
MDLIVE (virtual care service)	\$5 co-pay per call	\$5 co-pay per call	No Benefit	10% after deductible	No Benefit
Specialist Office Visit	\$40 co-pay per visit	\$40 co-pay per visit	30% after deductible	10% after deductible	30% after deductible
Acupuncture & Naturopathic Office Visit (maximum 12 visits per plan year)	\$40 co-pay per visit	\$40 co-pay per visit	30% after deductible	10% after deductible	30% after deductible
Outpatient X-ray & Laboratory	No co-pay/\$100 co-pay for complex imaging	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Occupational, Speech Therapy (maximum 60 visits per plan year)	\$40 co-pay per visit	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Physical Therapy (maximum 60 visits per plan year)	\$30 co-pay per visit	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Hearing & Vision					
Hearing Examinations	No deductible; 1 visit every 12 months	No deductible; 1 visit every 12 months	No Benefit	No deductible; 1 visit every 12 months	No Benefit
Hearing Aids (1 device per ear every 3 years)	100%, no deductible; Must utilize providers within Amplifon network	100% no deductible (Amplifon network providers)	100% No deductible (Manual Claims must be filed)	100% after deductible (Amplifon network providers)	100% after deductible (Manual Claims must be filed)
Vision Basic Examinations	No deductible; 1 visit every 12 months	No deductible; 1 visit every 12 months	No Benefit	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	

*When on family coverage, the entire \$3,200 (or \$7,000 out-of-network) deductible must be met before any benefit is paid.

**Does not include supplies.

Medical Plans Comparison Chart

July 1, 2024 - June 30, 2025	Cigna OAP In-Network or Cigna LocalPlus	Cigna OAP		Cigna OAP+ HSA	
Medical Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Wellness					
Routine Physicals, Exams, Immunizations/ Pap Smears and Mammograms	No co-pay	No co-pay	30% after deductible	No deductible	30% after deductible
Well Baby Care	No co-pay	No co-pay	30% after deductible	No deductible	30% after deductible
Chiropractor (maximum 20 visits per plan year)	\$30 co-pay per visit	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Allergy Injections	No charge	No charge	30% after deductible	10% after deductible	30% after deductible
Maternity Care					
Office Visits	\$25 co-pay first visit	\$25 co-pay first visit	30% after deductible	10% after deductible	30% after deductible
Delivery	\$500 co-pay (\$500 additional co-pay for newborns)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Hospital Services					
Inpatient Hospital	\$500 co-pay per admission	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Outpatient Surgery	\$250 co-pay	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency & Urgent Care					
Emergency Room	\$150 co-pay	\$150 co-pay, plus 10% after deductible	\$150 co-pay, plus 10% after deductible	10% after deductible	10% after deductible
Urgent Care Facility	\$50 co-pay	\$50 co-pay	\$50 co-pay	10% after deductible	10% after deductible
Ambulance					
Ground	No co-pay*	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Air	No co-pay*	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Extended Care					
Home Health Care (maximum 40 visits per plan year)	No co-pay	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Skilled Nursing (maximum 60 days)	No co-pay	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Hospice Care	No co-pay	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Mental Health					
Employee Assistance Program	5 free face to face sessions per issue per 12 month period, 12 free sessions per issue for first responders				
Behavioral Health Outpatient Care	\$10 co-pay	\$10 co-pay	30% after deductible	10% after deductible	30% after deductible
Behavioral Health Inpatient Care	\$500 co-pay	10% after deductible	30% after deductible	10% after deductible	30% after deductible

*Does not include supplies.

Medical Plans Comparison Chart

July 1, 2024 - June 30, 2025	Cigna OAP In-Network or Cigna LocalPlus	Cigna OAP		Cigna OAP+ HSA	
Medical Service	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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) or Cigna 90 Day Now					
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
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

Prescription Plan Highlights

All four 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 copay 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 copay.

Home Delivery Pharmacy

Have the medications you take daily delivered right to your door at no additional cost.

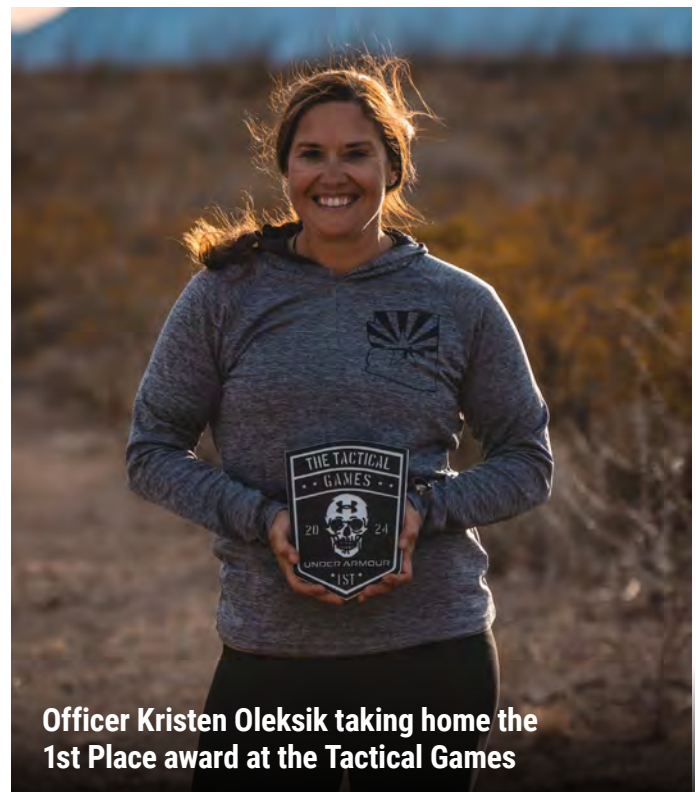
Because you can get up to a 90-day supply at one time, you may even be able to save money. You'll get a reminder when it's time to reorder and have access to the CoachRx team for help with drug interactions, side effects and ways to lower your medication costs.

To participate in the 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 at [cigna.com](https://www.cigna.com).

Employees calling for information on their home delivery medications will have expanded options in the automated system, including the ability to check their benefits and copayments, refills, order status and payments, and to obtain an Explanation of Benefits. Call 800-835-3784 and a Cigna representative will manage your home delivery orders and answer any questions. Additionally, employees will have the ability to be contacted by Express Scripts Pharmacy by text.

You can manage your home delivery medications on the Express Scripts website, which you can access via the myCigna app or website. Additional payment plan options will be available, such as online bill pay. Payment plan options will include additional communication features and preferences. Employees will also have access to home delivery information for dependents in the household who are considered minors. Adult family members will be able to grant access to other adult family members.



Officer Kristen Oleksik taking home the 1st Place award at the Tactical Games

Prescription Plan Highlights

Cigna 90 Now

The prescription benefit also includes a maintenance medication program called Cigna 90 Now. Cigna 90 Now offers you more choice in how and where you can fill your maintenance prescriptions.

Cigna 90 Now offers a retail pharmacy network to fill your 90-day prescriptions. As long as you use a Cigna 90 Now Network pharmacist, you will save money by paying the mail order co-pay for a 90-day supply.

	30-day co-pay*	90-day co-pay*
Generic	\$10	\$20
Brand	20% coinsurance, \$30 min - \$50 max	\$60
Non-Formulary	40% coinsurance, \$50 min - \$100 max	\$110

The Network includes CVS and Walmart. A complete listing of all participating 90-day supply pharmacies can be found [here](#).

*For those enrolled in the HSA plan, most prescriptions will apply to the deductible first.



Amy Tinder and Joy Racine at Employee Picnic

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](#). 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 Express Scripts Pharmacy and retail pharmacies.

3. Use Home Delivery Pharmacy or Cigna 90 Now for maintenance medications

4. Get help with specialty medications

Managing a complex condition isn't easy. Take advantage of Cigna's Therapeutic Resource Centers provided by Accredo. This specialty-trained teams of pharmacist and nurses will provide you with the personalized care and support you need to better understand your specific condition.

5. Use myCigna.com

The website 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 Home Delivery orders
- Ask a pharmacist a question

For questions, contact Cigna Customer Service at 800-244-6224 or [myCigna.com](#).

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 [cigna.com](https://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.

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 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.

Cigna Dental Oral Health Integration Program

A visit to the dentist is about more than just avoiding cavities – it could save your life or your unborn child’s. Research has linked complications of heart disease, stroke, diabetes, preterm birth, pre-eclampsia and other health issues to gum disease.

Several studies link oral health to our overall health. For example, treating gum disease in individuals with diabetes can result in improved blood sugar levels, which may lead to a reduction of the effects of diabetes and its complications.

Oral health connections include:

- Heart disease – The exact link has not yet been pinpointed, but researchers are finding an association between gum disease and an increased risk for heart disease and stroke.
- Pregnancy – A study showed that women with gum disease during the second trimester were up to eight times more likely to give birth prematurely.
- Head and neck radiation – Head and neck radiation can cause the mouth to be dry, which may cause increased risk for tooth decay and gum disease.
- Organ transplants – Transplant patients can have an increased risk for systemic and oral infections, including tooth decay and gum disease.
- Chronic kidney disease – Researchers found that people with gum disease and those with missing teeth were nearly twice as likely to have chronic kidney disease compared with those without these risk factors.

Dental Plan Highlights & Comparison Chart

Cigna created the Cigna Dental Oral Health Integration Program, which provides enhanced dental coverage for specific dental procedures, prescription and non-prescription discounts and samples, as well as behavioral health information to all of its dental members who may have conditions impacting oral health. Participants' out-of-pocket costs are reimbursed at 100 percent for certain dental services if they have any of the specified medical conditions.

For more information, visit cigna.com.

	Cigna Dental HMO Plan	Cigna Dental PPO Plan
Choice of Dentist	Must choose participating primary dentist	Choice of PPO or non-PPO dentist
Annual Deductible	None	\$50 individual/\$150 family
Annual Maximum Benefit	None	\$1,500 per individual*
Routine Cleanings	Two per plan year, \$10 co-pay	Two per plan year - In-network covered at 100%; out-of-network covered at 90% after deductible
Basic Services	Per schedule of co-payments	In-network covered at 80% after deductible; out-of-network covered at 70% after deductible
Major Services	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
Orthodontia	For adults and children, 25% discount off participating orthodontist retail price	For children under 19, 50% coverage: \$1,500 lifetime max. per child.

*Members who receive a preventive cleaning will have their annual maximum benefit increase by \$200 the following plan year.



Blue Zones Scottsdale Community Wellness Initiative

Dental Plans Comparison Chart

PPO Dental Plan Choices			
	In Network		Out of Network
	Cigna DPPO Advantage	Cigna DPPO	
REIMBURSEMENT LEVELS	FEE SCHEDULE	DISCOUNT ON FEES	MAXIMUM REIMBURSABLE CHARGE
Progressive Maximum Benefit Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2. Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.			
Policy Year Benefits Maximum Applies to: Class 1, 2 and 3 expenses	Year 1: \$1,500 Year 2: \$1,700 Year 3: \$1,900 Year 4: \$2,100	Year 1: \$1,500 Year 2: \$1,700 Year 3: \$1,900 Year 4: \$2,100	Year 1: \$1,500 Year 2: \$1,700 Year 3: \$1,900 Year 4: \$2,100
Policy Year Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150
Service Levels	Percent Plan Pays		
Class 1 - Preventive & Diagnostic Care Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain	100% No Deductible	90% No Deductible	90% No Deductible
Class 2 - Basic Restorative Care Restorative: fillings Oral Surgery: minor and major Anesthesia: general and IV sedation Space Maintainers: non-orthodontic Crowns: prefabricated stainless steel / resin (for primary baby teeth only)	80% After Deductible	70% After Deductible	70% After Deductible
Class 3 - Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Bridges and Dentures Periodontics: minor and major Endodontics: minor and major Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	60% After Deductible	50% After Deductible	50% After Deductible
Class 4 - Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible
Class 6 - Implants Lifetime Benefits Maximum: \$1,000	60% After Deductible	50% After Deductible	50% After Deductible
Reimbursements paid to the dentist by Cigna	Contracted Rates - NO Balance Billing of outstanding charges		80% of Reasonable and Customary Charges + any balance not paid by Cigna

Vision Service Plan Highlights

The City of Scottsdale offers vision care coverage through Vision Service Plan (VSP) as an optional benefit. The VSP Choice Plans are full-service plans that offer 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 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 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 leading zeros so it's 9 digits long. (ex: 000012345). After completing Steps 2 and 3, you are on your way to learning more about your benefit. Don't know your employee ID? Not a problem. It is listed next to your name when you log in to Webtime.

If you enroll in VSP, you are also eligible for up to a 60 percent discount on hearing aids through TruHearing. Dependents and extended family members are eligible for savings. VSP members can call 877-396-7194 and mention VSP to learn more, or visit truhearing.com/vsp.

VSP Vision Benefit Summary				
	Base Coverage with VSP Provider		Buy Up Coverage with VSP Provider	
Benefit	Description	Co-pay	Description	Co-pay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$20 for exam and glasses	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$20 for exam and glasses
Frame	<ul style="list-style-type: none"> \$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Costco/Walmart/Sam's Club frame allowance Every 24 months 	Combined with exam	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Costco/Walmart/Sam's Club frame allowance Every 12 months 	Combined with exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 Months 	\$0 \$95-\$105 \$150-\$175	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 Months 	\$0 \$95-\$105 \$150-\$175

Vision Service Plan Highlights

VSP Vision Benefit Summary				
	Base Coverage with VSP Provider		Buy Up Coverage with VSP Provider	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Lightcare™	<ul style="list-style-type: none"> \$180 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 24 months 	\$25	<ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 24 months 	\$25
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 			

Coverage with Out-of-Network Providers	
Exam	up to \$45
Frame	up to \$70
Single Vision Lenses	up to \$30
Lined Bifocal Lenses	up to \$50
Lined Trifocal Lenses	up to \$65
Progressive Lenses	up to \$50
Contacts	up to \$105
<p>Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</p>	

Benefit Services & Programs

Short-Term Disability Coverage

Short-term disability coverage is an optional benefit available through NY Life 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 \$1,500 per week	$(\text{Gross monthly pay}^* / 100) \times .315$
Plan 2 – 50 percent benefit with a maximum of 1,500 per week	$(\text{Gross monthly pay}^* / 100) \times .220$

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



Assistant City Manager, Brent Stockwell with his son, Daniel, participating in Phoenix Zoo's Move and Groove 5K

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 NY Life Insurance. There are also age-based reductions once you reach age 65. Refer to the NY Life Insurance certificate for details. A copy of the certificate is available by contacting HR Benefits at 480-312-7600 or at ScottsdaleAZ.gov, search "benefits."

Commuter Life Insurance

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

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 NY Life Insurance certificate available at 480-312-7600 or ScottsdaleAZ.gov search "life insurance".

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.

Benefit Services & Programs

Employee's Age	Monthly Cost per \$10,000 Units
Under 30	\$0.74
30 to 34	\$0.92
35 to 39	\$1.08
40 to 44	\$1.40
45 to 49	\$2.26
50 to 54	\$2.90
55 to 59	\$5.10
60 to 64	\$6.60
65 to 69	\$10.80
70 to 74	\$18.00
75 to 89	\$30.00
Children coverage per 2,000	\$0.34

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 HR Benefits 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 email inbox by visiting ScottsdaleAZ.gov/hr/newsletter.

Email addresses are kept confidential.

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



City Clerk's Office Employees on City Hall Selfie Day

Benefit Services & Programs

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 a 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 \$640 per year roll over.

Eligible expenses include:

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

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

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:

- Day care (child or elder)
- Baby-sitting
- General purpose day camps

The minimum plan year contribution is \$120 and maximum is \$3,200 for health care and \$5,000 per family for dependent care.

Enrollment in a FSA is required each plan year – even if you do not wish to change your deduction amount.



Will Brooks completing the Mesa Marathon

Benefit Services & Programs

A FSA is a smart way to save!

A 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 estimated Federal and Social Security taxes. This may vary depending on your state and local taxes.

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 adviser 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: [asiflex.com/calculator.aspx](https://www.asiflex.com/calculator.aspx).

*Based on single filing status

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



Teamwork in action: Accepting the Healthiest Employer Award from the Phoenix Business Journal alongside our dedicated HR Benefit team and valued Cigna account partners. Together we prioritize employee wellness every step of the way.

**HEALTHIEST
EMPLOYERS®**

Benefit Services & Programs

Health Savings Account

A health savings account is a tax-favored savings account created for 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.

The city will provide a contribution to the health saving accounts of those enrolled in the OAP + HSA plan. Employees with single coverage will receive \$500; employees with spouse, child or family coverage will receive \$1,000.*

To qualify for a HSA, the following conditions must be met:

- Covered by an IRS qualified high deductible health care 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..... \$4,150
Family \$8,300
55+..... an additional \$1,000

What makes a HSA a great tool for retirement?

The idea behind a HSA is to give employees a tool to help make their out-of-pocket medical expenses more manageable. However, if you look at your HSA as an investment tool, this can improve your financial picture in retirement. If you never spend your HSA contributions while working, you will give your money time to grow. Current estimates project a 65-year-old couple retiring this year will spend \$285,000 on medical expenses throughout their retirement.

For a conservative example, let's assume you are 40 years old and you only put \$100 per month in a HSA until you're 65. You could end up with approximately \$45,000 by retirement. The earlier you start or the more money you invest could increase that amount.

Important note to HSA Enrollees

A Cigna OAP + HSA plan member who opens a HSA account is also eligible for the health care flexible spending account (FSA). **However, participation is restricted to a limited scope FSA that provides reimbursement only for dental and vision expenses.**

For more detailed information, visit at asiflex.com.

* Maximum city contribution is \$1,000 per family if both spouses are city employees.



Retirement

Arizona State Retirement System

The contribution rates for employees in the Arizona State Retirement System will decrease by 0.02 percent next year, from 12.29 percent to 12.27 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, except for sworn public safety positions.

For more about the ASRS, visit 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 more information about the PSPRS, visit psprs.com.

457 Plan Deferred Compensation

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 can also choose to open a Roth 457 plan, where you contribute after-tax monies.

You may open or change your account at any time online at scottsdale457.com. You can also schedule an appointment with one of Nationwide's Retirement Specialists.

Visit the MotivateMe incentive page on myCigna.com for more ways you can earn with your 457 account.



Heather Larson completing the Tour of the White Mountains

Legal Notices

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:

- 30 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 HR Benefits. 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 30 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 30 days of a court order requiring you to provide coverage.

You will need to report any new dependents by submitting a change on **Munis ESS**. The change must be completed through Munis ESS within 30 days. If you do not report new dependents within 30 days of the change, you will need to make the changes during the next annual enrollment period.

Legal Notices

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
- You request coverage for the child in writing within 30 days of the placement;
- Proof of placement will need to be presented to Benefits before 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;

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 HR Benefits at 480-312-7600.

This coverage is subject to any applicable plan copayments, 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).

Important Notice from the City of Scottsdale 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 the

City of Scottsdale and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

The City of Scottsdale has determined that the prescription drug coverage offered under the following four self-funded plan options: Cigna OAP In-Network, Cigna LocalPlus Network, Cigna OAP, and Cigna OAP + HSA is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage. Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individual’s can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiary’s leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to enroll in a Medicare prescription drug plan and drop your City of Scottsdale prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

Legal Notices

What Are My Choices?

You can choose either one of the following options:

- Option 1: You can keep your current medical and prescription drug coverage with the City of Scottsdale, and you do not have to enroll in a Medicare prescription drug plan. You will continue to be able to use your prescription drug benefits through the City of Scottsdale.
 - You may, in the future, enroll in a Medicare prescription drug plan during Medicare’s annual enrollment period (during November 15-December 31 of each year).
 - As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.
- Option 2: You can keep your current medical and prescription drug coverage with the City of Scottsdale and also enroll in a Medicare prescription drug plan. If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket. Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows:

- For Retiree’s Medicare eligible Dependents, Medicare Part D coverage pays primary and this group health plan pays secondary.
- For Medicare eligible active employees and their Medicare eligible dependents, this group health plan pays primary and Medicare Part D coverage pays secondary.

Note that you may not drop just the prescription drug coverage under this the City of Scottsdale. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan’s next Open Enrollment period. Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as: PDPs may have different premium amounts; PDPs cover different brand name drugs at different costs to you; PDPs may have different prescription drug deductibles and different drug copayments; PDPs may have different networks for retail pharmacies and mail order services.

You should also know that if you drop or lose your coverage with the City of Scottsdale and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

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 LocalPlus, 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) 312-9096

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 – 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 – 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

Other Notices

Wellness Program Privacy Notice

When you complete a health assessment, you share important information about your health-related activities and behaviors, and whether you have or had certain medical conditions (e.g. cancer, diabetes, heart disease). We use this information to identify programs and services that can help you stay healthy, improve your health or address other health-related issues. Examples of these services are health coaching and online health and wellness programs. You may ask your plan administrator for details about the programs and services available with your plan.

In addition to the uses described in Cigna's online privacy notice, we may also share and use information from your health assessment as follows:

- With the administrator of your health plan (“Plan Administrator”), its service provider, vendor, consultant, or other recipient designated by the Plan Administrator (collectively, “Plan Administrator or designees”), in order to administer an incentive program for you (employee or spouse).
- With the Plan Administrator or designees in order to offer health and wellness programs and services to you.
- With the Plan Administrator or designees in aggregate form in order to plan and design the overall employer wellness program.

As you proceed to complete the health assessment, you provide authorization for Cigna and the employer-sponsored wellness program to collect your health information. You understand that providing this authorization and completing the health assessment is voluntary under the employer wellness program.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law.

Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or employer.

Benefit Providers Contact List

Benefit	Phone	Information	Website
City of Scottsdale			
HR Benefits	480-312-7600	Benefits information	ScottsdaleAZ.gov/hr/benefits
Medical			
Cigna Group # 3337752	800-244-6224	Claims, coverage questions, participating providers.	cigna.com
Dental			
Cigna HMO Group # 3337752	800-244-6224	Participating dentists, questions, claims and coverage questions	cigna.com
Cigna PPO Group # 3337752	800-244-6224	Participating dentists, questions, claims and coverage questions	cigna.com
Vision			
VSP Group # 30040565	800-877-7195	Customer service, participating providers, claims and coverage questions	vsp.com
Employee Assistance Program			
Cigna Behavioral Health Group #3170920	800-554-6931	Customer service, find a provider, confidential counseling for life issues	mycigna.com
Health & Dependent Care Flexible Spending Accounts (ASI)			
ASI Flex	800-659-3035	Account balance, covered expenses, reimbursement forms and online claim submission	asiflex.com
Health Savings Account			
Central Bank	833-232-4676		hsacentral.net
Hearing Aids			
Amplifon	877-806-7062	Customer service, provider locator, coverage questions	
Deferred Compensation			
Nationwide Plan #0056704	855-826-5400	Account balance, fund performance, transfer existing funds	scottsdale457.com
Pet Insurance			
Nationwide Pet Insurance Group #10737	877-738-7874		benefits.petinsurance.com/scottsdaleaz
Life Insurance			
NY Life Insurance Group #VTL004689	800-732-1603	Customer service	
Short Term Disability			
NY Life Group Benefit Solutions Group #VDT-0961362	888-842-4462	Report a short term disability claim	myNYLGBS.com
Retirement			
Arizona State Retirement System Enrollment Code: 5EQ00034	602-240-2000	Retirement information	azasrs.gov
Public Safety Personnel Retirement System	602-255-5575	Retirement information	psprs.com

Key Terms to Know

Term	Definition
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 OAP In-Network plan and visit your Primary Care Physician (PCP), you would only pay the \$25 copay.
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 copayments. 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 their 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 100 percent of 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 services visit, or have other diagnostic services resulting in a specific diagnosis of a condition, you may have to pay a fee for your visit.

CITY OF **SCOTTSDALE**

Human Resources Benefits

North Corporation Yard Office
9191 E. San Salvador Dr.
Scottsdale, AZ 85258

480-312-7600

Visit [ScottsdaleAZ.gov](https://www.scottsdaleaz.gov) and search “benefits” for more information.

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