At MIHS, we’re committed to providing high-quality, comprehensive benefits designed to help our employees and their families stay physically and financially fit.

Our benefits package offers you the choice to participate in health care benefits that include medical, dental, and vision coverage. We provide income protection choices – disability, life and AD&D insurance – that give you financial coverage when you need it most. You also have the option to enroll in tax-saving benefits, such as the Health Savings Account, Flexible Spending Accounts and the 457(b) Savings Plan. In addition, voluntary benefit programs are available through attractive group rates.

To keep everyone’s health a top priority, we created the Live well. Be well. program. Through this program, you can save significant money on your medical premiums by participating in a biometric screening, annual wellness exam, and clinical health risk assessment. By taking these steps, you get a clear picture of your health. Read more about the program on page 13.

Please read through this entire guide to learn more about all of your benefit options. Be sure to enroll in your benefits within your enrollment window, or you will not be allowed to enroll until the next Annual Enrollment or unless you have a Qualifying Life Event.

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Benefit Guide Disclaimer: This benefit guide highlights key features of the Maricopa County Special Health Care District benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this guide and the legal plan documents, the plan documents are the final authority. Maricopa County Special Health Care District reserves the right to change or discontinue its benefit plans at any time without prior advance notice. Participation in any of the plans is not a contract of employment.
YOUR “TO-DO” CHECKLIST

As a new benefits-eligible employee, you have 30 days from your hire date or employment status change date to complete your benefit enrollment. Use this checklist to guide you through the different decisions you’ll need to make when you enroll.

### Add Family Member(s)

To learn more, turn to page 5.
- Provide proof of relationship documents
- Provide Social Security numbers for eligible family members

*MiHS is required by law to submit plan participant Social Security numbers to the Internal Revenue Service to comply with the Affordable Care Act.*

### Choose a Medical Plan

To learn more about medical plan options, start reading on page 8.
- Preferred Plan
- POS Plan
- HDHP with HSA Plan

### Choose a Dental and/or Vision Plan

To learn more about dental and vision plan options, turn to pages 16 and 17.
- Employer Dental Services
- MetLife - Preferred Dentist Program
- UnitedHealthcare Vision Care Plan

### Elect a Pre-tax Savings Account

To learn more on our pre-tax savings accounts, turn to pages 11 and 18-19.
- Medical FSA
- Dependent Care FSA (Daycare)
- Health Savings Account (only available when enrolled in HDHP)

### Retirement Plans

To learn more about retirement savings plans, turn to page 26.
- Set up your ASRS account online at www.azasrs.gov
- Deferred Compensation Plan, 457(b)
- Supplemental Retirement Savings Plan, 401(a)

### Elect Voluntary Benefits

Choose voluntary benefit programs that are right for you.
- Employee Voluntary Term Life Insurance and AD&D
- Employee Basic Term Life Insurance and AD&D
- Spouse Voluntary Term Life Insurance and AD&D
- Dependent Children Voluntary Term Life Insurance
- Short Term Disability (STD) Plan
- Group Accident Insurance
- Group Critical Illness Insurance
- United Pet Care
- MetLaw
STEPS TO ENROLL ONLINE

1. Log in to Kronos.
   - From home, go to https://mihs.kronos.net
   - From work, log in to Kronos from your desktop icon, then go to the “my information page”

2. Click on My Information.

3. Click on the Benefits icon and select Life Events.
   - Select New Hire (if newly hired or re-hired) OR
   - Select the appropriate qualifying life events (i.e., birth, marriage, divorce, loss/gain of coverage).

4. Please read instructions carefully before proceeding.

5. Click Next.

6. Click on the benefits you wish to elect or change.

7. Click Next.

8. Select the plan and level of coverage. In some cases you may need to elect a beneficiary before the system will allow you to proceed.

9. Follow these instructions to add a dependent:
   - Click on Add Dependent.
     - Complete the dependent information including the dependent’s Social Security number (SSN). Please note if the SSN is not listed, your enrollment will not be approved. If the dependent is a newborn, you may enter the information without a SSN and your benefits will be provisionally approved for 60 days until you have received the SSN and notified the Benefits Department of the infant’s SSN.
     - Once you have entered your dependent information, you will need to add the dependent to your benefit. The system will not allow you to continue until you have done so. Simply check the appropriate box.

10. Once you have completed your enrollment for the benefit, click on Save and Continue.

11. Continue to elect or make changes to your existing coverages.

12. Once you have completed your elections, click on Submit Changes.

13. Your benefits have now been submitted for approval. **Please check your email daily for approval or rejection notices.** If you receive a rejection notice for a benefit, this means your enrollment was not successful. Please follow the instructions carefully should a benefit be rejected.
EMPLOYEE ELIGIBILITY

Employee Eligibility

Full-time and part-time employees scheduled to work at least 20 hours per week and Residents are eligible for coverage. For benefit plan purposes, a benefit eligible employee is defined as a full-time employee working 30-40 hours per week or a part-time employee working 20-29 hours per week.

Eligibility by Employee Classification

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Full-Time (40-30 hours)</th>
<th>Part-Time (29-20 hours)</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plans</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Plans</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vision Plan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>MeMD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Basic Life/AD&amp;D</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Optional Life/AD&amp;D</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Voluntary Short Term Disability</td>
<td>Yes</td>
<td>Yes</td>
<td>Refer to Contract or Academic Affairs</td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Critical Illness Insurance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Yes</td>
<td>Yes</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Retirement – ASRS</td>
<td>Yes</td>
<td>Yes</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Deferred Compensation - 457(b)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Supplemental Retirement - 401(a)</td>
<td>Yes, age restriction of 40 and older. Irrevocable election.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working on Wellness Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PTO and EIB</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pet Health Care Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>MeLaw</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Benefit eligible employees are eligible on the first day of the month following date of hire or date of transfer into a benefit eligible position.

Online enrollment for full-time and part-time benefit eligible employees must be completed within 30 days from the date of employment or date of status change to a benefit eligible position. Once the online enrollment has ended, no changes are allowed. The next opportunity to elect benefit coverage is during the next Annual Enrollment period, or during a Qualifying Event.

Employees are responsible for notifying Human Resources to make arrangements for paying their benefit premiums if they are off work without pay for more than two consecutive pay periods in order to maintain benefit coverage. An invoice is mailed to the employee following a notification for a leave of absence. If the employee fails to make premium payments, the employee’s benefits may be terminated and cannot be reinstated until the next Annual Enrollment period.

Affordable Care Act

Since January 1, 2015, the Affordable Care Act (ACA) has required companies with more than 50 employees to offer medical coverage to all employees who work an average of 30 hours per week for a period of 12 months regardless of employment status. This is called the “employer mandate,” and it affects Maricopa Integrated Health System.

Human Resources monitors employee hours for eligibility under the mandate. Employees meeting eligibility are notified by Human Resources of their eligibility and the 30-day enrollment period. Employee’s coverage is in effect for 12 months regardless of a reduction in hours or change in status.
Dependents you can cover include:
- Legal spouse.
- Same or opposite sex domestic partner.
- Child(ren) up to age 26. (Benefits terminate on the last day of the month of the child’s 26th birthday.)
- Any child 26 and older who resides with you and who was medically certified as disabled prior to his/her 26th birthday and who is primarily dependent upon your support.

MIHS requires appropriate documentation to prove dependent relationships prior to the close of any enrollment period. Below is a list of acceptable documentation when providing proof of relationship for all new dependents to your coverage. All required documentation must be received by HR prior to the end of your 30-day enrollment period.

### Maricopa Integrated Health System Verification Requirements

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
<th>Acceptable Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse</strong></td>
<td><strong>Proof A</strong></td>
</tr>
<tr>
<td>Legal Spouse</td>
<td>- Valid legal or religious marriage certificate, which must include:</td>
</tr>
<tr>
<td></td>
<td>• Name of the employee and spouse</td>
</tr>
<tr>
<td></td>
<td>• Date of marriage</td>
</tr>
<tr>
<td></td>
<td>• Certifier’s signature/official seal</td>
</tr>
<tr>
<td></td>
<td>• Legal household/family registry, must show spousal relationship (This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.) (Employees married within the last 12 months do not need to provide Proof B.)</td>
</tr>
<tr>
<td><strong>Proof B</strong></td>
<td>- Documents must be dated in the last 12 months and show name of employee and spouse as joint owners:</td>
</tr>
<tr>
<td></td>
<td>• Utility bill</td>
</tr>
<tr>
<td></td>
<td>• Federal or state income tax return indicating married</td>
</tr>
<tr>
<td></td>
<td>• Document from bank account or financial institution</td>
</tr>
<tr>
<td></td>
<td>• Insurance document such as homeowner, renter, or automobile</td>
</tr>
<tr>
<td></td>
<td>• Mortgage document or current lease</td>
</tr>
<tr>
<td></td>
<td>• Valid vehicle registration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
<th>Acceptable Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domestic Partner</strong></td>
<td><strong>Proof C</strong></td>
</tr>
<tr>
<td>Same or opposite sex domestic partner</td>
<td>- Documents must be dated in the last 12 months and show name of employee and domestic partner as joint owners:</td>
</tr>
<tr>
<td></td>
<td>• Utility bill</td>
</tr>
<tr>
<td></td>
<td>• Document from bank account or financial institution</td>
</tr>
<tr>
<td></td>
<td>• Insurance document such as homeowner, renter or automobile</td>
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<tr>
<td></td>
<td>• Mortgage document or current lease</td>
</tr>
<tr>
<td></td>
<td>• Valid vehicle registration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
<th>Acceptable Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children up to age 26</strong></td>
<td><strong>Proof E</strong></td>
</tr>
<tr>
<td></td>
<td>- A Federal or State income tax return from most recent tax year that list your dependent with the relationship as your daughter, son, or child</td>
</tr>
<tr>
<td></td>
<td>- Child’s legal or hospital birth certificate or affidavit of parentage, which must contain the first and last name of employee or spouse*, contain the name of the child, and indicate date of birth</td>
</tr>
<tr>
<td></td>
<td>- Legal household/family registry, must show relationship (This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.)</td>
</tr>
<tr>
<td></td>
<td>- Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must contain the name of the employee or spouse indicating parentage of the child, contain the name of the child, official signature or stamp indicating document has been filed</td>
</tr>
<tr>
<td></td>
<td>- Legal adoption, guardianship or legal custody papers, which must contain the name of the employee or spouse, contain the name of the child, official signature or stamp indicating document has been filed</td>
</tr>
</tbody>
</table>

*Also required to prove the relationship between you and your stepchild: If you are an employee providing documentation for a child of your legal spouse, HR must receive the required proofs listed for Spouse (Proof A and B), even if you do not currently cover your spouse.
QUALIFYING LIFE EVENTS

Qualifying Events
Employees may only change (add or delete) covered dependents following a Qualifying Event (with the exception of Annual Enrollment). The employee is responsible for submitting a life event request in Kronos and providing appropriate documentation within 30 days regarding each Qualifying Event.

- Birth or adoption of a child;
- Marriage, divorce, or dissolution of domestic partnership;
- Death of spouse, domestic partner, and/or dependents;
- Dependent’s loss of eligibility (see definition of Eligible Dependent);
- Termination or commencement of employment of employee’s spouse with health care coverage;
- Taking an unpaid leave of absence greater than thirty days by the employee or spouse;
- Employees changing status from a part-time to full-time position or a full-time to part-time position are eligible for coverage on the first day of the month following their status change;
- Becomes eligible for Medicare;
- Loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible or become eligible for a states’ premium assistance program under Medicaid or CHIP (60 days to request enrollment change);
- Other events as permitted under I.R.S. Section 125 or other applicable guidelines issued by the Internal Revenue Service.

Documentation is required for all Qualifying Events.
For birth, adoption or placement for adoption, the acquired dependent of a covered employee will be covered effective the day of the event, provided that enrollment for the dependent is submitted within 30 days from the date of the event and all applicable documents submitted to Human Resources.
For all other events, including a new spouse, coverage will be effective the first of the month following the date of the qualifying event, provided that enrollment is submitted within 30 days from the date of the event.

Disabled Dependents
If you have a dependent child enrolled in a plan who is under the age of 26 and totally disabled, either mentally or physically, that child’s health coverage may continue past the age of 26 if UMR certifies the child as totally disabled. Benefits will automatically end at the end of the month that the dependent turns 26 if the dependent has not been certified as totally disabled.

It is your responsibility to notify UMR that your dependent is disabled and provide UMR all requested initial documentation either prior to the dependent turning 26 or within 30 calendar days after the day coverage for the dependent would normally end as a result of turning 26. Additionally, UMR may ask for additional documentation for proof of being totally disabled in accordance with the plan guidelines. Failure to submit requested documentation within the allotted timeframe will result in loss of coverage for the dependent.

If UMR certifies the dependent as totally disabled after coverage has ended, the coverage will be restored to the first day coverage ended. Once a disabled dependent over the age of 26 has been voluntarily or involuntarily removed from a MIHS plan, they cannot be added back onto a plan under any circumstance.

When Coverage Ends
Benefits terminate on the last day of the month based on the last day worked, providing the employee premiums are current or can be collected through payroll deduction. Some benefits terminate on your last day of employment (e.g., life and disability, and Flexible Spending Accounts).

Unless otherwise stated, you and your dependent(s) benefits coverage ends on the earliest of the following dates:

- The last day of the month in which you were employed
- The last day of the month in which you or your dependent(s) no longer meet eligibility requirements

If your coverage ends, you have the opportunity to continue medical, dental, and vision with COBRA coverage. COBRA forms are mailed from Discovery Benefits within two to three weeks after your coverage ends.

WHEN CAN I CHANGE MY BENEFITS?

Birth or Adoption of a Child
Marriage
End of COBRA Continuation Coverage through another employer
Coverage that ends or begins with another group health plan
Divorce
**Annual Deductible**
Each year, you have a deductible, which is the amount that you pay before the plan starts paying benefits for your eligible non-preventive doctor’s visits, and any other medical services.

**Coinsurance**
Once your annual deductible has been met, you and the plan split the cost of your medical care. This is called coinsurance. The plan will pay a higher percentage of the cost of care if you choose in-network and MIHS providers, as shown in the tables on the following pages.

**Copays**
The flat dollar amount you pay at the time of service is called a copay. After you pay the copay, the plan pays the remaining expenses for that service at a specified level. Even after you meet your deductible, you will be required to pay your copay for each medical visit. Copays are listed in the tables on the following pages.

**Out-of-Pocket Maximum**
The out-of-pocket maximum is the maximum amount you would pay toward covered medical costs in one year out of your own pocket. Once you reach this amount, the plan pays 100% of any additional coverage costs during the rest of the year. Deductibles, coinsurance, office visit and prescription copays count toward the out-of-pocket maximum. The out-of-pocket maximums are listed in the tables on the following pages.

**In-Network / Out-of-Network**
When you review your medical benefits, you will see that there is a different level of coverage for services In-Network and Out-of-Network. This is because UMR partners with a wide network of providers and facilities that offer discounted rates for members. By using in-network and MIHS providers, you will save money and receive a higher level of benefit coverage under the plan.

**Medical Network**
All of the plans include MIHS facilities, such as Maricopa Medical Center (MMC), Comprehensive Health Center (CHC) and Family Health Centers (FHC), and providers that are a part of UnitedHealthcare’s Choice Plus network.

**Benefit Tips:**

**Selecting a PCP**
Selecting a primary care physician is one of the best things you can do for your health. Think of your primary care physician as a partner focused on keeping you healthy for life. This is the person who knows your personal health history and schedules routine screening tests that frequently help prevent and detect diseases, such as heart attack, cancer, and diabetes.

A primary care physician is more than just the person you call when you feel ill or suffer an injury. He or she follows the latest research on disease risk factors and can tell you how to lower your individual risk. Like a good coach or teacher, a primary care physician will encourage you to make healthful lifestyle changes, keep track of your preventive tests and treatments, and help you through illnesses. This person may also become the custodian of your health history and other physicians will call for information if you’re ever hospitalized for a serious medical condition.

Primary care physicians include family medicine physicians for patients of all ages, internal medicine physicians for adult patients, and pediatricians for children. So, you have many choices when it comes to choosing a physician.

While we do not require that you designate a PCP at the time of enrollment we strongly encourage you to select a PCP for you and each of your family members.

**Prior Authorization**
Prior authorization may be required for certain services, please refer to plan documents. If prior authorization is required and not received, a reduction of your benefits could incur up to 50%. If you are enrolled in the MIHS Preferred Plan almost all services, with the exception of emergency services, require prior authorization. If there is any question, request that your MIHS (DMG) provider contact UMR prior to scheduling an appointment. Examples include:

- Inpatient hospitalizations
- Maternity stays over 48 hours for normal delivery or 96 hours for C-section
- Inpatient behavioral health – including residential treatment and partial hospitalization
- Transplants and transplant related services
- Skilled Nursing Facilities (extended care)
- Home Health care
- Durable Medical Equipment – when cost is equal to or greater than $500 rental, $1,500 purchase, $1,000 prosthetics
- Non-emergent ambulance
- Chemotherapy and Radiation
- Dialysis
- Clinical trials
The Preferred plan offers low cost premiums and reduced copays all while receiving your care at MIHS. **The plan provides UHC Network coverage if there is no MIHS provider available, and only for certain situations and with prior authorization.** You are encouraged to select a Primary Care Physician (PCP).

All services plus pharmacy must be received at an MIHS facility. Below is a list of local facilities:

- Avondale Family Health Center
- Chandler Family Health Center
- El Mirage Family Health Center
- Glendale Family Health Center
- 7th Ave. Family Health Center
- Pendergast Family Health Center
- S. Central Family Health Center
- Sunnyslope Family Health Center
- 7th Avenue Walk-in Clinic
- Guadalupe Family Health Center
- Maryvale Family Health Center
- Mcdowell Family Health Center
- Mesa Family Health Center
- Maricopa Medical Center
- Comprehensive Healthcare Center
- Desert Vista Behavioral Health Center

For added convenience you can use the Employee Appointment Line at 602-344-5500.

<table>
<thead>
<tr>
<th>Preferred Plan</th>
<th>MIHS Network</th>
<th>UHC Choice Plus Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Deductible (PYD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$750</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Plan Year Out-of-Pocket Maximum (includes plan deductible and copays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,750</td>
<td>$2,750</td>
</tr>
<tr>
<td>Family</td>
<td>$5,500</td>
<td>$5,500</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services**</td>
<td>Covered at 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit</td>
<td>$10 copay</td>
<td>$25 copay***</td>
</tr>
<tr>
<td>Specialist Physician Office Visit</td>
<td>$20 copay</td>
<td>$50 copay***</td>
</tr>
<tr>
<td>7th Avenue Walk-in Clinic</td>
<td>$10 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>N/A</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td></td>
<td>$250 copay (waived if admitted)</td>
</tr>
<tr>
<td>Physician Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In / Outpatient Physician Services</td>
<td>Covered at 100%</td>
<td>20% after PYD</td>
</tr>
<tr>
<td>DMG Physician Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Services - Excludes all Physician Charges</td>
<td>Covered at 100%</td>
<td>20% after PYD</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$0</td>
<td>$750 Copay + PYD then 20%***</td>
</tr>
<tr>
<td>Outpatient Facility Services - Excludes all Physician Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating, Recovery &amp; Procedure Rooms Treatment Room; Anesthesia</td>
<td>$0</td>
<td>$500 Copay + PYD then 20%***</td>
</tr>
<tr>
<td>Physical, Occupational, Speech, and Respiratory Therapy (60-visit maximum for all combined services)</td>
<td>$0</td>
<td>$25 or $50 Copay***</td>
</tr>
<tr>
<td>Additional Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab and Radiology/X-ray</td>
<td>Covered at 100%</td>
<td>20% after PYD</td>
</tr>
<tr>
<td>Advanced Radiological Imaging</td>
<td>$0</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Primary Care Physician Recommended</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Out-of-Network provider charges are subject to Reasonable & Customary (R&C) plan limits, which may be less than the provider’s actual charge. Members are fully responsible for all charges above R&C limits.**Claims must be coded by the provider as routine, preventive care. Copays will not be waived for diagnostic services rendered.*** Only covered if authorization received through UMR Care Management.
The POS plan offers a large network of providers and gives the freedom to use in-network and out-of-network providers as needed. You can choose to use the MIHS Network to receive lower cost services.

### POS Plan

<table>
<thead>
<tr>
<th></th>
<th>MIHS Network</th>
<th>In-Network (UHC Choice Plus)</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible (PYD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$750</td>
<td>$1,000</td>
<td>$3,500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$7,000</td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Maximum (Includes plan deductible and copays)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,250</td>
<td>$4,500</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Family</td>
<td>$6,500</td>
<td>$9,000</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services**</td>
<td>100%</td>
<td>Covered at 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit</td>
<td>$25 copay</td>
<td>$40 copay</td>
<td>50% after PYD*</td>
</tr>
<tr>
<td>Specialist Physician Office Visit</td>
<td>$50 copay</td>
<td>$70 copay</td>
<td>50% after PYD*</td>
</tr>
<tr>
<td>7th Avenue Walk-in Clinic</td>
<td>$25 copay</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>N/A</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>N/A</td>
<td>$250 copay (waived if admitted)</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In / Outpatient Physician Services DMG Physician Services</td>
<td>20% after PYD</td>
<td>20% after PYD</td>
<td>50% after PYD</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services - Excludes all Physician Charges</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>Covered at 100%</td>
<td>$750 copay + PYD then 20%</td>
<td>50% after PYD</td>
</tr>
<tr>
<td><strong>Outpatient Facility Services - Excludes all Physician Charges</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating, Recovery &amp; Procedure Rooms Treatment Room; Anesthesia</td>
<td>Covered at 100%</td>
<td>$500 copay + PYD then 20%</td>
<td>50% after PYD</td>
</tr>
<tr>
<td>Physical, Occupational, Speech, and Respiratory Therapy (60-visit maximum for all combined services)</td>
<td>Covered at 100%</td>
<td>$70 copay</td>
<td>50% after PYD</td>
</tr>
<tr>
<td><strong>Additional Details</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab and Radiology/X-ray</td>
<td>Covered at 100%</td>
<td>20% after PYD</td>
<td>50% after PYD</td>
</tr>
<tr>
<td>Advanced Radiological Imaging</td>
<td>Covered at 100%</td>
<td>$100 copay + PYD then 20%</td>
<td>50% after PYD</td>
</tr>
<tr>
<td>Primary Care Physician Recommended</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Out-of-Network provider charges are subject to Reasonable & Customary (R&C) plan limits, which may be less than the provider’s actual charge. Members are fully responsible for all charges above R&C limits.

**Claims must be coded by the provider as routine, preventive care. Copays will not be waived for diagnostic services rendered.

*** Only covered if authorization received through UMR Care Management.

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### UMR Plan Benefits

**UMR Care Management NurseLine** connects you to a Registered Nurse 24/7 at 866-494-4502.

**Online Services at www.umr.com** to look up claims, update other Insurance annually, and access a variety of health tools, plan documents and more.

**Interactive website is available to learn more about the plans and get health information 24 hours a day.**

**UMR Concierge Customer Service available at 800-207-3172.**
The HDHP with the Health Savings Account (HSA) plan provides employees the freedom to manage the cost of their care while offering a large network of providers, which includes out-of-network services at a reduced benefit level. This plan also has the option of opening an HSA that you can fund to help pay for health expenses.

**How the HDHP with HSA Plan Works**

- **You pay nothing for eligible in-network preventive care.** Preventive care doesn’t apply toward the deductible.
- **You pay your non-preventive medical and prescription expenses out-of-pocket or with your HSA funds until you reach your annual deductible.**
- **Once the deductible is met, you pay coinsurance for non-preventive medical and prescription expenses.** If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.
- **You can use the money in your Health Savings Account to help pay your out-of-pocket expenses!**

### HDHP with HSA Plan

<table>
<thead>
<tr>
<th>Plan Year Deductible (PYD)</th>
<th>MIHS Network</th>
<th>In-Network (UHC Choice Plus)</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$2,600</td>
<td>$2,600</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$5,200</td>
<td>$5,200</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Year Out-of-Pocket Maximum (Includes plan deductible and copays)</th>
<th>MIHS Network</th>
<th>In-Network (UHC Choice Plus)</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$2,600</td>
<td>$3,600</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$5,200</td>
<td>$7,200</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

### Office Visits

- **Preventive Services**
  - Covered at 100% after PYD
  - Covered at 100% after PYD
  - Not Covered
- **Primary Care Physician Office Visit**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Specialist Physician Office Visit**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **7th Avenue Walk-in Clinic**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Urgent Care Visit**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Emergency Room Visit**
  - Covered at 100% after PYD
  - Covered at 100% after PYD
  - Covered at 100% after PYD

### Physician Services

- **In / Outpatient Physician Services**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **DMG Physician Services**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Inpatient Hospital Services - Excludes all Physician Charges**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Room & Board**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Outpatient Facility Services - Excludes all Physician Charges**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Operating, Recovery & Procedure Rooms Treatment Room; Anesthesia**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Physical, Occupational, Speech, and Respiratory Therapy (60-visit maximum for all combined services)**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD

### Additional Details

- **Lab and Radiology/X-ray**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Advanced Radiological Imaging**
  - Covered at 100% after PYD
  - 10% after PYD
  - 50% after PYD
- **Primary Care Physician Recommended**
  - No
  - No
  - No

---

*Out-of-Network provider charges are subject to Reasonable & Customary (R&C) plan limits, which may be less than the provider’s actual charge. Members are fully responsible for all charges above R&C limits.

**Claims must be coded by the provider as routine, preventive care. Copays will not be waived for diagnostic services rendered.

*** Only covered if authorization received through UMR Care Management.

Learn more about HSAs and how they work on the next page!
Frequently Asked Questions About High Deductible Health Plans and HSAs

What is a High Deductible Health Plan?
A High Deductible Health Plan (HDHP) is a health plan product which, when combined with a Health Savings Account (HSA), provides traditional insurance coverage and a tax-advantaged way to help save for future medical expenses. The HDHP/HSA gives you greater flexibility and discretion over how you use your health care dollars.

What are the general features of a HDHP?
The HDHP features a higher deductible than the other two medical plans. For in-network services, the annual deductible is $2,600 for individual coverage and $5,200 for family coverage. In-network preventive care is covered at 100%, but in all other cases the deductible must be met before the plan pays benefits.

What are the general features of an HSA?
HSA voluntary contributions are made as pre-tax payroll contributions and interest can be earned on the account tax-free. Tax-free withdrawals of HSA funds can be made for qualified medical, dental, vision, and prescription expenses. The HSA bank account funds also help you to satisfy your plan’s annual deductible. Unused funds and interest are carried over, without limit, from year to year. You own the HSA and it is yours to keep, even when you change plans or retire.

When you use your HSA, expenses are covered in a number of ways. Below is an overview of how the cost of your medical expenses will be covered.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>How It’s Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Eligible in-network preventive care services are covered at 100% by the plan.</td>
</tr>
<tr>
<td>Deductible</td>
<td>You pay for your health care services and prescriptions until you satisfy the plan deductible.</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>After your deductible is met, you and MIHS share the cost of medical care through coinsurance percentages. 10% coinsurance applies for prescriptions until you reach the out-of-pocket maximum.</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>After you reach the plan’s out-of-pocket maximum, the plan pays 100% for covered expenses including prescriptions and you pay 0%.</td>
</tr>
</tbody>
</table>

How much can I contribute to my HSA?
The IRS sets limits on HSA contributions each year.

<table>
<thead>
<tr>
<th>HSA Plan</th>
<th>HDHP with HSA Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage Combined Contribution Limit</td>
<td>$3,400</td>
</tr>
<tr>
<td>Family Coverage Combined Contribution Limit</td>
<td>$6,750</td>
</tr>
</tbody>
</table>

Rules You Need to Know
You own the funds in your account, but there are some IRS rules to know:

- Use it to pay for eligible health care expenses tax-free: When used for things like deductibles, copays, prescriptions, and covered medical, dental, or vision care services, the money is not taxed.
- Using your HSA for non-health care expenses will cost you: The money is taxed and there is a 20% penalty if you are under age 65. After age 65, the 20% penalty does not apply but the expenses are still taxable.
- HSAs are not compatible with Medicare: You cannot contribute after you elect Medicare, but any accumulated funds in your account are still available to use.
- Catch-up contributions are allowed: If you are age 55-65 and not enrolled in Medicare, you can make a catch-up contribution of an additional $1,000 per tax year over the contribution limit.
- Avoid going over the contribution limit: It is your responsibility to monitor your HSA account balance to ensure you do not exceed the IRS combined maximum for the calendar year. Any excess contributions are subject to standard income tax rates plus a 6% excise tax.

Changing Your HSA Contribution During the Year
You are allowed to change your contribution once per month, with the change becoming effective on the first pay period following the change request. All requests must be emailed to benefits.mailbox@mihs.org and be received no later than the Monday prior to the pay date.

Eligibility to Open an HSA
Please note that you are only eligible to open an HSA if you elect the HDHP with HSA and are not covered by any other health plan, including Medicare or Tricare.

Accessing YOUR Funds
Optum Bank, who UMR uses as their trusted HSA bank partner, will automatically open your HSA for you. Watch your mail after you enroll for a welcome kit with important account information. You can access your HSA, including all balance and transaction activity online at optumbank.com.

How the HSA is Funded
The HSA is funded on a per-pay period basis in two ways:

1. Contributions you set aside through your pre-tax payroll deductions
2. Personal post-tax contributions made outside payroll deductions

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Prescription Drugs

OptumRx

OptumRx, a division of UnitedHealthGroup, allows you to use the MIHS in-house pharmacy, as well as over 65,000 retail pharmacies around the country. In addition to the retail locations, you also have the Mail Service Pharmacy for a 3-month supply of your select maintenance medications. To locate a participating retail pharmacy, compare medication pricing and options, manage your mail service pharmacy account, and more. Log in to optumrx.com using your smartphone, iPad or other handheld device.

MIHS Pharmacies

When using any one of the MIHS pharmacy locations, employees can enjoy the following benefits:

- Mail delivery service for most employee prescriptions at no additional cost
- Payroll deduction available for copays and over-the-counter (OTC) purchases
- Over 200+ medications on MIHS’ $4 and $10 flat-fee prescription drug list
- OTC products available for substantial savings compared to average retail prices
- Favorable pricing on non-covered prescription medications when using MIHS’ network of providers for primary care
- Outpatient Discharge pharmacy open weekends and holidays

Certain generic preventive drugs are available at no cost to MIHS medical plan participants as long as the drug is purchased at an MIHS Pharmacy. The deductibles, coinsurance, and/or copays do not apply to these generic medications. Particular generic medications for coronary artery disease, diabetes, hypertension, antidepressants, osteoporosis, and more are available at no cost to members. Visit optumrx.com for a complete list. Please note this list may change from time to time based upon the interpretation of the Internal Revenue Service regulations and the OptumRx business committee formulary decisions.

Pharmacy Plan Design Comparison

<table>
<thead>
<tr>
<th>Preferred and POS Plans</th>
<th>MIHS Facilities</th>
<th>Arizona Network In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Rx Drugs - 30 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$20</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$20</td>
<td>$40</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>$40</td>
<td>$60</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$15</td>
<td>$40</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$50</td>
<td>$80</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$90</td>
<td>$120</td>
</tr>
<tr>
<td>Mail Order Rx Drugs - 90 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$15</td>
<td>$40</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$50</td>
<td>$80</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>$90</td>
<td>$120</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$45</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$270</td>
<td></td>
</tr>
</tbody>
</table>

Note: Preferred Plan members must use MIHS Pharmacies or Mail Order for all maintenance drug prescriptions.

MIHS Pharmacy Locations

The MIHS Department of Pharmacy Services encompasses the Maricopa Medical Center Hospital Pharmacy, the Maricopa Medical Center Discharge Pharmacy, Comprehensive Health Center Pharmacy and seven MIHS Family Health Center Pharmacies. The Department provides pharmaceutical products as well as over-the-counter (OTC) items available for purchase at all locations.

- Outpatient Discharge (Main Hospital)
  2601 E. Roosevelt St., Phoenix 85008
  Pharmacy: 602.344.5945
  Refills: 602.344.5475

- Avondale Family Health Center
  950 E. Van Buren, Avondale 85323
  Pharmacy: 623.344.6823
  Refills: 623.344.6805

- Glendale Family Health Center
  5141 W. Lamar St., Glendale 85301
  Pharmacy: 623.344.6720
  Refills: 623.344.6705

- 7th Avenue Family Health Center
  1201 S. 7th Ave., Phoenix 85007
  Pharmacy: 602.344.6669
  Refills: 602.344.6605

- Comprehensive Healthcare Center
  2525 E. Roosevelt St., Phoenix 85008
  Pharmacy: 602.344.1395
  Refills: 602.344.1060

- Chandler Family Health Center
  811 S. Hamilton, Chandler 85225
  Pharmacy: 480.344.6149
  Refills: 480.344.6105

- Mesa Family Health Center
  59 S. Hibbert, Mesa 85210
  Pharmacy: 480.344.6268
  Refills: 480.344.6205

- South Central Family Health Center
  33 W. Tamarisk St., Phoenix 85041
  Pharmacy: 602.344.6466
  Refills: 602.344.6405

- Sunnyslope Family Health Center
  934 W. Hatcher, Phoenix 85021
  Pharmacy: 602.344.6342
  Refills: 602.344.6305

HDHP with HSA Plan

<table>
<thead>
<tr>
<th>MIHS Facilities</th>
<th>Arizona Network In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Rx Drugs - 30 day supply, Mail Order Rx Drugs - 90 day supply</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>0% After Plan Year Deductible and Out-of-Pocket Maximum</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>10% After Plan Year Deductible</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
</tr>
</tbody>
</table>
MIHS WELNESS — Live well. Be well.

MIHS places a high value on achieving personal health goals. It’s time to be in good health and recommit to goals or establish new ones.

Our Wellness Program, Live well. Be well., will create ways throughout the year for employees to reach their personal health goals. We will promote healthy lifestyles and provide informational tools and resources to help pave the way to improved health. We hope you will join MIHS in making a personal commitment to incorporate healthy lifestyle changes into your daily routines.

Wellness is defined as the condition of good physical and mental health, especially when maintained by proper diet, exercise and habits. Wellness is the sum of healthy habits and your small lifestyle changes can have a BIG impact!

Did you know that 50-70% of all diseases are associated with modifiable health risks and are therefore preventable? Obesity, poor diet, inactivity and smoking account for:

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

Because MIHS understands that making big lifestyle changes can be hard, we are always looking at new ways to provide you with the tools and resources to help you move in the right direction.

Current Employees: To reduce your medical insurance premium by $30 per pay period ($780 per year!) for the 2017-2018 plan year, you must receive your Biometric Screening through Occupational Health, get an Annual Wellness Exam, and complete a Clinical Health Risk Assessment by March 31, 2017. The $30 per pay period premium reduction applies to all coverage levels in the Preferred, POS, and HDHP with HSA medical plans.

If you did not complete all three steps by March 31, 2017, you are not eligible for the credit during the FY2018 plan year.

New Employees: When enrolling in a medical plan, you will receive the $30 credit for completing the biometric screening received during your pre-employment screening in Occupational Health.

This is your year! Start to reflect on your life and the behaviors that make you healthy or unhealthy. Then begin taking small steps to drive healthy changes and challenge yourself along the way. MIHS and the Wellness Team will be here to help you. Watch for wellness programs and activities and participate.

Here are some examples:

- Healthier choices in the cafeteria and vending machines
- Weight management programs
- Preventive care, including on-site mammograms and prostate screenings
- On-site flu shots
- Increased physical activity; walking programs
- Stress management
- Smoking cessation

Clinical Health Risk Assessment:

Your Biometric Screening and Clinical Health Risk Assessment results are completely confidential. No one at MIHS will ever see or have access to your individual results. The data collected by Occupational Health and UMR will only be used to determine health and wellness programs that would benefit employees and families.
Everyone plays a role in controlling the rising cost of health care. In fact, there are many things you can do to reduce how much you spend on health care now and in the future.

1. **MIHS providers and facilities**
   If you review the medical comparison charts, you can see that using MIHS providers, facilities, and pharmacies save you the most money. Many services, depending on the plan you choose, are covered at 100% with $0 copays.

2. **Go generic**
   Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30% to 70% less than brand names.

3. **Practice prevention**
   Preventive care includes things like physical exams, vaccines, blood tests, and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Under all of the medical plans, in-network preventive services are covered at 100% with no deductible.

4. **Pre-Tax Savings**
   Use a Flexible Spending Account or Health Savings Account. These accounts save you money because deductions are made before state, federal, and social security taxes are withheld from your paycheck.

5. **Choose the right care**
   There is a time and place for everything. A trip to the emergency room may be needed if you are seriously injured or ill. Consider a cheaper option, like MeMD, a walk-in clinic or urgent care, if you have a minor illness or issue, such as an ear infection. It may save you time as well as money.

6. **Think long-term**
   Some people go to the doctor for minor reasons once they meet their yearly deductible. While that may not have an instant impact on health care costs, it is a major factor in driving up everyone’s overall costs of care.

7. **Eat right**
   A balanced diet can save you money. It keeps you healthier in the short term and lessens the chances of developing more serious and costly medical conditions in the future.

8. **Exercise**
   Just 30 minutes of walking or other regular exercise each day helps manage weight, stress, and possibly your pocketbook. Exercise helps control and prevent high blood pressure and cholesterol, two of the major risk factors for heart disease.

9. **Take care of yourself**
   The harmful effects of habits, such as tobacco use and alcohol abuse, are well known in regard to health issues such as cancer and heart disease. If you use tobacco products, seek help to try quitting. Practice moderation if you drink alcohol. Get help if stress or depression are an issue. You will feel better and also save a few dollars.

10. **Review your EOB**
    Billing mistakes sometimes happen. Review your explanation of benefits (EOB) statement to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.
Benefits are provided for the following services at no cost to the member as appropriate for age and gender and as recommended by your provider. This is a condensed list, so contact UMR if you have any questions regarding preventive coverage.

<table>
<thead>
<tr>
<th>Service</th>
<th>Adult Women Age 18 – 49</th>
<th>Adult Men Age 18 – 49</th>
<th>Adult Women Age 50 and Up</th>
<th>Adult Men Age 50 and Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual wellness exam</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual well woman exam</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AAA screening</td>
<td>Abdominal aortic aneurysm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken pox immunization</td>
<td>Yes, if no proof of immunity</td>
<td>Yes, if no proof of immunity</td>
<td>Yes, if no proof of immunity</td>
<td>Yes, if no proof of immunity</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes type 2 screening</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic violence screening</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Flu immunization</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipid screening</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mammogram</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR immunization</td>
<td></td>
<td></td>
<td>Yes, if at risk</td>
<td>Yes, if at risk</td>
</tr>
<tr>
<td>Osteoporosis screening</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pneumonia immunation</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>STD screenings</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Shingles immunation</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Tetanus, diphtheria, whooping cough immunization</td>
<td>Yes, every 10 years</td>
<td>Yes, every 10 years</td>
<td>Yes, every 10 years</td>
<td>Yes, every 10 years</td>
</tr>
</tbody>
</table>

For a full list of covered Preventative Care services as defined by the United States Preventative Care Task Force A+B services, refer to [http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/).
Summary of Benefit
MIHS offers a choice of two dental plans – a Dental HMO (DHMO) and a Preferred Dentist Program (PDP).

EDS Dental Plan
The Employers Dental Services (EDS) DHMO Plan is a discount dental plan that offers the convenience of a fixed copayment schedule for utilizing the plan’s contracted providers and facilities. Employees must select a Primary Care Dentist from the EDS network.

- Select a Primary Care Dentist from EDS’s network
- No deductibles
- No Yearly Maximum benefits
- Orthodontic benefits for children and adults

MetLife Dental Plan
The MetLife Dental PDP Plan gives the freedom to choose either a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the MetLife network.

- No Primary Care Dentist necessary
- In and Out-of-Network benefits
- No deductible for preventive and diagnostic or Orthodontia services
- $2,000 Plan Year Maximum
- $3,000 Lifetime Orthodontia Maximum
- In-network providers include MIHS dental clinics

MetLife Dental Tip:
MetLife does not issue ID cards.
If you would like an ID card, you can go online to www.MetLife.com/myBenefits (Enter Company Name: MIHS) and print a MetLife card.
When you visit the dentist, let them know you are a MetLife member, then verify your identification.

<table>
<thead>
<tr>
<th>Employer Dental Services (EDS)</th>
<th>MetLife - Preferred Dentist Program (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Deductible (per plan year)</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
</tr>
<tr>
<td>Plan Year Maximum (per plan year)</td>
<td>None - Unlimited</td>
</tr>
<tr>
<td>Covered Services</td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Routine Cleaning or Preventive</td>
<td>100% after $5 Copay for children and 100% after $7 Copay for adults</td>
</tr>
<tr>
<td>Basic</td>
<td>80% - 90% based on dental schedule</td>
</tr>
<tr>
<td>Major</td>
<td>50% - 60% based on dental schedule</td>
</tr>
<tr>
<td>Orthodontia / Specialty Services</td>
<td>Up to a 25% discount</td>
</tr>
<tr>
<td>Endodontics (root services) performed by General Dentist</td>
<td>70% - 75% based on dental schedule</td>
</tr>
<tr>
<td>Periodontics (gum services) performed by General Dentist</td>
<td>55% - 70% based on dental schedule</td>
</tr>
<tr>
<td>Orthodontia Lifetime Max (per person)</td>
<td>None - Unlimited</td>
</tr>
</tbody>
</table>

*Out-of-Network services subject to charges in excess of fees that participating PDP dentists have agreed to accept as payment in full.
The UnitedHealthcare Vision Plan provides you and your family with quality vision benefits at an affordable cost.

Your UnitedHealthcare vision plan makes it easy to maintain good eyesight and healthy eyes, and save money while you are at it. Your plan offers you the flexibility to use any provider you choose, but typically the best overall savings are available at network locations. Visiting a network location also gives you the opportunity to take advantage of eyewear discounts on options like lens upgrades. Your vision plan allows you to pick the provider that matches your lifestyle and eye care needs.

UnitedHealthcare offers a diverse vision network of more than 60,000 access points nationally. This includes both private practice and leading retail chain providers including: Costco, Walmart, Sam’s Club, American’s Best Contacts, EyeGlass World, Visionworks, Nationwide and many more.

When you call to schedule an appointment with our vision network provider, simply tell them that you have vision insurance with UnitedHealthcare. You don’t even need a vision ID card for your appointment. You only need to give the staff your name and date of birth—it’s that simple!

The network provider will verify your benefits. If you’d like to print a vision ID card, visit myuhcvision.com, log on, and choose “Print ID Card.” This will generate a PDF document called “How to Use Your Vision Care Benefits.”

### UnitedHealthcare Vision

<table>
<thead>
<tr>
<th>Benefit Frequency</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>Once per plan year*</td>
<td></td>
</tr>
<tr>
<td>Spectacle Lenses or Contact Lenses**</td>
<td>Once per plan year*</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once per plan year*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Examination</td>
<td>Covered in full after $10 copay</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>Covered at a discount from select providers less $300 lifetime allowance; in lieu of all other services for the benefit year</td>
</tr>
</tbody>
</table>

**Additional Services**

- Standard scratch-resistant coating, Standard progressive lenses, Standard anti-reflective coating, Polycarbonate lenses, Blended bifocals, and Tints are covered in full. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)

**Materials**

- Standard scratch-resistant coating, Standard progressive lenses, Standard anti-reflective coating, Polycarbonate lenses, Blended bifocals, Tints are covered in full

- Covered in full after $10 copay | $45-$80 depending on lens type

- Frame***

- Covered in full after $10 copay (Up to $150 allowance) | Up to $50

<table>
<thead>
<tr>
<th>Contact Lenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective</td>
<td>A $150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable and bifocal contact lenses, are examples of contact lenses that are outside of our covered contacts.</td>
</tr>
</tbody>
</table>

| Medically Necessary | Covered in Full | Up to $250 |

*Plan year runs July 1 to June 30.

**Contact lenses may be elected in lieu of lenses and frames.

***Contact lens Selection list does not apply at Costco, Walmart or Sam’s Club locations. The non-selection allowance will be applied toward the fitting/evaluation fee and purchase of all contacts at Costco, Walmart and Sam’s Club.

Scan this QR code with your smart device to watch a video and learn more about your vision benefits!
This is an account that allows you to contribute pre-tax dollars on an annual basis to use for medical and dependent care expenses.

Employees can participate in this Flexible Spending Account (FSA) benefit even if they are not enrolled in MIHS’s benefit plans. Eligible expenses are determined based on IRS regulations and claims must be submitted within 90 days of the plan year-end. Any money left in the FSA, after the deadline, is forfeited. This is known as the “use-it-or-lose-it rule,” and it is an IRS requirement.

Participating in either (or both) the Medical or Dependent Care FSA can reduce taxes while allowing pre-tax dollars to pay for your qualified expenses for dependent spouse or child(ren).

### Using Your FSA Dollars

For both the Medical and Dependent Care Spending Account, a stored-value (debit) card simplifies the process of paying for qualified expenses. It provides electronic access to your pre-tax contributions. Manual claim filing is also available.

For the Medical Spending Account, you have access to your funds from day one of participation in the account. The funds in the Dependent Care Spending Account are only reimbursed up to the current amounts deposited in the account.

### Medical Spending Account

You can deposit as much as $2,600 a plan year ($260 minimum) on a pre-tax basis (this also includes $2,600 per tax year). You reimburse your personal funds with money from the Medical Spending Account for medical expenses such as copays, co-insurance, over-the-counter medications (see tip below), and more. A comprehensive list of eligible expenses is available online at [https://www.discoverybenefits.com/employees/eligible-expenses](https://www.discoverybenefits.com/employees/eligible-expenses).

### FSA Tip:

Over-the-counter (OTC) medications require a prescription from your doctor to be an eligible Medical Spending Account expense. Prescriptions must be filled at a pharmacy.

Please refer to the Discovery Benefits website [www.discoverybenefits.com](http://www.discoverybenefits.com) to verify eligible FSA expenses.

### Dependent Care Spending Account (Daycare)

Pre-tax money that you deposit into the account pays for daycare expenses for dependent children up to age 13, or a dependent adult. Care expenses are reimbursable if the services enable you and your spouse to work. Expenses are also reimbursable if your spouse is disabled or attends school full-time at least five months of the year. You can deposit up to $5,000 a year total if single or married filing a joint tax return. ($2,500 each if married filing separately).

You can reimburse your personal funds with money from the Dependent Care Spending Account for eligible expenses such as nursery school tuition, day care center, summer day camp and dependent-adult day care center expenses, and more. Care can be provided inside or outside your home. A comprehensive list of eligible dependent care expenses is available online at [https://www.discoverybenefits.com/employees/eligible-expenses](https://www.discoverybenefits.com/employees/eligible-expenses).

### I save $600 a year¹

I earn $40,000 annually and pay $2,400 a year for childcare that qualifies for reimbursement under the Dependent Care FSA. Look how much I saved in one year!

<table>
<thead>
<tr>
<th>Monthly pay</th>
<th>Without an FSA</th>
<th>With an FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-tax contributions to FSA</td>
<td>0</td>
<td>-200</td>
</tr>
<tr>
<td>Taxable monthly pay</td>
<td>$3,333</td>
<td>$3,133</td>
</tr>
<tr>
<td>Federal income tax (15%)</td>
<td>500</td>
<td>470</td>
</tr>
<tr>
<td>State income tax (3%)</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>Social Security tax (7.65%)</td>
<td>255</td>
<td>240</td>
</tr>
<tr>
<td>Pay after taxes</td>
<td>$2,478</td>
<td>$2,329</td>
</tr>
<tr>
<td>After-tax monthly expenses</td>
<td>-200</td>
<td>0</td>
</tr>
<tr>
<td>Net take-home pay</td>
<td>$2,278</td>
<td>$2,329</td>
</tr>
</tbody>
</table>

I saved $51/month ($2,329 vs. $2,278) or $612 a year. To calculate your estimated savings based on your specific needs, visit [www.discoverybenefits.com](http://www.discoverybenefits.com).

¹ Tax rates are estimated; example amounts are rounded to the nearest dollar.

### Important Note: If you are enrolled in the HDHP with HSA plan, you cannot enroll in the Medical Spending Account.
Medical FSA Worksheet

Use this worksheet to help you calculate the amount you may want to contribute to the Medical FSA to reimburse yourself for eligible health care expenses. Use your records for the past few years to plug in your numbers for estimating 2017 costs.

- If the expense is paid by insurance, use the amount of your copay and any coinsurance you paid.
- If the expense is not covered by insurance, enter the entire cost.
- If the expense is a one-time situation (such as a surgery or acute illness), you may choose to leave it off.
- **Note:** The most you can contribute annually to your Medical FSA is $2,600. Your total contributions to the program cannot exceed 50% of your salary each pay period.

<table>
<thead>
<tr>
<th>Your cost for:</th>
<th>Each Plan Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or clinic visits</td>
<td></td>
</tr>
<tr>
<td>Surgical expenses</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
</tr>
<tr>
<td>Routine physicals/exams</td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health services</td>
<td></td>
</tr>
<tr>
<td>Lab and Radiology</td>
<td></td>
</tr>
<tr>
<td>Other medical and chiropractic care</td>
<td></td>
</tr>
<tr>
<td>Routine dental care and fillings</td>
<td></td>
</tr>
<tr>
<td>Orthodontia and oral surgery</td>
<td></td>
</tr>
<tr>
<td>Other dental</td>
<td></td>
</tr>
<tr>
<td>Vision care</td>
<td></td>
</tr>
<tr>
<td>Hearing care</td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td></td>
</tr>
<tr>
<td>Total estimated expenses for 2017</td>
<td>$</td>
</tr>
</tbody>
</table>

Example:

Dependent Care FSA (Daycare) Worksheet

Use this worksheet to calculate your contribution levels to your Dependent Care FSA. This can be applied to dependent care for children under age 13, a disabled parent or child, or elder care for tax-qualified dependents. Use your records from the last few years to estimate your 2017 costs.

- If you’re single or married and filing a joint tax return, you can contribute up to $5,000 annually.
- If you’re married and filing separately, you can contribute up to $2,500 annually.

### Online Calculator

You can also calculate your FSA expenses online by visiting [https://www.discoverybenefits.com/employees/fsa-calculator](https://www.discoverybenefits.com/employees/fsa-calculator).

---

**Calculate your pre-tax per paycheck FSA deduction**

Your yearly contribution ÷ 26 (number of pay periods per year) = **Your bi-weekly payroll deduction to enter in Kronos**

**John wants to contribute $1,800 for the year.**

$1,800 ÷ 26 = **$69.23** per pay period

For those enrolling after the beginning of the plan year, divide by the number of pay periods remaining.
All life insurance plans are offered through The Hartford.

**Basic Group Term Life Insurance and AD&D**

To ensure that all benefit eligible employees have a basic level of protection, MIHS provides Basic Group Term Life insurance and AD&D at no cost.

The Accidental Death and Dismemberment (AD&D) benefit pays in addition to Basic Life insurance if the employee’s death or covered loss is due to an accident.

Both policies are provided at no cost to employees. The Basic Group Term Life policy is convertible to an individual policy upon termination of employment from MIHS. **Note:** Benefit must be elected through our online enrollment system.

**Amount of Coverage**

The Basic Group Term Life plan covers benefit eligible employees with a policy equal to 1 times basic annual earnings (excludes overtime, shift differential, premiums, etc.) rounded to the next higher $1,000 to a maximum of $500,000. The AD&D policy amount equals the life benefit. Benefits are reduced to 65% at age 70 and 50% at age 75. Coverage terminates at retirement.

**Employee Voluntary Term Life Insurance and AD&D**

**Summary of Benefit**

When it comes to protecting the financial security of you and your family, nothing is more important than planning ahead. Part of any personal financial plan should include adequate life insurance coverage that provides protection against financial hardship in the event of an unexpected death.

Even if you already have a life insurance policy, it is important to ask yourself – does it provide the protection you need to cover all of your financial responsibilities? Voluntary Term Life insurance can be purchased in addition to the Basic Group Term Life insurance provided by MIHS.

Voluntary Term Life insurance covers you for as long as you remain eligible and continue to pay your premium. Because Voluntary Life is a Term Life insurance product, it does not build any cash value for you to borrow against or receive upon policy cancellation. The Voluntary Term Life policy is convertible to an individual policy upon termination from employment from MIHS.

**Amount of Coverage**

Eligible employees may purchase Voluntary Term Life insurance coverage in increments of $10,000 to a maximum of $700,000.

The Guaranteed Issue amount for Voluntary Term Life combined is $250,000.

An equal amount of AD&D insurance is included with the Employee Voluntary Life insurance. Benefits are reduced to 65% at age 70 and to 50% at age 75. Coverage terminates at retirement.

**Note:** Evidence of Insurability (EOI) must be provided for amounts in excess of $250,000. Additionally, any annual increase in coverage or coverage for late entrants require EOI.

**Spouse Voluntary Term Life Insurance and AD&D**

The Spousal Voluntary Term Life insurance can be purchased in $5,000 increments and cannot exceed 50% of the employee’s coverage amount or $250,000. An equal amount of AD&D insurance is included with the spouse optional life insurance. Once the spouse turns age 70, coverage will end.

**Note:** Employee Optional Life election is required if Spouse Life coverage is elected. EOI must be provided for amounts in excess of $30,000. Additionally, any annual increase in coverage or coverage for late entrants require EOI.

**Dependent Children Voluntary Term Life Insurance**

Coverage for the dependent child(ren) are flat dollar amounts as follows:

- Age birth to 6 months old: $1,000
- Child(ren) 6 months to 26: $1,000, $5,000 or $10,000

**Note:** Employee Optional Life election is required if Child Life coverage is elected. The Dependent Life Insurance Rate is not affected by the number of children. Rate is based on the coverage amount and covers each child for the same amount. Dependent children can be covered up to age 26.

**Notes: Voluntary Life**

If your Voluntary Life Insurance ceases due to termination of your employment, you may apply for portable coverage on your own up to the amount of Voluntary Life Insurance that ceased. The minimum amount of portable coverage is $10,000.

If you elect to apply for portable coverage of any amount of Voluntary Term Insurance, you may also apply for Dependent Life insurance which ceased due to your termination. The Hartford will contact you regarding this process.
Short Term Disability (STD) Plan
This voluntary plan can help provide additional financial protection by providing a benefit while disabled.
This plan does not cover disabilities due to occupational sickness or injury but can help employees prepare for a non-work related short-term disability.
Benefits from a disability plan can supplement lost income to help pay expenses such as mortgage or rent payments, utility bills and other household expenses (e.g., food, clothing and other necessities). It can also cover other medical costs not covered under other plans.
Amount of Coverage
Eligible employees have a coverage amount of 60% of base income to a maximum of $2,500 per week. In no event can income from all sources exceed 100% of weekly pay.
Maximum Benefit Period
Disability benefits will begin on the first day following the elimination period. There are three elimination period options to choose from: 7 days, 14 days, or 30 days of continuous absence due to a covered sickness, pregnancy, or injury. Benefit payments could continue for a period of up to 26 weeks.
Note: Any disability which occurs in the first 12 months of coverage which is attributed to a pre-existing condition for which you were treated or diagnosed for the condition or illness in the 12 months prior to the effective date of coverage will not be a covered disability. Changes in elected elimination period option may initiate additional pre-existing limitation.

Long Term Disability (LTD) Plan
Member Information
Active members making contributions to the Arizona State Retirement System (ASRS) are also part of the ASRS Long Term Disability Plan, funded by a separate employee and employer contribution.
The LTD plan provides a monthly benefit designed to partially replace income lost during periods of total disability greater than six months resulting from a covered injury, sickness or pregnancy.
ASRS has contracted with Broadspire Services Inc. for administration of this LTD plan.

Long Term Disability Tip:
You must be an active member making contributions to the Arizona State Retirement System to be eligible for the ASRS Long Term Disability Plan.
This is funded by employee and employer contributions.

Short Term Disability Tip:
Employees anticipating a leave should contact Human Resources Benefits prior to the start of their leave or as soon as possible after their leave begins to obtain and complete the Short Term Disability claim form.

Short-Term Disability Exclusions
The Aflac Short Term Disability coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.
Benefits won’t be paid for disability due to:
1. any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot;
2. An intentionally self-inflicted injury;
3. A commission of, or attempt to commit, an assault, battery, or felon, or engagement in any illegal occupation;
4. Loss of professional license, occupational license or certification;
5. Commission of a crime under state or federal law;
6. An injury arising from any employment;
7. Injury or sickness covered by Worker’s Compensation.
We will not pay a benefit for any period of disability during which any employee is incarcerated.
Pre-existing Condition Limitation for employees without coverage under prior carrier
We will not pay benefits for any period of Disability starting within the first 12-months after the Effective Date of an Employee’s Certificate which is caused by, contributed to, or results from a Pre-existing Condition.
A claim for benefits for loss starting after 12-months from the Effective Date of an Employee’s Certificate will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition unless it is excluded by name or specific description.
In addition, we will not pay the increase in an Employee’s coverage made at an Annual Open Enrollment Period if he/she has a pre-existing condition. An Employee has a pre-existing condition if:
1. he/she received medical treatment, consultation, care or services including diagnostic measures, or took prescription drugs or medicines in the 12 months just prior to the date his/her coverage increased; or he/she had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 12 months just prior to the date his/her coverage increased; and
2. the disability begins in the first 12 months after his/her increase in coverage.
These plans are voluntary - you choose whether or not to purchase coverage. You pay 100% of the premiums for plans elected. Enrollment in these plans occurs only during the initial eligibility period and Annual Enrollment.

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan as defined on page 23.

**Group Accident Insurance**

**Summary of Benefit**

If you are like most people, you do not budget for accidents. And when an accident occurs, you may not be thinking about the charges that can accumulate while you are at the emergency room – the ambulance ride, use of the emergency room, surgery and anesthesia, stitches, cast, wheelchair, crutches, x-rays. But these costs can add up fast. The Group Accident plan will pay you a benefit in the event of a covered accident, regardless of other insurance you have. It provides benefit payments directly to you (unless otherwise assigned). You can use the financial benefit any way you choose. There are no pre-existing condition clauses with this coverage.

**Coverage Benefits**

There are no medical questions and you can take the coverage with you if you leave MIHS for any reason (with certain stipulations). Coverage is available for on-and-off-job accidents. Coverage is available for your spouse and children.

**Group Critical Illness Insurance**

**Summary of Benefit**

A critical illness can happen to anyone at any time. If you or someone in your family suffers a critical illness, you can accumulate medical expenses and reduced income from being out of work. Health benefits may pay part of the medical bills and disability coverage may help ensure a continuing income; however, many immediate expenses may not be covered.

The Group Critical Illness plan helps enhance our benefits program by supplementing your medical or disability coverage options. It pays a benefit directly to each participant (unless otherwise assigned) who is diagnosed with a covered critical illness; re-occurrence benefits* if the condition returns; and additional occurrence* benefits if another covered illness/procedure is incurred. You may use the benefits any way you choose.

**Coverage Options**

Coverage includes a $50 annual Health Screening Benefit (dependent children are not eligible for the health screening benefit). You select the plan amount in $5,000 increments**. Coverage is also available for your spouse and children. Children are covered at 50% of the primary insured’s benefit amount at no additional charge.

**Coverage Benefits**

Guarantee issue amounts are available to new benefit eligible employees at $40,000 for employee and $20,000 for spouse. Late enrollees are eligible for guarantee issue amounts of $20,000 for employee and $10,000 for spouse. Employees currently enrolled can increase the policy amounts by $5,000 employee and $5,000 for spouse each year up to the policy maximums. Guarantee issue is the amount of coverage available without answering medical questions. You can take the coverage with you if you leave MIHS for any reason (with certain stipulations).

* Additional occurrences must be separated from the prior different Critical Illness by at least six months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid. Re-occurrence benefits must be separated by at least 12 months or for cancer 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for 12 months.

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**Critical Illness Notes:**

Heart Attack, Stroke, Cancer (internal or invasive), Major Organ Transplant, Paralysis, Coma, Kidney Failure, Occupational HIV, Burns and Loss of Sight/Hearing/Speech are covered 100% of face amount payable. Coronary Artery Surgery and Carcinoma in Situ are covered 25% of face amount payable.

When Carcinoma in situ is paid, it will reduce the Cancer benefit by 25%. When Coronary Artery Bypass Surgery is paid, it will reduce the Heart Attack benefit by 25%.
**Accident Limitations and Exclusions**

We will not pay benefits for injury contributed to, caused by, or resulting from:

1. War - being exposed to war or armed conflict.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
4. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
8. Sports - participating in any professional or semi-professional organized sport.
9. Avocations - mountaineering using ropes and/or other equipment, parachuting or hand-gliding.

**Critical Illness Limitations and Exclusions**

This plan contains a 30-day Waiting Period. This means a 25% benefit is payable for any insured who has been diagnosed with a specified critical illness before their coverage has been in force 30 days from the Effective Date shown in the Rider Schedule; or at your option, you may elect to void this rider from the beginning and receive a full refund of premium.

**Pre-Existing Conditions Limitation**

Pre-existing Condition means a sickness or physical condition which, within the 12-month period prior to an Insured’s Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any Critical Illness starting within 12 months of an Insured’s Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured’s Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition. A critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after and Insured’s Effective Date.

If a Certificate under the Plan has been issued as a replacement for a Certificate previously issued to an Employee under our previous Plan, then the pre-existing condition limitation provision of this Plan applies only to any additional benefits or increase in benefit amounts over the prior Certificate. Any remaining period of pre-existing condition limitation under the prior Certificate would continue to apply to the prior level of benefits.

**Exclusions**

We won’t pay for loss due to:

1. Intentionally self inflicted injury or action
2. Suicide or attempted suicide while sane or insane
3. Illegal activities or participation in an illegal occupation
4. War-declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence
5. Substance Abuse

Diagnosis must be made and treatment received in the United States.

**Occupational HIV Exclusions**

1. No benefits will be paid for Occupational HIV resulting from a needle stick or sharp injury or a mucous membrane exposure to blood or bloodstained bodily fluid, which occurred prior to the effective date of this rider.
2. We will not pay for any cost incurred for HIV tests or any relating testing
3. No benefits will be paid for HIV contracted outside the United States.

**Additional Benefits (Comma, Paralysis, Severe Burns, Loss of sight, speech or hearing) Limitations and Exclusions**

This rider contains a 30-day Wait Period. This means a 25% benefits is payable for any insured who has been diagnosed with a specified critical Illness before their coverage has been in force 30 days from the Effective Date show in the Rider Schedule; or at your option, you may elect to void this rider from the beginning and receive a full refund or premium.

1. No benefits will be paid if the Specified Critical Illness is a result of: a. Intentionally self inflicted injury or action; b. Suicide or attempted suicide while sane or insane; c. Illegal activities or participation in an illegal occupation; d. War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or e. Substance Abuse.
2. No benefits will be paid for loss which occurred prior to the effective date of this Rider.
3. No benefits will be paid for diagnosis made outside the United States.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC170085 IV (1/17)
**United Pet Care**

United Pet Care is not an insurance company, it is a membership savings program. Members receive dramatically reduced pricing on office visits, vaccinations, procedures, surgeries, and medications. United Pet Care’s membership program has:

- NO claim forms
- NO deductibles
- NO exclusions due to pre-existing conditions, age, or hereditary/congenital conditions
- NO waiting period
- NO limit to the number of veterinary visits
- And, best of all, your savings are IMMEDIATE! Your bill is discounted at the time of service, which means money in your pocket right away!

All office visits are $40.00. Note: mid-month veterinarian transfers will be assessed $3 per pet.

Annual exams and vaccines are covered at no charge ($40.00 office visit applies). Procedures in your veterinarian’s office are provided at a 20-50% savings. Specialists provide services at a 10-20% savings.

Enroll online through Kronos Direct Access and the membership fee will be deducted bi-weekly from your paycheck. The monthly membership fee is based on the number of pets enrolled on or before the 25th of each month. After enrolling in the Kronos system, please contact UPC to complete your enrollment to choose your primary care veterinarian, or visit [http://unitedpetcare.com/group.php?gid=maricopa_integrated_health_system](http://unitedpetcare.com/group.php?gid=maricopa_integrated_health_system) to select a CHOICE 2000 II participating veterinarian from United Pet Care’s provider directory.

Once a pet is added, they must remain on the plan the entire plan year unless the pet has passed away.

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**MetLaw**

MetLaw is a legal benefit that provides full coverage for legal matters, such as estate planning, real estate and consultations, on an unlimited number of legal matters.

You and your eligible dependents are entitled to receive certain personal legal services through the plan. The available benefits are very comprehensive, but there are limitations and other conditions that must be met. Please take time to read the description of benefits carefully on the website to fully understand what the plan covers. Here’s a brief highlight:

- Consumer protection: personal property protection, small claims assistance
- Debt matters: debt collection defense, identity theft defense, personal bankruptcy or wage earner plan, tax audits
- Defense of civil lawsuits: administrative hearing representation, civil litigation defense, incompetency defense
- Document preparation: affidavits, deeds, demand letters, document review, elder law matters, mortgages, promissory notes
- Family law: adoption and legitimization, guardianship or conservatorship, name change, prenuptial agreement
- Immigration assistance
- Personal injury (25% network maximum)
- Real estate matters: boundary or title disputes, home equity loans, property tax assessment, refinancing of home, sale or purchase of a home, zoning applications
- Traffic and criminal matters: juvenile court defense, traffic ticket defense (No DUI)
- Will and estate matters: living wills, powers of attorney, trusts

For more information, call 800-821-6400 or visit [info.legalplans.com](http://info.legalplans.com), access code getlaw.

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Scan this QR code with your smart device to watch a video about the legal plan or visit [https://info.legalplans.com](https://info.legalplans.com)!
MeMD is a free benefit paid for by MIHS and provided to all MIHS employees and their dependents that lets you consult with a medical provider through the Internet with a Webcam or telephone. A MeMD exam saves you time and potentially hundreds of dollars by helping you avoid costly emergency room visits.

The majority of minor ailments and non-life-threatening medical issues can be treated through MeMD online or by phone without the hassle of going to the doctor’s office. You can be treated while at home, the office, or traveling!

Have strep throat and need antibiotics? On the road and forgot your meds at home? Whatever the case, should you require a prescription it will be electronically routed through MeMD to the local pharmacy of your choice.

You do not have to be enrolled in an MIHS medical plan to use this benefit. You simply pay a $30 fee for each visit to MeMD.

Below is a sample of medical conditions that MeMD providers can evaluate:

- Abrasions, bruises
- Colds, flu, and fever
- Sore throat, cough, congestion
- Allergies, hives, skin infections
- Bites and stings
- Minor headaches, arthritic pains
- Diarrhea, vomiting, nausea
- Urinary tract infections
- Headaches, body aches
- Eye infections, conjunctivitis
- And more!

Visit www.memd.me/group/mihs or call 855-MEMD-NOW (855-636-3669) for more information. You can download the app at www.memd.me/app-store. When registering, enter the plan code CCXEJBQG.

Scan this QR code with your smartphone to learn more about MeMD!

MIHS Employee Advantage

The MIHS Employee Advantage program offers exclusive discounts and voluntary benefits to employees of Maricopa Integrated Health System at no cost. Employees can benefit from group discount rates on Auto & Home insurance from Kemper, Liberty Mutual and Metlife, as well as VPI pet insurance. Employees can also find special pricing for a wide variety of products and services, including movie tickets, cell phone service plans, wholesale clubs, financial services and much more.

The MIHS Employee Advantage website includes both national and local discount programs, and monthly email communications feature new and seasonal offers that provide extra savings and timely discounts. Additionally, if products or services are available to MIHS employees but not listed on the website, employees can nominate those providers for addition by accessing the site’s nomination form. For more information or inquiries regarding the MIHS Employee Advantage program, visit http://www.beneplace.com/mihs or call 800-683-2886.

Employee Assistance Program

The Employee Assistance Program (EAP), administered by ComPsych, is a professional counseling service offering confidential help for short-term day-to-day concerns or during difficult times. Counseling through the EAP is a free benefit provided for all employees and eligible dependents. The cost of this benefit is paid entirely by MIHS. Participation in the medical plan is not necessary.

EAP counselors can help with a wide range of life’s concerns, and in most cases, a visit to a local consultant is all that is needed. When additional help is indicated, the EAP will seek the best resources and will assist with referrals to other providers and programs.

The ComPsych EAP Guidance Resources plan provides up to eight individual counseling sessions per person, per diagnosis, per year. Counseling is available by phone or in person and appointments can be scheduled 24 hours a day, seven days a week by calling 866-376-4219. If you are having difficulty with any of the following, in-person counseling may be a great option for you:

- Stress, anxiety, and depression
- Job pressures
- Relationship/marital conflicts
- Grief and loss
- Problems with children
- Chemical and alcohol abuse

In addition to the individual counseling sessions for personal matters, the EAP staff is also available for the following:

- Financial information and resources: speak by phone to a Certified Public Accountant or Certified Financial Planner regarding getting out of debt, credit card or loan problems, tax questions, retirement planning, estate planning, and saving for college.

- Legal support and resources: Talk to their attorneys by phone. If you require representation, they will refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about divorce and family law, real estate transactions, debt and bankruptcy, civil and criminal actions, landlord/tenant issues, and contracts.

Online information, tools, and services are available at www.guidanceresources.com (Organization Web ID when registering: MIHS).
Retirement Plan

The Arizona State Retirement System (ASRS) is a state agency providing a life-long pension benefit, a long term disability income plan, retiree health insurance and survivor benefits to its members. Your ASRS pension is built through a “Cost Sharing” model. Both you as the employee and MIHS contribute equally towards your retirement. The amount of your pension will be based on a formula that factors in your years of service and salary at the time of retirement.

There are two portions that make up the ASRS contribution rate – the Retirement Pension & Health Insurance Benefit and the Long Term Disability Income contribution rate:

<table>
<thead>
<tr>
<th>Fiscal 2017-2018 (Effective July 1, 2017)</th>
<th>Retirement Pension &amp; Health Insurance Benefit</th>
<th>Long Term Disability Income Plan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>11.34%</td>
<td>0.16%</td>
<td>11.50%</td>
</tr>
<tr>
<td>Employer</td>
<td>11.34%</td>
<td>0.16%</td>
<td>11.50%</td>
</tr>
</tbody>
</table>

If you are hired to work 20 hours or more per week, you automatically meet eligibility and will contribute to the ASRS beginning your first day of employment. If you are hired to work less than 20 hours per week, you will not contribute to ASRS; however if you work 20 weeks at 20 hours or more in a fiscal year (July 1st, through June 30th), you will meet eligibility through the 20/20 Rule. At this time HR will notify you that you have met eligibility and contributions will start.

If you will be contributing to ASRS, then you must set up your ASRS account through the ASRS Online Enrollment Account. Instructions to set up your ASRS Online Enrollment Account:

Step 1: Enroll online using this link https://www.azasrs.gov
  - Select: My ASRS Login
  - Select First Time Registering
  - Complete the required fields with your information

Step 2: Use this Code for MIHS: 0UU00031

Questions? Call members services at 602-240-2000 or visit the ASRS website at www.azasrs.gov.

Deferred Compensation Plan, 457(b)

This is a retirement savings plan administered by Nationwide Retirement Solutions that allows you to put aside as much as $18,000 annually if you are under the age of 50, or $24,000 if you are over age 50 on a pre-tax basis.

The money in a 457(b) account is automatically deducted from your paycheck and has higher growth potential because earnings accumulate tax-deferred.

This program is flexible and can be increased or decreased at any time. Withdrawals will be taxed as ordinary income upon separation of service.

Nationwide offers a variety of investment options. You have full control over how your money is invested and you pay no commissions.

For more information, visit online at www.maricopadc.com.

Supplemental Retirement Savings Plan (SRSP), 401(a)

The SRSP is a supplemental defined contribution plan qualified under Section 401(a) of the Internal Revenue Code established by ASRS. Eligibility is limited to those employees who meet the criteria for ASRS membership and who are at least 40 years of age.

Contributions made under 401(a) do not reduce the amounts you can contribute to the 457(b) plan. For 2017, employees may contribute up to 100% of pay or $54,000, whichever is lower.

The IRS places restrictions on employee contributions – specifically, employees make a one-time irrevocable election (i.e., the amount of the initial election cannot be changed). The contributions are not included in the employee’s gross income until distribution from the Plan.

Also, the decision to participate in the SRSP must be made within two years of eligibility date or the employee will be deemed to have irrevocably declined to be a member of the Plan.

Employee contributions are fully vested immediately (meaning your money is 100% yours as soon as it is deposited) and cannot be withdrawn prior to termination of employment. Nationwide provides administration of the 401(a) plan and investment options. Contact Nationwide Retirement Solutions for more information or visit www.maricopadc.com.
### Medical Rates Without Biometric Screening, Annual Wellness Exam, and Clinical Health Risk Assessment

<table>
<thead>
<tr>
<th></th>
<th>Preferred Bi-weekly rates</th>
<th>POS Bi-weekly rates</th>
<th>HDHP with HSA Bi-weekly rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
<td>Full-time</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$42.92</td>
<td>$169.09</td>
<td>$108.65</td>
</tr>
<tr>
<td>Employee/Spouse1</td>
<td>$111.63</td>
<td>$204.32</td>
<td>$178.26</td>
</tr>
<tr>
<td>Employee/Child(ren)</td>
<td>$88.50</td>
<td>$184.43</td>
<td>$140.42</td>
</tr>
<tr>
<td>Family1</td>
<td>$159.44</td>
<td>$233.26</td>
<td>$246.10</td>
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</tbody>
</table>

### Medical Rates With Biometric Screening, Annual Wellness Exam, and Clinical Health Risk Assessment*

<table>
<thead>
<tr>
<th></th>
<th>Preferred Bi-weekly rates</th>
<th>POS Bi-weekly rates</th>
<th>HDHP with HSA Bi-weekly rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
<td>Full-time</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$12.92</td>
<td>$139.09</td>
<td>$78.65</td>
</tr>
<tr>
<td>Employee/Spouse1</td>
<td>$81.63</td>
<td>$174.32</td>
<td>$148.26</td>
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<tr>
<td>Employee/Child(ren)</td>
<td>$58.50</td>
<td>$154.43</td>
<td>$110.42</td>
</tr>
<tr>
<td>Family1</td>
<td>$129.44</td>
<td>$203.26</td>
<td>$216.10</td>
</tr>
</tbody>
</table>

* See Page 13 for information on how to lower your bi-weekly premiums by $30.

1 If you are covering your domestic partner, please contact Human Resources for domestic partner rates as they are different from what is listed above.

### Dental

#### EDS Dental Bi-weekly rates

<table>
<thead>
<tr>
<th></th>
<th>Full-time/Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.10</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$4.10</td>
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<tr>
<td>Employee/Child(ren)</td>
<td>$5.51</td>
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<tr>
<td>Family</td>
<td>$6.16</td>
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</tbody>
</table>

#### MetLife Dental Bi-weekly rates

<table>
<thead>
<tr>
<th></th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$9.35</td>
<td>$14.47</td>
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<tr>
<td>Employee/Spouse</td>
<td>$20.77</td>
<td>$32.23</td>
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<td>Employee/Child(ren)</td>
<td>$22.30</td>
<td>$33.49</td>
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<td>Family</td>
<td>$28.70</td>
<td>$44.09</td>
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### Vision

#### UnitedHealthcare Vision Bi-weekly rates

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<tr>
<td>Employee Only</td>
<td>$2.90</td>
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<tr>
<td>Employee/Spouse</td>
<td>$5.46</td>
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<td>Employee/Child(ren)</td>
<td>$5.98</td>
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<td>Family</td>
<td>$7.69</td>
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</table>

### Employee Term Life/AD&D

<table>
<thead>
<tr>
<th>Age</th>
<th>Bi-weekly Rate per $10,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.245</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.268</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.305</td>
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<tr>
<td>35-39</td>
<td>$0.328</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.392</td>
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<tr>
<td>45-49</td>
<td>$0.595</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Bi-weekly Rate per $10,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54</td>
<td>$0.974</td>
</tr>
<tr>
<td>55-59</td>
<td>$1.237</td>
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<tr>
<td>60-64</td>
<td>$2.012</td>
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<td>65-69</td>
<td>$2.797</td>
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<tr>
<td>70+</td>
<td>$5.063</td>
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<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Divided by 10,000</th>
<th>Equals number of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equals Bi-weekly cost</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
### 2017 - 2018 RATES, CONT.

**Spouse Term Life/AD&D**

<table>
<thead>
<tr>
<th>Age</th>
<th>Bi-weekly Rate per $5,000 of Coverage</th>
<th>Age</th>
<th>Bi-weekly Rate per $5,000 of Coverage</th>
<th>Age</th>
<th>Bi-weekly Rate per $5,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.189</td>
<td>40-44</td>
<td>$0.342</td>
<td>60-64</td>
<td>$2.056</td>
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<td>25-29</td>
<td>$0.217</td>
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<td>65-69</td>
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<td>30-34</td>
<td>$0.282</td>
<td>50-54</td>
<td>$0.738</td>
<td>70+</td>
<td>$4.800</td>
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<td>35-39</td>
<td>$0.314</td>
<td>55-59</td>
<td>$1.352</td>
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**Child(ren) Term Life**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Bi-weekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000/child</td>
<td>$0.06</td>
</tr>
<tr>
<td>$5,000/child</td>
<td>$0.30</td>
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<tr>
<td>$10,000/child</td>
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**Short Term Disability**

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rate</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>7 Day</td>
</tr>
<tr>
<td>16-24</td>
<td>$1.41</td>
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<tr>
<td>25-29</td>
<td>$1.48</td>
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<tr>
<td>30-34</td>
<td>$1.29</td>
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<tr>
<td>35-39</td>
<td>$0.98</td>
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<tr>
<td>40-44</td>
<td>$0.96</td>
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**Critical Illness**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Bi-weekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-tobacco</td>
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<tr>
<td>$10,000</td>
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<td>$20,000</td>
<td>$3.85</td>
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<td>$30,000</td>
<td>$6.99</td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>$10,000</td>
<td>$3.58</td>
</tr>
<tr>
<td>$20,000</td>
<td>$6.02</td>
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<tr>
<td>$30,000</td>
<td>$13.78</td>
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**Accident**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Bi-weekly Rate</th>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.62</td>
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<tr>
<td>Employee/Spouse</td>
<td>$6.92</td>
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<tr>
<td>Employee/Child(ren)</td>
<td>$9.23</td>
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<tr>
<td>Family</td>
<td>$11.54</td>
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**United Pet Care**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Bi-weekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Pet</td>
<td>$4.89</td>
</tr>
<tr>
<td>Two Pets</td>
<td>$9.32</td>
</tr>
<tr>
<td>Three Pets</td>
<td>$13.66</td>
</tr>
<tr>
<td>Additional Pets</td>
<td>$4.29</td>
</tr>
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**MetLaw**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Bi-weekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>$7.62</td>
</tr>
</tbody>
</table>
## MIHS Benefit Questions

If you have general questions regarding any of the available benefit plans, you should contact your HR Benefits representative at 602-344-5627 or send an email to Benefits.mailbox@mihs.org.

### Carrier Contacts for MIHS Benefits

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Administrator</th>
<th>Contact Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Insurance</td>
<td>Continental American Insurance Company</td>
<td>800-433-3036</td>
<td><a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
</tr>
<tr>
<td>Basic Life/AD&amp;D Insurance</td>
<td>The Hartford</td>
<td>888-563-1124</td>
<td><a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a></td>
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<tr>
<td>COBRA</td>
<td>Discovery Benefits</td>
<td>866-451-3399</td>
<td><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
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<tr>
<td>Deferred Comp 457(b) and 401(a)</td>
<td>Nationwide</td>
<td>602-266-2733 (ext. 1170)</td>
<td><a href="http://www.maricopadc.com">www.maricopadc.com</a></td>
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<tr>
<td>EDS Dental</td>
<td>EDS</td>
<td>800-722-9772</td>
<td><a href="http://www.mydentalplan.net">www.mydentalplan.net</a></td>
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<tr>
<td>Employee Assistance Program</td>
<td>ComPsych</td>
<td>866-376-4219</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Organization Web ID: MIHS</td>
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<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td>Discovery Benefits</td>
<td>866-451-3399</td>
<td><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
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<tr>
<td>Health Savings Account</td>
<td>OptumBank</td>
<td>866-234-8913</td>
<td><a href="http://www.optumbank.com">www.optumbank.com</a></td>
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<tr>
<td>MeMD</td>
<td>MeMD</td>
<td>855-636-3669</td>
<td><a href="http://www.memd.me/employer/mihs">www.memd.me/employer/mihs</a></td>
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<tr>
<td>MetLaw</td>
<td>Hyatt Legal Plans</td>
<td>800-821-6400</td>
<td>info.legalplans.com access code: getlaw</td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>MetLife</td>
<td>800-942-0854</td>
<td><a href="http://www.MetLife.com/myBenefits">www.MetLife.com/myBenefits</a> Enter Company Name: MIHS</td>
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<tr>
<td>MIHS Employee Advantage</td>
<td>BenePlace Discount Program</td>
<td>800-683-2886</td>
<td><a href="http://www.beneplace.com/mihs">www.beneplace.com/mihs</a></td>
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<td>Pet Health Care Program</td>
<td>United Pet Care</td>
<td>602-266-5303</td>
<td><a href="http://www.unitedpetcare.com">www.unitedpetcare.com</a></td>
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<tr>
<td>POS and HDHP with HSA Medical Plan/Rx</td>
<td>UMR with the UnitedHealthcare Choice Plus Network</td>
<td>800-207-3172</td>
<td><a href="http://www.umr.com">www.umr.com</a></td>
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<tr>
<td>Preferred Medical Plan/Rx</td>
<td>UMR</td>
<td>800-207-3172</td>
<td><a href="http://www.umr.com">www.umr.com</a></td>
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<td>Prescription Drugs</td>
<td>Optum Rx</td>
<td>877-559-2955</td>
<td><a href="http://www.optumrx.com">www.optumrx.com</a></td>
</tr>
<tr>
<td>Voluntary Life/AD&amp;D Insurance</td>
<td>The Hartford</td>
<td>888-563-1124</td>
<td><a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a></td>
</tr>
<tr>
<td>Voluntary Short Term Disability</td>
<td>Continental American Insurance Company</td>
<td>800-433-3036</td>
<td><a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
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<td>Wellness Program</td>
<td>MIHS Occupational Health</td>
<td>602-344-5210</td>
<td>N/A</td>
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