



MEDICAL AND PRESCRIPTION PLAN OPTIONS

7/1/21-6/30/22

Benefit	Base		Buy-Up		HDHP/HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
MEDICAL – BLUE CROSS BLUE SHIELD						
Deductible						
Individual	\$1,000	\$2,000	\$750	\$1,500	\$1,750 (Medical and Rx)	
Family	\$2,000	\$4,000	\$1,500	\$3,000	\$3,500 (Medical and Rx)	
Coinsurance	20%	40%	20%	40%	20%	40%
Out-of-Pocket Limit						
Individual	\$4,750	\$7,500	\$4,500	\$7,000	\$5,000	\$7,000
Family (2X)	\$9,500	\$15,000	\$9,000	\$14,000	\$10,000	\$14,000
Individual – RX	\$2,350	N/A	\$2,350	N/A	Included Above	N/A
Family (2X) – RX	\$4,700	N/A	\$4,700	N/A	Included Above	N/A
Office Visit	\$45 PCP \$60 Specialist	40%	\$35 PCP \$45 Specialist	40%	20% after deductible	40% after deductible
Inpatient-Hospital	\$100 access fee 20% after deductible	\$100 access fee 40% after deductible	\$100 access fee 20% after deductible	\$100 access fee 40% after deductible	\$100 access fee 20% after deductible	\$100 access fee 40% after deductible
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	\$200 then 20%	\$200 then 40%	\$150 then 20%	\$150 then 20%	\$150 then 20%	\$150 then 20%
Urgent Care	\$80 access fee	40%	\$60 access fee	40%	20% after deductible	40% after deductible
Telemedicine	Free	Free	Free	Free	\$49 Medical, \$80-95 Counseling, \$175 Psychiatry (Initial), \$90 Psychiatry (Follow-Up)	
CVS PRESCRIPTION DRUGS						
Retail	\$8/\$35/\$55	Not covered	\$8/\$35/\$55	Not covered	No tiered copay 20% after deductible	Not covered
Mail Order (90-day supply)	\$16/70/110		\$16/70/110			
In-Network Retail Pharmacy (up to a 90-day supply)	Copays: Generic: \$20 Formulary: \$87.50 Non-Formulary: \$137.50	Not covered	Copays: Generic: \$20 Formulary: \$87.50 Non-Formulary: \$137.50	Not covered	20% after deductible (\$8 min copay)	20% after deductible (\$8 min copay)
Specialty Drug Program (up to a 30-day supply)	Copays: Generic: \$65.00 Formulary: \$65.00 Non-Formulary: \$65.00	Not Covered	Copays: Generic: \$65.00 Formulary: \$65.00 Non-Formulary: \$65.00	Not Covered	20% after ded (\$8 min copay)	20% after ded (\$8 min copay)
VERA CLINIC						
Office Visits	Free		Free		\$75 – 1 st visit; \$50 until deductible is met	



BENEFIT COSTS TABLE 2021-2022

Benefit	Details	Monthly Employee Cost ¹	Monthly City Cost	Total Cost
MEDICAL				
BCBS Buy-up Employee Only	\$750 Single Deductible	\$141.06	\$624.98	\$766.04
BCBS Buy-Up Dependent(s)	\$1500 Family Deductible	\$813.24	\$1,091.64	\$1,904.88
BCBS Base Employee Only	\$1,000 Single Deductible	\$65.60	\$624.98	\$690.58
BCBS Base Dependent(s)	\$2000 Family Deductible	\$622.08	\$1,091.64	\$1,713.72
BCBS HDHP Employee Only	\$1,750 Single Deductible	² \$0	\$624.98	\$609.86
BCBS HDHP Dependent(s)	\$3,500 Family Deductible	² \$432.58	\$1,076.52	\$1,509.10
DENTAL				
Delta Dental Employee Only	\$50.00 Deductible	\$0.00	\$36.00	\$36.00
Delta Dental Dependent(s)	\$50.00 Deductible Each	\$60.56	\$36.00	\$96.56
VISION				
VSP Exam Plus Employee Only	\$0 Deductible	\$0.00	\$1.40	\$1.40
VSP Exam Plus Dependent(s)	\$0 Deductible	\$0.00	\$1.40	\$1.40
VSP Buy-up Employee Only	\$0 Deductible	\$5.78	\$1.40	\$7.18
VSP Buy-Up Dependents(s)	\$0 Deductible	\$14.62	\$1.40	\$16.02
LIFE				
Basic Life AD&D Insurance	1 x annual salary (\$150,000 max)	\$0.00	\$.12 per \$1,000	\$.12 per \$1,000
Voluntary Life Insurance - Employee	Up to 7 x annual salary or \$1,000,000 max	Varies by age and income	\$0.00	Varies by age and income
Voluntary Life Insurance - Spouse	Up to 100% of employee basic and voluntary or \$250,000 max	Varies by age and income	\$0.00	Varies by age and income
Voluntary Life Insurance - Dependent Children	\$10,000 or \$20,000 per child	0.70 for \$10,000 and \$1.40 for \$20,000	\$0.00	0.70 for \$10,000 and \$1.40 for \$20,000
DISABILITY				
Short Term Disability	Maximum <i>weekly</i> benefit of 66 2/3% of weekly earnings	Varies by age and income	\$0.00	Varies by age and income
Long Term Disability (PSPRS Only)	Maximum <i>monthly</i> benefit of 60% of monthly earnings	Varies by age and income	\$0.00	Varies by age and income
RETIREMENT				
Arizona State Retirement (ASRS)		12.22%	12.22%	24.44%
Long Term Disability (ASRS)		0.19%	0.19%	0.38%
Total ASRS Contribution		12.41%	12.41%	24.82%
Public Safety Personnel Retirement System (PSPRS) - Police	Tier 1 (Hired on or before 7/19/2011) - DB Plan	7.65%	10.69%	18.34%
	Tier 1 (Hired on or after 7/20/2011) - DB Plan	11.65%	10.69%	22.34%
	Tier 2 (Hired on or after 1/1/2012) - DB Plan	11.65%	10.69%	22.34%
	Tier 3 (Hired on or after 07/01/2017) - DB Plan	9.94%	9.94%	19.88%
	Tier 3 (Hired on or after 07/01/2017) - DC Plan	9.88%	9.88%	19.76%
Public Safety Personnel Retirement System (PSPRS) - Fire	Tier 1 (Hired on or before 7/19/2011) - DB Plan	7.65%	13.62%	21.27%
	Tier 1 (Hired on or after 7/20/2011) - DB Plan	11.65%	13.62%	25.27%
	Tier 2 (Hired on or after 1/1/2012) - DB Plan	11.65%	13.62%	25.27%
	Tier 2 (Hired on or after 1/1/2012) - Hybrid (DB+DC) ³	14.65%	17.62%	32.27%
	Tier 3 (Hired on or after 07/01/2017) - Hybrid (DB+DC) ⁴	12.94%	12.94%	25.88%
	Tier 3 (Hired on or after 07/01/2017) - DC Plan	9.88%	9.88%	19.76%
Elected Officials Retirement Plan (EORP)	Hired on or before 7/19/2011	7.00%	61.43%	68.43%
	Hired after 7/19/2011	13.00%	61.43%	74.43%
OTHER				
Social Security		6.20%	6.20%	12.40%
Medicare		1.45%	1.45%	2.90%

¹ Cost shown does not reflect wellness incentive.

² The City will deposit \$15.12 per month into the employee's Health Savings Account (HSA) or Limited Purpose Flexible Spending Account (LPFSA) for employees enrolled in the High Deductible Health Plan. These employees will receive \$35.12/month for Wellness Level 2 participation.

³ The 4% employer match for Tier 2 Hybrid members is for a short time period. Rate will change to 3% depending on membership date.

⁴ Includes an employee contribution of 3% and employer contribution of 3%.

City of Flagstaff Employee Benefits

211 WEST ASPEN AVENUE, FLAGSTAFF, AZ 86001
(928) 213-2090 OR FAX (928) 213-2089
HUMAN.RESOURCES@FLAGSTAFFAZ.GOV
WWW.FLAGSTAFF.AZ.GOV

LEAVES

Earned Paid Sick Time

Employees are eligible to accrue and use Earned Paid Sick Time for Sick Leave, Family Member Sick Leave, Crime Victim Leave, Public Health Emergency Leave, and Family Medical Leave.

Employees shall accrue Earned Paid Sick Time at the rate of one (1) Working Day for each calendar month of service, not to exceed one thousand and forty (1,040) hours.

Part-Time Benefit Eligible Employees shall accrue Earned Paid Sick Time on a pro-rated basis by multiplying the number of hours worked during a pay period times 4.62%.

Benefit Eligible Employees may use up to six (6) days of Earned Sick Time during the first six (6) months of employment, regardless of the number of hours accrued. Earned Paid Sick Time hours not yet accrued that are used during the first six (6) months of employment will be deducted from the final paycheck should an employee leave City service during the first six (6) months.

Holidays

Employees are paid for 11 holidays per year, including one floating holiday that may be used anytime during the calendar year.

Vacation (Table to right)

Benefit Eligible Employees are eligible to receive paid vacation leave after six (6) months of continuous service according to the schedule below. (Tenured part-time employees earn vacation on a pro-rated basis.)

Non Exempt	Exempt	Days/ year
1-4		11
5-9		13
10-14	1-4	16
15-19	5-9	18
20-24	10-14	21
25-29	15-19	23
30+	20-24	26
	25-29	28
	30+	31

INSURANCE

Benefits include medical, dental, vision, life insurance and short & long term disability options.

City of Flagstaff Benefits website: www.flagstaff.az.gov/benefits

Benefit Cost Table [Link Here](#)

Wellness Incentive Program

Employees may earn up to a \$20 monthly discount on medical insurance premiums and \$120 cash incentive by participating in the program. [Link Here](#)

Vera Health Clinic

Vera Whole Health is an independent primary care health clinic for City employees, spouses, and dependents (age 3 and up). Visits for those on the Base and Buy-Up plans are free. Visits for those on the High Deductible Plan are \$75 for the first visit and \$50 for each additional visit (until the deductible has been met, then services are free.)

As a reminder all preventative care is covered at 100%.

Retirement

Employees are members of Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), or the Elected Officials Retirement Plan (EORP) based on eligibility requirements. The current contribution rates are listed in the Benefit Cost Table.

ASRS members become vested after five years of continuous service and PSPRS members become vested after one year of continuous service.

Retirees with at least five years of continuous service with a NAPEBT employer may continue the City's group medical and dental coverage for themselves, spouse, and eligible dependent children until the retiree attains age 65 or becomes Medicare eligible. A subsidy of up to \$150 for single coverage and up to \$260 for family coverage is provided by ASRS or PSPRS.

Deferred Compensation

Employees may make pre or post-tax contributions to a 457 Retirement Plan through Voya or ICMA account via Payroll Deduction.

Benefits Roadmap

Your guide to enrolling in benefits

We look forward to having all of our employees take a drive through our Online Benefits Center to select the benefits that best meet their needs. To simplify your journey, we've given you some easy to follow directions. Enjoy the ride!



Stop and Look Both Ways

Before you log in to the Online Benefits Center, you'll need to have some key information to avoid pit-stops along the way. You will need for you, your dependents, and your beneficiary(ies):

- A Social Security Number (SSN), and
- A Date of Birth



Dependent Checkpoint

You will now be prompted to review, add and/or update your dependent information. It is important to keep your dependent information accurate and up-to-date.



Choose Your Path

Use the "PROCEED" button to navigate through your benefits. On each screen you can review and/or change your benefit elections. Note: You will need to designate your beneficiary(ies) before you complete the online enrollment process.



Continue to Proceed in the Right Direction

Use the "PROCEED" button to navigate through your benefit options. On each screen you can review and/or change your benefit elections before they are submitted.



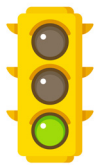
Carefully Review Your Route

You are nearing the end of your journey through the Online Benefits Center. At the "Review and Confirm Your Elections" screen, carefully review your benefit selections



The Journey's End

To complete the enrollment process, click on "SUBMIT". Your benefit elections will not be saved if you fail to click "SUBMIT". A benefit confirmation statement will be sent to your home address after you successfully enroll.



Start Your Enrollment Engines

Go to www.napebtbenefits.com, select *City of Flagstaff* from the drop down menu, and enter the first letter of your first name + your last name + the last 4 digits of your Employee Number as the Login ID. Your default password is your birthdate (MMDD). After accepting the "Terms of Use", you will be prompted to change your password. The next time you log in, you will be required to enter your new password to access the Online Benefits Center.



ALEX

Visit ALEX®, our virtual benefits counselor for help with selecting the plan that's right for you. After walking through your options with ALEX, return to the Online Benefits Center to make your benefit selections.

Benefits Roadmap Key Information

Enroll Online:
www.napebtbenefits.com
(select *City of Flagstaff* from the drop down menu)

Login ID: the first letter of your first name + your last name + the last 4 digits of your Employee Number
Password: your birthdate (MMDD)

Need Technical Assistance With Your Enrollment Session? Call 1-800-307-0230.

