



Yuma County Intergovernmental Public Transportation Authority

2715 East 14th Street, Yuma, AZ 85365-1900, Telephone: 928-539-7076

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Employee Benefit Plan - Effective: July 1, 2014

TERM

This summary shall remain in effect until amended by Yuma County Intergovernmental Public Transportation Authority (YCIPTA) Board of Directors. *Last amendment 7/1/2014.*

SALARY

Salary schedule as approved by the YCIPTA Board of Directors.

AT-WILL EMPLOYMENT

Employees shall be considered as at-will employees and may be terminated at anytime by the Transit Director. Transit Director serves at will to the Board of Directors and may be terminated at anytime by the Board of Directors through the Chair.

WORKWEEK

The workweek will be forty (40) hours per week for all full time employees. The Transit Director established a flexible work schedules in order to meet the needs of the authority and the employee's job responsibilities.

CELL PHONE REIMBURSEMENT

YCIPTA provides a cell phone reimbursement in the amount of \$20.00 per employee, per month based on usage of their personal cell phone for work related purposes, if an YCIPTA cell phone is not provided.

BENEFIT ADMINISTRATOR

Yuma Area Benefits Consortium (YABC) through the City of Yuma shall provide benefits to YCIPTA employees for the purposes of Health Insurance, Life Insurance/Accidental Death and Dismemberment, Optional Supplemental Insurance and Employee Assistance Program. SEGAL acts as the administrator of these benefits on behalf of YABC. Details is available at www.yabc.net.

RETIREMENT

Participation in the Arizona State Retirement System (ASRS) is compulsory for all YCIPTA full-time employees. YCIPTA shall withhold both the employee and employer contribution to be forwarded to the Arizona State Retirement System (ASRS) at a rate of 50% YCIPTA and 50% Employee. Contribution is pre-taxed. Terminating employees have the option of leaving funds on deposit until they reach retirement age or withdrawing their contributions; however, matching funds are a pro-rated refund depending on years of service. Details is available at <https://www.azasrs.gov/>

Deferred Compensation: Employees may participate in a tax sheltered Annuity Plan (457 Plan) through payroll deduction to provide additional retirement income. This compensation deferred plan is 100% Employee deduction and no cost to YCIPTA.

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Robert L. Pickels, Chairman - Yuma County, Greg Wilkinson, Vice Chairman - City of Yuma

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Ralph Velez - City of San Luis, Paul Soto – Cocopah Tribe, Rodney Rinehart – Town of Wellton,

Bill Lee – City of Somerton, Brian Golding, Sr – Quechan Tribe

John Andoh, Transit Director

SOCIAL SECURITY

All YCIPTA employees pay into the Social Security system as required as part of participation in ASRS. The employee and the employer shall contribute the mandatory 6.2% each.

MEDICARE

All YCIPTA employees pay into Medicare. The employee and the employer shall contribute the mandatory 1.45% each.

WORKER'S COMPENSATION

Insurance coverage for medical expenses and loss of income due to on-the-job injury is provided by YCIPTA for all employees. Such injuries should be reported immediately to the Transit Director.

UNEMPLOYMENT COMPENSATION

Employees are covered by Unemployment Insurance. Payments are made by the Arizona State Department of Economic Security in accordance with state laws.

ADDITIONAL VOLUNTARY INSURANCE

Additional voluntary insurance products such as Critical Illness, Cancer, and Universal Life Insurance may be purchased by employees through payroll deduction. Employees may contact City of Yuma Human Resources at 928-373-5125 for additional information.

HEALTH AND WELFARE

YCIPTA through participation with the City of Yuma provides health insurance to YCIPTA employees through YABC. The Plan is administered by a third-party administrator. This plan will pay up to the amounts shown for each Covered Person. Total annual benefits while insured under this plan is one million dollars (\$1,000,000). YCIPTA will contribute an amount for employee plus family towards health insurance which includes medical, pharmacy, dental and vision insurance. Employees are responsible for amounts that exceed the maximum amount.

YCIPTA pays 100% of the employee premium for medical, dental and vision coverage at a total of \$510. Dependent health insurance monthly premiums are as follows: Spouse \$542 or \$353, Children \$372 or \$262 and Family \$784 or \$549, depending on selecting Plan A or B. YCIPTA will contribute \$125 per month into the employee's Health Savings Account when electing the High Deductible Health Plan (HDHP) coverage. Employees can choose Plan A, Plan B or a HDHP. Since Plan B has a higher deductible for the co-pay than Plan A, \$38.00 per month will be paid back to the employee as taxable income, if this plan is selected.

LIFE INSURANCE

YCIPTA provide a monthly premium sufficient to maintain \$50,000 basic life insurance which is one time the annual salary for all full-time employees. Employees may purchase additional life insurance for yourself and dependents through Sun Life (Basic and Voluntary Life).

LONG TERM DISABILITY

Provided through the Arizona State Retirement System for YCIPTA employees. Pays disability benefits after 6 months. The basic monthly benefit is 66 2/3 percent (66 2/3%) of your monthly compensation as of the date you become disabled. In determining Monthly

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Compensation, Sedgwick CMS will use the definition of "Compensation" outlined in Arizona Revised Statutes Section § 38-711, subsection 7.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through an EAP, the YCIPTA provides at no cost to the employee, a 24-hour counseling hot-line, 10 counseling sessions per year, and referral services to employees and their families. **Call AETNA 1-888-238-6232 and use Log In Company ID Code: EAP4YABC.**

HOLIDAYS

Paid holidays include the following:

- New Year’s Day – January 1
- Dr. Martin Luther King Jr. Day – Third Monday in January
- Washington’s Birthday – Third Monday in February
- Memorial Day – Last Monday in May
- Independence Day – July 4
- Labor Day – First Monday in September
- Veterans’ Day – November 11
- Thanksgiving Day – Fourth Thursday in November
- Day following Thanksgiving Day – Fourth Friday in November
- Christmas Day – December 25

The Governor of the State of Arizona may proclaim other days as legal holidays. When a holiday falls on Sunday, it is observed on the following Monday. When a holiday occurs on a Saturday, it is observed on the preceding Friday.

Any other “irregularities” in the holiday schedule will be resolved by the Transit Director.

PERSONAL TIME OFF

The following information is based on number of hours worked in a pay period.

| Years of Completed Service | Hours per Pay Period | Approximate Days Per Year |
|-----------------------------------|-----------------------------|----------------------------------|
| 0-1 | 7.385 | 24 |
| 2-3 | 7.692 | 25 |
| 4-9 | 8.615 | 28 |
| 10-15 | 9.538 | 31 |
| 16-20 | 9.846 | 32 |
| 20 and up | 10.154 | 33 |
| Transit Director | 10.154 | 33 |

CIVIC DUTY LEAVE

Civic duty leave is not deducted from employee's leave bank. (If a check from the court is received, employee must turn over to YCIPTA) Jury Duty or Witness of the Court Duty shall be granted leave with pay.

BEREAVEMENT LEAVE

Bereavement leave is not deducted from employee's leave bank. For use in the death of an immediate family member, five (5) consecutive working days (40 working hours) is granted.

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YABC PLAN SUMMARY—Yuma County Intergovernmental Public Transportation Authority

Annual Benefits while insured under this Plan \$1,000,000

When covered expenses are incurred due to injury or sickness, the Plan will pay the percentage shown of Usual and Customary charges after the co-pay or deductible. *This chart is only a summary of Health benefits. Please check your Summary Plan Document for complete information at www.yabc.net and for the Provider Directory go to www.azblue.com.*

| | Plan A | | Plan B | | HDHP Plan | |
|--|--|--------------------|--|---------------------|------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | | | |
| One person | \$750 | \$1,500 | \$900 | \$2,250 | \$1,500 | \$3,000 |
| Family | \$1,500 | \$3,000 | \$1,800 | \$4,500 | \$3,000 | \$6,000 |
| Co-Insurance | 80% | 50% | 75% | 50% | 85% | 60% |
| OOP Max ** | | | | | | |
| one person | \$3,000 | \$9,000 | \$3,750 | \$10,000 | \$1,500 | \$5,000 |
| Family | \$3,000 per person | \$9,000 per person | \$3,750 per person | \$10,000 per person | \$3,000 | \$10,000 |
| Doctor's Office Visits | \$20 copay | 50% * | \$25 PCP/\$35 Specialist copay | 50% * | 85% * | 60% * |
| Well-Child Care | 100% | 50% * | 100% | 50% * | 100% | 60% * |
| Well-Women/Well-Men Care | \$20 copay | 50% * | \$25 copay | 50% * | 100% | 60% * |
| Adult Preventive Care | 100% | 50% * | 100% | 50% * | 100% | 60% * |
| Hospital Care | | | | 50% * | | |
| Inpatient | 80% * | 50% * | 75% * | 50% * | 85% * | 60% * |
| Emergency room | \$100 *** | \$100 *** | \$100 *** | \$100 *** | 85% * | 60% * |
| Mental Health and Substance Abuse treatment | | | | | | |
| Inpatient | 80% * | 50% * | 75% * | 50% * | 85% * | 60% * |
| Outpatient | \$20 copay | 50% * | \$25 copay | 50% * | 85% * | 60% * |
| Prescription Drugs | | | | | | |
| 30-day supply (retail) | | | | | | |
| Generic | \$10 copay or cost of the drug if less than \$10.00. | | \$10 copay or cost of the drug if less than \$10.00. | | | |
| Formulary Brand | \$10 copay or 30%, whichever is greater to a maximum of \$150 per fill. | | \$10 copay or 30%, whichever is greater to a maximum of \$150 per fill. | | | |
| Non-Formulary Brand | \$10 copay or 40% whichever is greater to a maximum of \$150 PLUS, the difference between the cost of the brand vs generic drug. | | \$10 copay or 40% whichever is greater to a maximum of \$150 PLUS, the difference between the cost of the brand vs generic drug. | | 85% * | 60% * |
| Specialty Drugs | 25% of the cost of the drug to a maximum of \$150 per 30-day supply. | | 25% of the cost of the drug to a maximum of \$150 per 30-day supply. | | | |
| 90-day supply (mail-order) | | | | | | |
| Generic | \$20 copay | | \$20 copay | | 85% * | 60% * |
| Formulary Brand | \$40 copay | | \$40 copay | | 85% * | 60% * |
| Non-Formulary Brand | \$60 copay | | \$60 copay | | 85% * | 60% * |

*Coinsurance applied after deductible.

**OOM: Deductible is not included in out of pocket maximum.

***Copay after Deductible, then co-insurance applied.

This is not a complete list of covered services. Please see Summary Plan Description (SPD) for a complete list.

| IMPORTANT CONTACT INFORMATION | |
|-------------------------------------|---|
| Medical Claims Administrator | Professional Benefit services, Inc.—602-231-8896 or 866-365-9198; www.pbsazonline.com |
| In-Network providers | BlueCross BlueShield of Arizona (BCBSAZ) - 602-864-4844 or 800-650-5656; www.azblue.com |
| Prescription Drug Plan | informedRx—Retail Pharmacy: 800-880-1188; Mail Order: 800-881-1966; Specialty Drugs: 800-850-9122 www.myinformedrx.com |
| Utilization Management Co. | American Health Group (AHG) - 602-265-3800 or 800-847-7605 |
| EAP Program | Aetna EAP—888-AETNA-EAP (888-238-6232); www.aetnaeap.com (YABC's Company ID is EAP4YABC) |
| Dental Claims Administrator | Professional Benefit Services, Inc.—602-231-8896 or 866-965-9198; www.pbsazonline.com |
| Vision Plan Administrator | Vision Service Plan (VSP) - 800-877-7195; www.vsp.com |

DENTAL INSURANCE

100% Type I (Routine Services) check-ups, x-rays, and cleaning twice in a twelve month period.

\$50 deductible, then 80% Type II (Basic Services) extractions, oral surgery, fillings.

\$50 deductible, then 50% Type III (Major Services) inlays, gold fillings, crowns.

Orthodontia is paid at 50% to a lifetime maximum of \$1,500.

Annual maximum per employee per year is \$1,500.

See the Summary Plan Document at www.yabc.net for complete coverage details.

VISION INSURANCE (WWW.VSP.COM)

One vision exam every 12 mo. paid 100% after a \$10 copay.

Eyeglass lenses every 12 mo. paid 100% after a \$15 copay.

Eyeglass frames every 24 mo. covered up to \$120 plus 20% discount. T

There is a \$105.00 allowance for contacts and the contact lens exam.

See the Summary Plan Document at www.yabc.net for complete coverage details.

Create your account at www.vsp.com for additional information.

| | July 1, 2014 - June 30, 2015 Unbundled Rates | | | Projected Monthly | Total Premium beginning 7/1/14 |
|-----------------------|---|---------|-------------------|-------------------|-----------------------------------|
| Active Plan A | Medical/Rx | Dental | Vision (option I) | | |
| Employee Only | \$530.00 | \$37.00 | Included | | \$567 |
| Employee + Spouse | \$1,067.00 | \$75.00 | Included | | \$1,142 |
| Employee + Child(ren) | \$1,006.00 | \$71.00 | Included | | \$1,007 |
| Employee + Family | \$1,325.00 | \$94.00 | Included | | \$1,419 |
| | July 1, 2014 - June 30, 2015 Unbundled Rates | | | Projected Monthly | Total Premium beginning 7/1/14 |
| Active Plan B | Medical/Rx | Dental | Vision (option I) | | |
| Employee Only | \$435.00 | \$37.00 | Included | | \$472 |
| Employee + Spouse | \$878.00 | \$75.00 | Included | | \$953 |
| Employee + Child(ren) | \$826.00 | \$71.00 | Included | | \$897 |
| Employee + Family | \$1,090.00 | \$94.00 | Included | | \$1,184 |

The insurance rates above include the monthly premium rates for medical, dental, and vision insurance. Members may choose to opt-in or opt-out of the YABC medical or dental plans separately. Whatever option is chosen, everyone covered under the member's plan will have the same option(s). Please note that by contract YABC charges 100% of the medical, dental, and vision plan premium for members regardless of the coverage selected.

| CURRENT PREMIUM | Total Premium beginning | YCIPTA pays | Monthly Employee Premium |
|-----------------------|----------------------------|-------------------|-----------------------------|
| Active Plan A | | | |
| Employee Only | \$567 | \$510 | \$0 |
| Employee + Spouse | \$1,142 | \$510 + 90 = 600 | \$542 |
| Employee + Child(ren) | \$1,007 | \$510 + 125 = 635 | \$372 |
| Employee + Family | \$1,419 | \$510 + 125 = 635 | \$784 |
| | | | |
| Active Plan B | | | |
| Employee Only | \$472 | \$510 | (\$38) |
| Employee + Spouse | \$953 | \$510 + 90 = 600 | \$353 |
| Employee + Child(ren) | \$897 | \$510 + 125 = 635 | \$262 |
| Employee + Family | \$1,184 | \$510 + 125 = 635 | \$549 |

OPEN ENROLLMENT MONTH IS DURING MAY OF EVERY YEAR, WITH THE EFFECTIVE DATE OF JULY 1ST. THIS IS WHEN YOU CAN MAKE CHANGES TO YOUR HEALTH INSURANCE AND ADD OR DELETE DEPENDANTS. DEPENDENTS CAN BE ADDED/DELETED (DURING THE PLAN YEAR) WITHIN 30 DAYS OF AN IRS QUALIFYING EVENT, SUCH AS MARRIAGE, DIVORCE, BIRTH, OR LOSS OF SPOUSAL JOB.

Important Plan Information

MID-YEAR CHANGES TO YOUR MEDICAL PLAN ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you **will not** be allowed to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a Special Enrollment event or a Mid-year Change in Status as outlined below:

Special Enrollment Event:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.
- become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact the YABC Plan Administrator.

Mid-Year Change in Status Event:

The following events **may** allow certain changes in benefits mid-year, if permitted by the Internal Revenue Service (IRS):

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting Human Resources. The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

The YABC medical plans do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the Plan may be less for the use of a non-network provider.

You also do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact the YABC Plan Administrator.

PRE-EXISTING CONDITION EXCLUSION

The YABC Medical Plans impose a pre-existing condition exclusion only for individuals age 19 years and older. This means that if you have a medical condition before coming to a YABC Medical Plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment (including taking a prescription drug) was recommended or received within a 3-month period. Generally, this 3-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 3-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy, or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption or to individuals under age 19 years. This exclusion may last up to **12** months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not had a break in coverage of at least 63 days. To reduce the **12**-month exclusion period (or 18 month exclusion period for late enrollees) by your creditable coverage, you should give the Plan a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact the YABC Plan Administrator if you need help demonstrating creditable coverage. All questions about the pre-existing condition exclusion and creditable coverage should be directed to the YABC Plan Administrator.

MEDICARE NOTICE OF CREDITABLE COVERAGE

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you are or are not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by the YABC Plan are or are not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available from the YABC Plan Administrator.

PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice from the YABC Plan Administrator.

**MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance. If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums.**

| | |
|--|--|
| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
| Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504 | Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443 |
| ALASKA – Medicaid | COLORADO – Medicaid and CHIP |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 | Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http://www.CHPplus.org CHIP Phone: 303-866-3243 |
| ARIZONA – CHIP | |
| Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437 | |
| ARKANSAS – CHIP | FLORIDA – Medicaid |
| Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275 | Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-877-357-3268 |
| GEORGIA – Medicaid | MISSOURI – Medicaid |
| Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |
| IDAHO – Medicaid and CHIP | MONTANA – Medicaid |
| Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588 | Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084 |
| INDIANA – Medicaid | NEBRASKA – Medicaid |
| Website: http://www.in.gov/fssa Phone: 1-800-889-9948 | Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092 |
| IOWA – Medicaid | NEVADA – Medicaid and CHIP |
| Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 | Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669 |
| KANSAS – Medicaid | |
| Website: https://www.khpa.ks.gov Phone: 1-800-792-4884 | |
| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238 |
| LOUISIANA – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |

| | |
|---|---|
| MASSACHUSETTS – Medicaid and CHIP | NEW MEXICO – Medicaid and CHIP |
| Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120 | Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583 |
| MINNESOTA – Medicaid | |
| Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670 | |
| NEW YORK – Medicaid | TEXAS – Medicaid |
| Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493 |
| NORTH CAROLINA – Medicaid | UTAH – Medicaid |
| Website: http://www.nc.gov Phone: 919-855-4100 | Website: http://health.utah.gov/upp Phone: 1-866-435-7414 |
| NORTH DAKOTA – Medicaid | VERMONT – Medicaid |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| OKLAHOMA – Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Medicaid Website: http://www.dmas.virginia.gov/rcp-IPP.htm H Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647 |
| OREGON – Medicaid and CHIP | WASHINGTON – Medicaid |
| Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678 | Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473 |
| PENNSYLVANIA – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730 | Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604 |
| RHODE ISLAND – Medicaid | WISCONSIN – Medicaid |
| Website: www.dhs.ri.gov Phone: 401-462-5300 | Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002 |
| SOUTH CAROLINA – Medicaid | WYOMING – Medicaid |
| Website: http://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531 |

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

YUMA AREA BENEFITS CONSORTIUM (YABC) BENEFITS CONTACT INFORMATION

When you need information, please check this document first. If you need further help, call the people listed in the following Quick Reference Chart or contact Human Resources at 373-5125.

| QUICK REFERENCE CHART | |
|---|--|
| If you need information on: | Contact the following: |
| <p>Claims Administrator for Medical and Behavioral Health Claims</p> <p>Medical and Behavioral Health claims and appeals Eligibility and Benefits Plan Benefit Information COBRA Administration HIPAA Certificate of Creditable Coverage</p> | <p>Professional Benefit Services, Inc. (PBS) 2255 N. 44th St., Suite 250 Phoenix, AZ 85008 1-602-231-8896 or 1-866-365-9198 Online Claim Status: http://www.pbsazonline.com</p> |
| <p>In-Network Providers</p> <p>In-Network Providers Directory for Preferred Medical Plan Providers Additional/deletion of providers (Always check with the Network before you visit a provider to be sure they are still contracted and will give you the discounted price)</p> | <p>Blue Cross Blue Shield of Arizona (BCBSAZ) (602) 864-4844 or (800) 650-5656 Provider Directory: www.azblue.com EDI Payor ID#53589</p> <p>Blue Cross® Blue Shield of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and does not provide administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. Yuma Area Benefit Consortium has assumed all liability for claims payment based on provisions and limitations stated in this plan document. No provider network access/benefits are available from Blue Cross Blue Shield of Arizona outside Arizona.</p> |
| <p>Utilization Management (UM) Company</p> <p>Case Management Precertification and Medical Review Appeal of a Denied UM request</p> | <p>American Health Group (AHG) 2152 S. Vineyard Ave, Suite 103 Mesa, AZ 85210 1-602-265-3800 or 1-800-847-7605</p> |
| <p>Dental Claims Administrator</p> <p>Dental claims and appeals</p> | <p>Professional Benefit Services, Inc. 2255 N. 44th St., Suite 250 Phoenix, AZ 85008 602-231-8896 or 1-866-365-9198 Online Claim Status: www.pbsazonline.com</p> |
| <p>Prescription Drug Program</p> <p>ID Cards Retail Pharmacies Mail Order Service Direct Member Reimbursement (for Non-network retail pharmacy use) Specialty Drugs Appeal of a denied Drug request</p> | <p>informedRx Retail Pharmacy Customer Service: 1-800-880-1188</p> <p>Mail Order: Customer Service 1 800-881-1966 informedMail P.O. Box 407096 Ft. Lauderdale, FL 33340-7096</p> <p>Specialty Drugs filled by Ascend Ascend Customer Service; 1-800-850-9122 www.myinformedrx.com</p> |
| <p>Vision Plan Insurance Administrator</p> <p>Vision network providers Vision claims and appeals</p> | <p>Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova, CA 95670 1-800-877-7195 www.vsp.com</p> |

| QUICK REFERENCE CHART | |
|---|---|
| If you need information on: | Contact the following: |
| <p>Employee Assistance Program (EAP) Confidential information, support and referral to help individuals cope with personal problems that impact their home and work life. EAP counselors can help you with stress, marriage, family, work-related problems, substance abuse, financial and legal problems.</p> | <p>Aetna Employee Assistance Program 1-888-238-6232 www.aetnaeap.com Company ID: EAP4YABC</p> |
| <p>Level Two Claim Appeals</p> | <p>Board of Trustees for YABC regarding Claim Appeal c/o Professional Benefit Services, Inc. (PBS) 2255 N. 44th St., Suite 250 Phoenix, AZ 85008 1-602-231-8896 or 1-866-365-9198</p> |
| <p>COBRA Administrator Information About Coverage Adding or Dropping Dependents Cost of COBRA Continuation Coverage COBRA Premium payments Second Qualifying Event and Disability Notification</p> | <p>Professional Benefit Services, Inc. (PBS) 2255 N. 44th St., Suite 250 Phoenix, AZ 85008 1-602-231-8896 or 1-866-365-9198</p> |
| <p>Plan Administrator for YABC Medicare Part D Notice of Creditable Coverage YABC Board of Trustees</p> | <p>Plan Administrator c/o Chief Financial Officer, AZ Western College P. O. Box 929 Yuma, AZ 85366-0929 1-928-344-7515 YABC Website: www.yabc.net</p> |
| <p>Privacy Officer Security Officer HIPAA Notice of Privacy Practices</p> | <p>City of Yuma Accounting Supervisor One City Plaza, Yuma, AZ 85364 1-928-373-5085</p> |

EMPLOYEE ASSISTANCE PROGRAM

What is EAP?

EAP is a confidential, employer-offered program that helps employees and their families balance the demands of work, life and personal issues. EAP can assist with topics such as:

- Marital distress
- Relationship issues
- Substance abuse
- Workplace conflict
- Stress
- Personal and family issues

Balancing the demands of work, home and life can lead to improved productivity, increased employee satisfaction and better managed health costs.

Your employee assistance program is provided through AETNA. This benefit entitles you to up to ten free counseling sessions per year for you and each eligible dependent living in your household. The service is completely confidential and may be used for any counseling needs you or your family may have. You have unlimited, toll-free access to EAP dedicated staff, 24 hours per day.

Contact Aetna EAP: 1-888-238-6232, or visit: www.aetnaeap.com/EAP,
Then enter our Company ID: EAP4YABC

VSP Doctor List

All VSP doctor locations:

- 👁️ Accept new patients
- 👁️ Provide a WellVision ExamSM
- 👁️ Offer a wide selection of contact lenses and frame brands

| OFFICE NAME | DOCTOR NAME | HOURS | ADDITIONAL LANGUAGE |
|--|--|-----------------------|---------------------|
| 1 Adobe Eyecare Center PLLC 2340 W 24 th St Ste 2 Yuma, AZ 85364 (928) 329-9685 | Jill Carporelli O.D. Children ages 0-3 Children ages 3-5 Safety Eyewear Sports Eyewear | Mon – Fri 8:30 - 5:30 | Spanish |
| 2 Corona Optique 2149 W 24th St Yuma, AZ 85364 (928) 726-1100 | Robert C. Brown O.D. Children ages 0-3 Children ages 3-5 Safety Eyewear Sports Eyewear Scot Class O.D. Children ages 3-5 Hard-To-Fit Contacts Safety Eyewear Sports Eyewear Raymond R Corona O.D. Safety Eyewear Sports Eyewear Laura Hartman O.D. Children ages 0-3 Children ages 3-5 Safety Eyewear Sports Eyewear Kayle L Haws O.D. Children ages 3-5 Safety Eyewear Sports Eyewear Scott D Lindley O.D. Safety Eyewear Sports Eyewear Thuy N Ngo O.D. Children ages 3-5 Hard-To-Fit Contacts Safety Eyewear Sports Eyewear | Mon - Fri 8:00 - 6:00 | Spanish |

VSP Doctor List

All VSP doctor locations:

- 👁️ Accept new patients
- 👁️ Provide a WellVision ExamSM
- 👁️ Offer a wide selection of contact lenses and frame brands

| OFFICE NAME | DOCTOR NAME | HOURS | ADDITIONAL LANGUAGE |
|--|--|---|---------------------|
| 3 Yuma Vision Center 275 W 28th St Yuma, AZ 85364 (928) 782-7557 | Thomas F Determan O.D. Safety Eyewear | Mon - Fri 9:00 - 5:30 | Japanese Spanish |
| | Clarissa D Glover Danque O.D. Children ages 0-3 Children ages 3-5 Hard-To-Fit Contacts Safety Eyewear | | |
| | Stephen H Spencer O.D. Children ages 0-3 Children ages 3-5 Hard-To-Fit Contacts Safety Eyewear | | |
| 4 Somerton Eyecare Center Inc 201 Bingham Ave Ste 3 Somerton, AZ 85350 (928) 627-4525 | Jesse V Dominguez O.D. Children ages 0-3 Children ages 3-5 Hard-To-Fit Contacts Low Vision | Mon - Fri 10:00 - 6:00 | Spanish |
| 5 Family Eye Care of San Luis 1910 E Juan Sanchez Blvd Ste 8 San Luis, AZ 85349 (928) 627-3356 | Thomas F Determan O.D. | Tue - Fri 10:00 - 5:00 Sat 8:00 - 1:00 | Japanese Spanish |
| | Stephen H Spencer O.D. Children ages 0-3 Children ages 3-5 Hard-To-Fit Contacts | | |