City of Tombstone

OPEN ENROLLMENT

2024

EMPLOYEE SOLUTIONS GROUP

AGENDA

- Health Plan Benefits
  - Medical, Dental, Vision, Life
- Pre-tax Accounts
  - Health Reimbursement Arrangement (HRA)
  - Flexible Spending Account (FSA)
- Benefit Resource Tools

MEDICAL PLAN

- What's new and changing?

Cigna → aetna

- Current landscape of healthcare
  - Rising premium costs

We can meet your needs

We're uniquely positioned to transform the way health care is delivered in our Joint Venture markets

Joint Ventures

Leads as a clinical health partner, making the best decisions for member care while connecting your employees to quality providers.

aetna

Delivers the breadth of coverage associated with a large nationwide network as the backbone of financial health protection.

CVSHealth

Local footprint increases access to care, when and where members need it most.

Network Composition

BROAD (Broad Open POSII)

- **Participating health systems:** Banner Health, HonorHealth, **Mayo Clinic**, Tucson Medical Center, Phoenix Children's Hospital, Dignity, Abrazo/Tenet, Northern Arizona Health; plus, access to the Aetna national network when outside Arizona

- **Network coverage area:** Statewide and national network

6,280+
Primary care doctors

27,770+
Specialists

104
Hospitals

221
Urgent care centers

14
Banner Health centers

53
Walk-in clinics

Getting started is easy

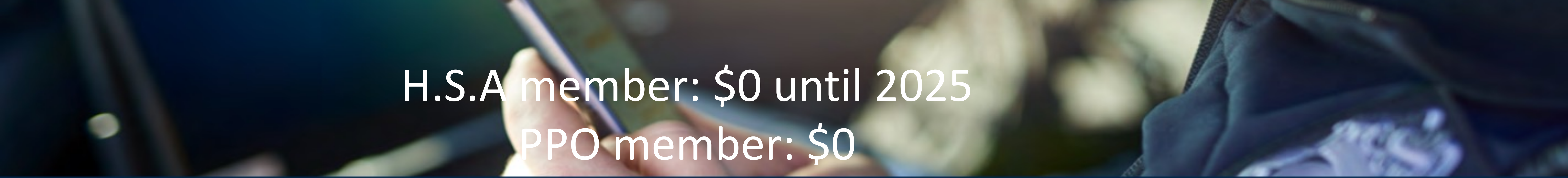
Register at banneraetna.com

By registering through our member website, you can become an active and informed member of your care team.

- Click "Member Log In," and then "Register."
- Have your ID card and Social Security number handy.

Once you're in, you'll be ready to:

- Find out what your plan covers and estimated costs of care
- Search for doctors, hospitals and other health care professionals
- Check your personal health record
- Review your claims and pay your bills
- See reminders for important preventive screenings
- Communicate with your provider*



H.S.A member: $0 until 2025

PPO member: $0

Banner | aetna™ 98point6®

On-Demand

Whether you're feeling unwell or have a health-related question, simply sign in and start a visit whenever you're ready. No appointment needed.

Text-Based

Connect with a 98point6 doctor right from your phone. Get treatment for a cough at work or get care for your child's stomach pain while at a weekend barbecue.

Quality Care

U.S.-based, board certified 98point6 doctors diagnose, treat, prescribe medication and order labs as appropriate and follow up. Audio and video support are also available as needed.

24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock—even after hours and on holidays.

Available now for all employees and dependents ages 1+ enrolled in an eligible Banner|Aetna plan.

Learn more at: **98point6.com/banner-aetna-members**

CVS Medical Accessibility

Did you know there is statically a CVS within 3 miles from you?

- Minute Clinic offers General Care appointments at $0 copay for non-HSA Members
- HealthHub® is the newest concept for full care for our Banner|Aetna members offering a wide array of services, complete with a concierge!
- COVID-19 tests and vaccines available at Minute Clinic, all scheduled right from your phone!

Optimizing benefits with Maintenance Choice® with opt out*

90-DAY OPTION

How it works:

- After two retail fills, the member will need to fill the 90-day supply at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy.
- If the member fills a 90-day supply, they'll get three months for the cost of two copays.**
- Members can call to opt out and pay the retail cost sharing for each 30-day supply.
- If they don't fill their 90-day prescriptions at CVS Pharmacy or CVS Caremark Mail Service Pharmacy or call us to opt out, they'll pay the full cost of the medication.

Program proof points:

- **92 percent of members** are more likely to take their medications after using mail service for one year.***
- This ensures members have their daily medicine on hand *when they need it.*

Delivery

No extra cost for 1 to 2 day delivery from a CVS Pharmacy and a discounted fee for on-demand delivery.†

*Does not apply to groups based in Oklahoma.
**Eligible members enrolled in high-deductible health or Value plans must first meet their deductible before copay cost-sharing applies. Eligible members enrolled in IntRx plans must first meet their deductible before copay cost-sharing applies on brand and specialty drugs.
***Based on 2017 CVS Caremark Mail Service Pharmacy mail-order pharmacy users.
†Delivery fees from CVS Pharmacy are discounted for mandatory with opt-out version of Maintenance Choice only.

How OTC Health Solution works

Using OTC Health Solution benefit in a CVS location

1. The member goes to a participating location
   - They can use the catalog to find products that work with their benefit
2. At the register, they give the cashier their ID card and date of birth.*
3. The cashier will apply the allowance to their total.
4. If there's a remaining balance, they can use another form of payment to complete the purchase.**

$25 per quarter per member credit available

*The benefit can only be used at a staffed register, not a self checkout station.
** Purchases made online or over the phone can't exceed the $25 quarterly allowance.

Marie's daughter's run-in with the flu

Marie's daughter, Sofia, has the flu. While at CVS Pharmacy picking up her prescription, she decides to grab some other items.

Marie's cart	
DIGITAL THERMOMETER	$17
NASAL DECONGESTANT TABLETS - 18 CT	$4
SORE THROAT SPRAY - 6 OZ	$4
Total	$25

Marie gives Sofia's Banner|Aetna ID card to the cashier. They scan it, ask her to confirm Sofie's date of birth, and tells her she's all set.

Diabetes care offerings

Diabetic Meter Program

Members with Diabetes can order a new blood glucose meter* from banneraetna.com for **$0**

$0 Preferred Diabetic Benefit

$0 cost share and waives the deductible (if applicable)*

To find eligible products:

1. Use the Advanced Control Plan drug list.
2. Look under the categories:
   - ANTIDIABETICS, INSULIN
   - DIABETIC SUPPLIES
3. Look for "PG" (preferred generic) and "PB" (preferred brand)

Pharmacy Advisor®

Helps drive adherence through proactive **1:1 connections** with specially trained CVS Pharmacists

Simple Steps to a Healthier Life®

Uses a health assessment to match members to care management "Journeys"

Diabetes-specific journeys:

- Live healthy: Diabetes
- Eat well to manage blood sugar

*Not available in Oklahoma.

Employee assistance program

Included is our Aetna Resources for Living^{SM} for small-group BAFA members. Aetna Resources For Living services are available at no cost to:

1. **Employees** who enroll in a BAFA medical plan
2. **Children** up to age 26 even if they don't live at home
3. **Household members** even if they are not related to the employee

OPTION 1 - AETNA PREMIERE PLAN + HRA

- Primary Care, Specialists and Rx Drugs are typically **COPAY** events and can be paid with your Flexible Spending Account (pre-tax money)
- To lower your taxable income (paying less in taxes per year) fund your FSA account!

Simple Benefit Summary (Premiere PPO Plan – Broad Network)	
Individual Deductible The amount you pay each plan year before payments begin for covered services.	**$ 3,000**
Family Deductible The amount you family pays each plan year before payments begin for covered services.	**$ 6,000** **(2 x individual)**
Individual Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay after reimbursement from HRA.	**$ 3,250**
Family Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay for their family insured members.	**$ 6,500** **(2 x individual)**

OPTION 1 - AETNA PREMIERE PLAN + HRA

- HRA allows us to reimburse employees **TAX-FREE** if you have a medical event
  - You as employee pay first $750
  - COT reimburses next $3,250
    - $2,250 In-network deductible
    - $1,000 In-network co-insurance /copays

Health Reimbursement Arrangement (HRA) Per Member / Per Family		
	Individual	**Family (Per Insured – 2X)**
Employee Pays 1st (Deductible)	$ 750	$1,500
City of Tombstone HRA	$2,250	$6,500
City of Tombstone HRA	$1,000 (co-insurance/ co-pays)	$2,000 (co-insurance/ co-pays)

OPTION 2 - AETNA BASIC PLAN + HRA

- Primary Care, Specialists and Rx Drugs are typically **COPAY** events and can be paid with your Flexible Spending Account (pre-tax money)
- To lower your taxable income (paying less in taxes per year) fund your FSA account!

Simple Benefit Summary (Basic PPO Plan – Broad Network)	
Individual Deductible The amount you pay each plan year before payments begin for covered services.	**$ 7,350**
Family Deductible The amount you family pays each plan year before payments begin for covered services.	**$ 14,700 (2 x individual)**

OPTION 2 - AETNA BASIC PLAN + HRA

- Higher out of pocket but lower premium
- Designed to insure major medical or catastrophic healthcare events
- HRA allows us to reimburse employees **TAX-FREE** if you have a medical event
  - You as employee pay first $750 (in-network deductible)
  - COT reimburses next $3,250 (in-network deductible)

Health Reimbursement Arrangement (HRA)

Per Member / Per Family

	Individual	Family (Per Insured – 2X)
Employee Pays 1st (Deductible)	$ 750	$1,500
Next $3,250 100% COT | 0% EE	$ 3,250 In-network deductible	$6,500

ESG

How does a HRA work?

HOW DO I USE MY HRA ACCOUNT?

STEP 1

Go to doctor or clinic for medical service

STEP 2

Doctor sends a bill to carrier which generates carrier EOB (Aetna) – mailed to you or Aetna online portal

STEP 3

Take EOB from carrier, log into ESG consumer portal or smartphone app to upload/submit to ESG

STEP 4

ESG will review EOB and process HRA reimbursement based on rules of plan (i.e. deductible only)

STEP 5

You will receive a check or direct deposit within 7 business days after HRA claim is submitted to ESG

Is it better to pay medical bills with pre- or post-tax money?

Flexible Spending Account (FSA)

Funds non-insured qualified medical expenses

Deductible
Copay
Coinsurance

PPO Health Plan + FSA

- Prescription (Rx)
- Annual Preventative Physical
- Physician Visit
- Specialist Visit
- Urgent Care
- Emergency Room
- Hospitalizations

FSA

Flexible Spending Account with Basic or Premiere

- Reduce out of pocket health care costs by 20-30% based on pre-tax $ deducted from payroll used for **Non-insured qualified medical expenses**
- Debit card purchases are typically auto approved; some require documentation
- "Use it or lose it" rules – must use funds within the plan year 7/1/2024-6/30/2025
    - ***Grace Period: Claims may be filed 75 days after plan year ends on June 30th***
        - ***Full FSA balance will remain available through Sept. 14th on top of any new election***
        - ***Full election available day 1 of the plan year***

Non-insured qualified medical expenses

- Rx Drugs and / or copays
- Doctor visits and / or copays
- Deductible Expense from Health Plan
- Dental & Vision Expenses
- Over the Counter Drugs
- Contact Lenses & Glasses
- Orthodontic Treatment (Adult & Child)
- Lasik Eye Surgery
- Artificial Limbs, Crowns or Teeth
- Learning Disabilities Tuition
- Ambulance Fees / Medical Transport

FSA

Annual Limits

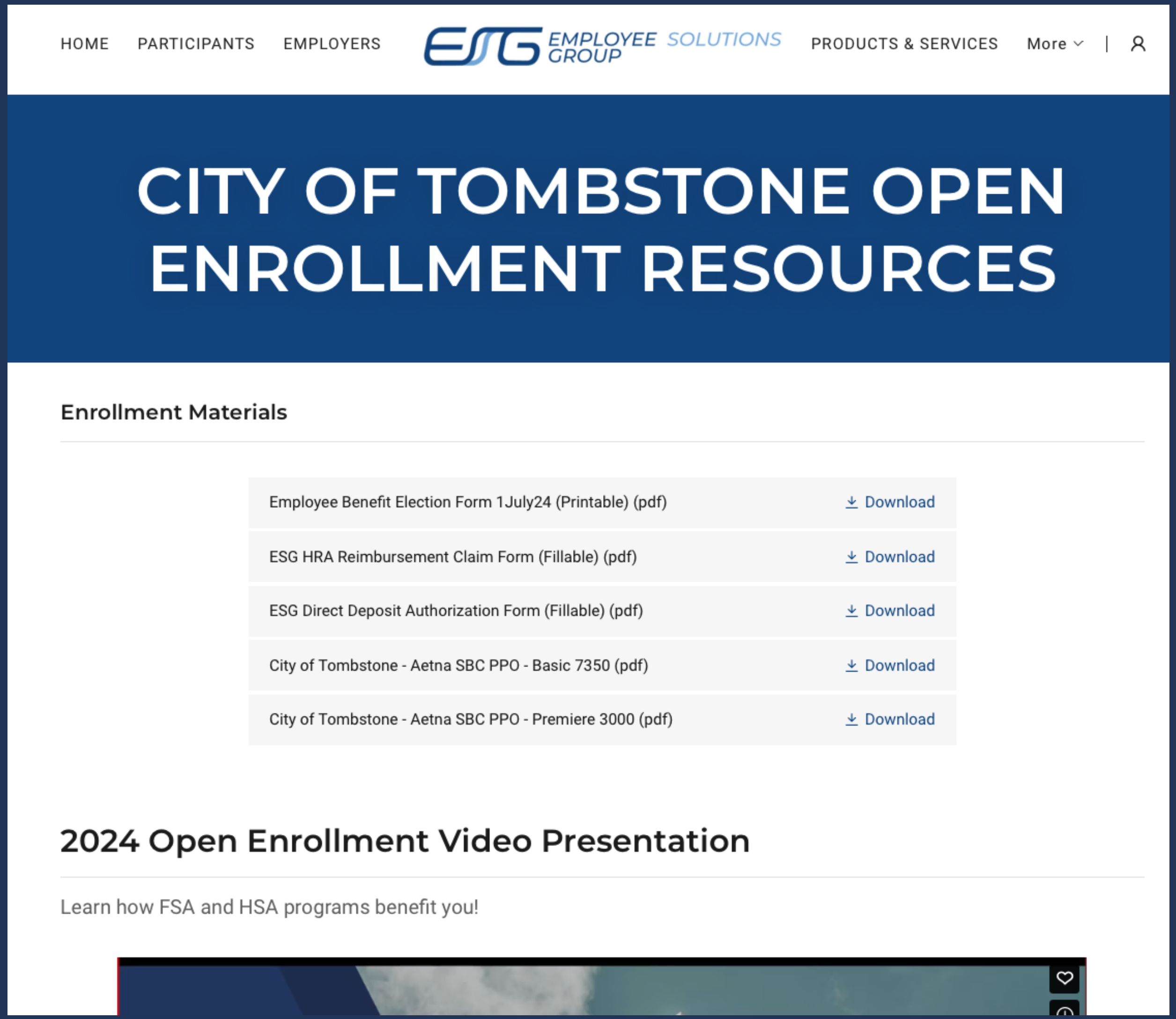
FSA Medical Account allows Medical, Dental and Vision expenses can be paid with tax free dollars.

- **FSA Annual Maximum (2024) - $3,200**
  - Subject to use-it or lose-it – use funds within plan year
  - Your entire annual election is available the first day of the plan year

Example expenses: Over the counter drugs, feminine products, and contact lens solution

Private Portal Webpage

https://employeesolutionsgroup.com/cot-open-enrollment



Which medical plan is right for me?

PLAN TERM COMPARISON (PREMIERE vs. BASIC)

- How do deductibles and out-of-pockets, and provider services compare?
- How much do I plan on spending this year?
- What did I spend last year?

Aetna Medical Plan Options
(In-network benefits shown below - see full plan summary for more coverage details)

Medical Event	Aetna Premiere	Aetna Basic
Deductible	$3,000 Individual $6,000 Family	$7,350 Individual $14,700 Family
Out of Pocket Max (Net of HRA)	$3,250 Individual $6,500 Family (2 x individual)	$5,850 Individual $11,700 Family (2 x individual)
Inpatient Hospitalization	All cost applied to Deductible 0% coinsurance	$500 copay/visit
Outpatient Hospitalization	All cost applied to Deductible 0% coinsurance	All cost applied to Deductible 0% coinsurance
Office Visits Specialists	$35 copay $75 copay	$40 copay $80 copay
Urgent Care	$75 copay/visit	$100 copay/visit
Emergency Room	$300 copay/visit (if admitted, copay waived)	$500 copay/visit (if admitted, copay waived)
Rx Prescription Drugs	$3/$10/$45/$75 (Specialty 20% up to $250)	$3/$10/$50/$80 (Specialty 20% up to $250)

Scenario 1: Jane Doe

Family:

Employee: Jane Doe
Spouse: John
Children:
Emma (age 12)
Liam (age 8)
Ava (age 5)

Health Background and Needs:

Jane:

- **Therapy Sessions**: Jane started weekly **therapy** six months ago.

- **Chiropractic Appointments**: Jane has chronic back pain She sees a chiropractor twice a month to manage her pain and maintain her mobility.

John:

- **Routine Medical Care**: John visits the doctor occasionally for check-ups and minor illnesses. He has no ongoing medical conditions.

Emma:

- **Treating medical conditions**: Emma has asthma and needs regular check-ups and occasional visits to a specialist for her condition.

Scenario 1: Jane Doe

Medical Plan Choice:
Option 1 - Premiere Plan
PPO + FSA + HRA

Reasons for choosing:

- **Therapy appointment: copay**
- **Prescription drugs: copay**
- **Specialist visits: copay**
- **Preventative care coverage (free)**

All copays are FSA eligible!

Scenario 2: Luis Gonzalez

Family Status: Single, no children

Health Background and Needs:

General Health: Luis is a 35-year-old healthy adult with no chronic illnesses. He leads an active lifestyle.

Medical History: Luis rarely visits the doctor, mainly for annual check-ups and occasional minor illnesses such as colds or the flu. He has no ongoing medical conditions or regular prescription medications.

Scenario 2: *Luis Gonzalez*

Family Status: Single, no children

Medical Plan Choice: Option 2 Basic Plan PPO+ FSA +HRA

All copays are FSA eligible!

Reasons:

- **Low healthcare utilization**
- **Lower healthcare premiums**
- **Preventive care coverage (free)**
- **Provides complete catastrophic health care coverage**
- **Has the city's HRA contribution for major medical events (deductible)**

DENTAL PLAN

- What's new and changing?

DELTA DENTAL → aetna™

AETNA DENTAL

- Voluntary program sponsored by COT and paid for by the employee on a pre-tax basis
- Max Annual Benefit is $2,000
- Annual Deductibles:
  - $50 Individual / $150 Family
- In network you will not receive a balance bill
- **Out of network you will receive a balance bill**

	Deductible (max 3 per family)		Plan Pays	
	In Network	Out of Network	In Network	Out of Network
Preventative	$ 0	$ 0	100%	100%
Basic	$ 50	$ 50	80%	80%
Major	$ 50	$ 50	50%	50%
Orthodontia	$ 0	$ 0	N/A	N/A
Orthodontia (Lifetime Maximum)			N/A	N/A
Annual Maximum Benefit (In network)				$2,000 / person
Annual Maximum Benefit (Out of network)				$2,000 / person

VISION PLAN

- What's new and changing?

AETNA VISION

- Voluntary plan paid for by employees on a pre-tax basis

Network: Vision Choice	Frequency	Copay / Allowance
Well Vision Exam	Every 12 Mo	$10 (copay)
Prescription Glasses		
Materials	Every 12 Mo	$25 (copay)
Frames Allowance	Every 12 Mo	$130 (allowance)
Contact Lenses		
Exam (fitting/exam) Allowance	Every 12 Mo	$130 (allowance)
Laser Correction		Discounts (contracted facilities)

LIFE INSURANCE

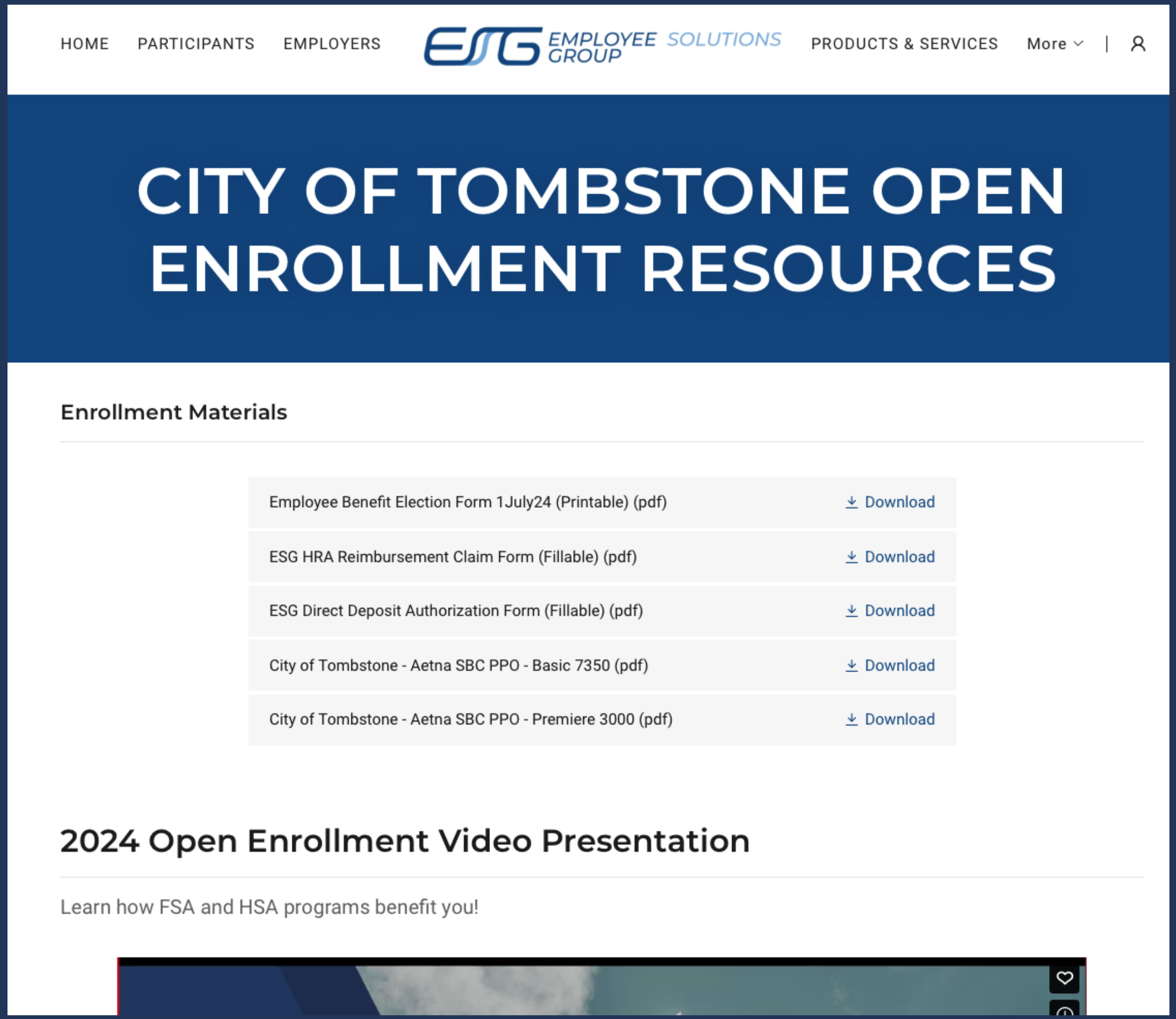
- Group Term Life (Guaranteed Issue Benefit $20,000)
  - **100% Paid by COT**

- Accidental Death & Dismemberment:
  - Full benefit $20,000 – life, both hands, both feet, sight, one hand – one eye, one foot - one eye, one hand – one foot
  - Half benefit $10,000 – one hand, one foot, one eye
  - 1/4th benefit $5,000 – thumb and index finger same hand.

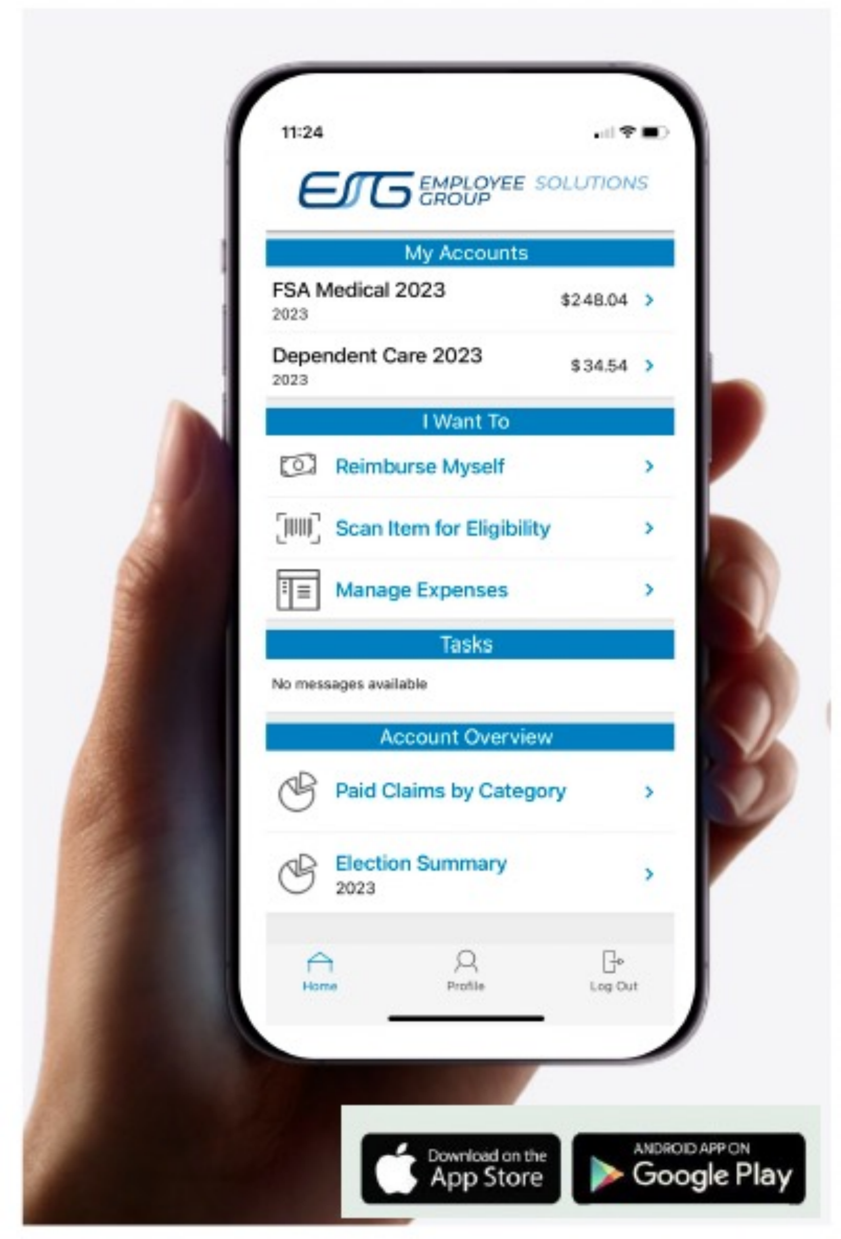
Benefit Resource Tools

Private Portal Webpage

https://employeesolutionsgroup.com/cot-open-enrollment



Benefits by ESG Smartphone App



Manage your health benefits on the go with the Benefits by ESG Smartphone App… FSA account features all in one place!

- Check balances
- Submit claims
- Scan product bar codes
- Make payments quickly
- Full service online account dashboard

All-in-One Debit Card System

- FSA funds are loaded on the card; the system will use merchant code to determine which account to use
- Point of service technology used by providers all accepting a consumer directed health debit card

ESG

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Search for In-Network doctors

- Search Aetna Broad Network for provider:
  - AETNA - FIND A DOCTOR (LINK)
- Carrier Contacts (website & phone support)

Carrier	Web Access	Phone #
Aetna	Medical, Dental, & Vision – Member Login Member Services - Online Contact Form	800-872-3862
ESG Customer Service	**customerservice@esgcorp.biz**	877-668-8522

ESG

Key Deadlines

- **Enroll by June 17, 2024 for plan year 7/1/2024-6/30/2025**

- **Complete and sign your Employee Benefit Election Form to secure your benefits**

If you have any questions about the benefits that City of Tombstone offers or about the enrollment process, please contact ESG (customerservice@esgcorp.biz) or the COT HR Benefits team.

THANK YOU

We look forward to working with you.

EMPLOYEE SOLUTIONS GROUP

customerservice@esgcorp.biz

+877-668-8522

www.employeesolutionsgroup.com