



2024



# Employee Benefits Guide

CITY OF SAN LUIS

# 2024 - 2025 Benefits Overview

## OPEN ENROLLMENT 2024

It is once again time for the annual open enrollment for our employee benefit plans. We are pleased to provide you and your family with a comprehensive benefits package that provides affordable health care coverage and encourages employee wellness. This communication highlights the employee benefit plans that are available to you effective 7/1/2024 through 6/30/2025. The City of San Luis believes that our success, in large part, is due to the efforts of our most valued resource, our employees. We continually keep this in mind every year when evaluating the employee benefit programs. We are committed to continuing to provide high quality benefits to our employees at an affordable cost.

You are eligible to participate in the City of San Luis Employee Trust benefit plan if you are a regular, full-time employee who works at least 30 hours per week, and you have met your benefits waiting period.

The waiting period is defined as follows:

- New Employees are eligible the first of the month following their date of hire.
- Eligible dependents include your legally married spouse and eligible dependent children.
- The City of San Luis will continue to absorb a large part of the cost of your Employee Benefit plans. You, the employee, may contribute to the benefit plans that you select via automatic payroll deductions.



### IMPORTANT DATES

Open enrollment runs  
April 23 -  
May 6, 2024

## Qualifying Events

The medical, dental and vision insurance are part of a pre-tax plan, dropping or adding a dependent can be done during Open Enrollment each year or when a Qualifying Event occurs. If you miss your new hire eligibility period, you must wait until the next open enrollment.

Examples of Qualifying Events are changes in:

- Marital status: marriage, legal separation, divorce, annulment or death of a spouse
- Birth, adoption, placement for adoption or death of a dependent.
- Employment status or work schedule of employee, spouse or dependent (e.g., new job, loss of job, and change from full-time to part-time).
- Dependent meeting or ceasing to meet age requirements such as age 26.

**You must notify the Human Resources Department within 31 days of the qualifying event in order to be eligible to change your benefit elections**

## HEALTH COMP

- Check Claim Status
- View Plan Benefits
- Find Providers
- Print Temporary ID Cards
- View Deductible & Out-of-Pocket Amounts

When you register at [HCHHealthBenefits.com](https://HCHHealthBenefits.com) you will receive electronic Explanation of Benefits (EOB's).

To learn more, click on the video below:

 [How to Read an EOB](#)

# Medical Insurance Options

## BCBSAZ PPO Network: Plan 1

- Use the BCBS Network in Arizona, when necessary the Multi-plan network is available Out of State. See your medical card for more details.
- No referrals are required
- Prior authorization for complex imaging, out-patient services, and hospitalization.
- International travel covered as an emergency

**CLICK THE LOGO BELOW TO REACH THE CARRIER SITE**



Get the most out of your insurance by using **in-network providers.**

MEDICAL	BCBSAZ - Plan 1	
	PPO	
Description of Coverage	In Network	
<b>Deductible</b> (Individual ♦ Family)	\$750 ♦ \$1,500	
<b>Coinsurance</b> (on allowed amount)	80%	
<b>Max Out-of-Pocket</b> (Individual ♦ Family)	\$4,500 ♦ \$9,000	
Includes Deductible?	Yes	
<b>Lifetime Max</b>	Unlimited	
<b>Primary Care Physician</b>	\$15 copay	
<b>Specialist Visit</b>	\$25 copay	
<b>Teledoc - HealthiestYou</b> Telephonic or Virtual	\$0 copay	
<b>Mental Health &amp; Nervous Disorders</b> Inpatient Outpatient	20% after deductible \$15 copay	
<b>Outpatient Surgery</b>	20% after deductible	
<b>Outpatient Diagnostic Tests</b>	\$25 copay	
<b>Specialty Scans—stand alone</b> (MRI, PET, CT)	\$25 copay	
<b>Inpatient Hospitalization</b>	20% after deductible	
<b>Emergency Room</b>	20% after deductible	
<b>Urgent Care</b>	\$30 copay	
<b>Prescription Drugs</b>		
Retail: 30 day supply	\$5 ♦ \$35 ♦ \$55	
Mail Order: 90 day supply	\$15 ♦ \$75 ♦ \$135	
<b>Employee Rates</b>	Blue Cross Blue Shield	
	Monthly Deduction	Per Pay Period Deduction
Employee Only	\$0.00	\$0.00
Employee + Plus One	\$284.67	\$142.34
Employee + Child(ren)	\$284.67	\$142.34
Employee + Family	\$435.47	\$217.74

**FIND A  
MEDICAL  
PROVIDER**

To find a BCBS Medical Provider in your area, visit the website at [www.azblue.com/chsnetworkmayo](http://www.azblue.com/chsnetworkmayo)

### STEP-BY-STEP INSTRUCTIONS

- You will select “Arizona PPO” from “Choose a Plan drop down menu
- Click the orange Find a Doctor button
- Define your search area by current location or enter a city or zip code
- Select a provider from the list

# Medical Insurance Options

## The Siarmed Network: Plan 2

- A smaller Mexico physician network. The network is limited to Siarmed network for both medical and dental providers
- You are required to select a Primary Care Physician with this network.
- Referrals are required
- All members will present a photo ID in order to receive medical services.
- Specialists will require a referral from your doctor. These referrals are only good for the month it is issued.

Out-of-Network covered only when there is an emergency. You are required to pay the bill at the time of service and submit to Siarmed for reimbursement.

MEDICAL	Siarmed– Plan 2	
	Mexico Only Plan	
<b>Description of Coverage</b>	<b>In Network</b>	
<b>Deductible</b> (Individual ♦ Family)	N/A	
<b>Coinsurance</b> (on allowed amount)	100%	
<b>Max Out-of-Pocket</b> (Individual ♦ Family)	\$0 ♦ \$0	
Includes Deductible?	Yes	
<b>Lifetime Max</b>	Unlimited	
<b>Primary Care Physician</b>	\$5 copay	
<b>Specialist Visit</b>	\$5 copay	
<b>Teledoc - HealthiestYou</b> Telephonic or Virtual	\$0 copay	
<b>Mental Health &amp; Nervous Disorders</b> Inpatient Outpatient	\$50 copay \$5 copay	
<b>Outpatient Surgery</b>	\$25 copay	
<b>Outpatient Diagnostic Tests</b>	\$5 copay	
<b>Specialty Scans—stand alone</b> (MRI, PET, CT)	\$25 copay	
<b>Inpatient Hospitalization</b>	\$50 copay	
<b>Emergency Room</b>	\$150 copay	
<b>Urgent Care</b>	\$20 copay	
<b>Prescription Drugs</b>		
Retail: 30 day supply	\$2 ♦ \$5	
Mail Order: 90 day supply	N/A	
<b>Employee Rates</b>	<b>Blue Cross Blue Shield</b>	
	<b>Monthly Deduction</b>	<b>Per Pay Period Deduction</b>
Employee Only	\$0.00	\$0.00
Employee + Plus One	\$103.72	\$51.86
Employee + Child(ren)	\$103.72	\$51.86
Employee + Family	\$151.46	\$75.73

CLICK THE CARRIER LOGO OR SCAN THE QR CODE TO REACH THE CARRIERS SITE



## DENTAL PLAN OPTIONS

The City of San Luis will continue to provide dental insurance with either Open Network or Siarmed. Please note that US Dental coverage allows for coverage in Mexico. Dependents must insured for 12 months before orthodontic services are available .

### DENTAL INSURANCE PLAN OPTIONS AND COSTS

Employee Cost Per Paycheck			
Employee	\$0.00	\$0.00	
Employee + Spouse	\$20.53	\$9.16	
Employee + Child(ren)	\$41.05	\$9.16	
Employee + Family	\$51.24	\$12.21	

**In-Network Providers:**  
Provider is reimbursed based on contracted fees and cannot balance bill you.

	Open Network	Siarmed	
<b>Deductible</b> Individual / Family	\$25 / \$50	N/A	Applies to Basic & Major Services
<b>Annual Combined Maximum</b>	\$2,250	\$1,125	Applies to Preventative, Basic & Major Services
<b>Waiting Periods</b>	Orthodontics -12 Months		
	Open Network	Siarmed	
<b>Diagnostic / Preventive Services</b>	100%	100%	<ul style="list-style-type: none"> <li>• Oral Evaluations</li> <li>• Cleanings</li> <li>• X-Rays</li> <li>• Fluoride Treatments (for dependents &lt;19)</li> <li>• Sealants (for dependents &lt;14)</li> <li>• Space Maintainers</li> <li>• Emergency Treatment (for temporary pain relief)</li> </ul>
<b>Basic Services</b>	80%	\$5 copay	<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Simple &amp; Surgical Extractions</li> <li>• General Anesthesia</li> </ul>
<b>Major Services</b>	50%	\$10 copay	<ul style="list-style-type: none"> <li>• Single Crowns</li> <li>• Inlays/Onlays</li> <li>• Bridges &amp; Dentures</li> <li>• Prosthodontics</li> </ul>
<b>Orthodontic Combined Lifetime Max. Benefit</b>	\$2,250	\$1,125	

\* No Out-of-Network coverage on the Siarmed Network

# Vision Insurance

## VISION SERVICE PLAN

Your vision insurance for the 2024-2025 plan year will be offered through VSP.

The vision plan offers in-network coverage. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings.

To find a participating provider, please visit [www.VSP.com](http://www.VSP.com) for more information.



### VISION INSURANCE PLAN OPTIONS AND COSTS

VSP	Employee Cost
Employee	\$0.00
Employee + Family	\$6.97

  

In-Network Benefits	
Examination Copay	\$10 copay
Contact Lens Examination Copay	Up to \$60 copay
Frequency of Service	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Lenses	
Single	\$25 copay; 100% covered
Bifocal	\$25 copay; 100% covered
Trifocal	\$25 copay; 100% covered
Lenticular	\$25 copay; 100% covered
Progressive Lenses	100% Covered
VSP Light Care UV & Blue Light	100% Covered
Frames	\$200 allowance
Conventional Contacts	\$150 allowance



# Flexible Spending Accounts (FSAs)

## WHAT IS AN FSA?

**Flexible Spending Accounts (FSAs)** are administered by American Fidelity. FSA's provide you with a tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. When you have out-of-pocket expenses with qualified providers (such as copayments and deductibles), you may either use your FSA debit card, or submit an FSA claim form with your receipt to American Fidelity. Reimbursement may be issued to you through either direct deposit into your bank account, or by check if requested.

### Eligible Expense Examples

- Deductible and Cost Share Expenses
- Dental Expenses
- Vision Expenses
- Nutrition Counseling
- Laboratory Fees
- Orthodontia
- Medication
- Psychiatric Care



Scan Here For More Eligible Expenses

### DEPENDENT CARE FSA (DCFSA)

DCFSA's give you the opportunity to redirect a portion of your annual income for qualified dependent care expenses on a pre-tax basis.

Please keep in mind some of the following IRS rules:

- DCFSA is a "use as you contribute" plan
- You must submit receipts for reimbursement
- There are no debit cards associated with DCFSA's
- Dependent Daycare and before and after school care expenses can be submitted for children under the age of 13, or dependents over the age of 13 if the individual is incapable of self-support
- Dependent Daycare may include elder care
- The caregiver cannot be someone you can claim as a dependent on your income taxes
- Overnight camps are not an eligible expense; only day camps are eligible
- Using a Dependent Care FSA reduces your eligibility for the Federal Child Care Tax Credit
- You can change Dependent Daycare contributions if the cost of care changes during the plan year
- Unused funds in the Dependent daycare account will not carryover

2024 MAXIMUM CONTRIBUTIONS	
Health Care Flexible Spending account	\$3,200 max
Dependent Care Expense account	\$5,000 max

Your contributions into an FSA are on a **PRE-TAX** basis.

This reduces your taxable income and saves you money!



# Life and Disability Insurance

## COVERAGE THROUGH THE STANDARD

- *Add Your Spouse*
- *Add Your Dependents*
- *Increase Your Coverage*

### BASIC LIFE AND AD&D - 100% EMPLOYER PAID

The Standard provides \$50,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

Additional Life Insurance
(available at additional cost to the employee)
Coverage up to \$300,000 not greater than 5x Salary is available.
Coverage reduces by 35% at age 70 & 50% at age 75



[File A Life and Disability Claim HERE](#)

### DISABILITY INSURANCE - 100% EMPLOYER PAID

- **Short-Term Disability**  
*(All Employees)*
- **Long-Term Disability**  
*(Public Safety Employees only)*

- Coverage begins on the 15th day for injury or sickness.
- Duration of Benefits: 180
- Benefit Percentage: 66.67%
- Waiting period: 14 days Maximum
- Weekly Benefit: \$2,000

- Coverage begins on the 181st day for injury or sickness.
- Duration of Benefits: To age 65
- Benefit Percentage: 60%
- Waiting period: 180 days
- Maximum Monthly Benefit: \$10,000

 [What is Short Term Disability?](#)

 [What is Long Term Disability?](#)

# Additional Benefits

## Teladoc - HealthiestYou

- 24/7 Doctor Access
- Health management content
- Prescription Savings
- Confidential Counseling
- Dermatology
- Nutrition by phone
- Back and Joint care



**Register Now!**  
[www.member.healthiestyou.com/login](http://www.member.healthiestyou.com/login)  
 Or call 866.904.0910

 [HealthiestYou Overview](#)

## Esurgeries

<b>Esurgeries</b>
No Copay's, Deductibles and Coinsurance when contacting and utilizing Esurgeries
<a href="http://www.esurgeries.com">www.esurgeries.com</a>

## EAP

Uprise - Employee Assistance Program All Employees	
Counseling for you & your dependents	Up to 6 sessions per incident <b>No copayment</b>

For more information call 800.395.1616 or go to the member Website at [embers.uprisehealth.com](http://embers.uprisehealth.com)

Please use your access code: **cosl** to access online resources at [members.uprisehealth.com](http://members.uprisehealth.com)

Standard Horizon for Public Safety only	
Counseling for you & your dependents	Up to 3 visits per calendar year for each situation - <b>No Copayment</b>



# Supplemental Benefits



## 457(B) RETIREMENT SAVINGS

Plan for your financial future through Nationwide. The contributions to the 457(b) plan are deducted pre-tax and pre-FICA from your paycheck. An employee is eligible to participate in the 457(b).

Nationwide offers tools to help plan for your future. Visit [www.azsmartsave.com](http://www.azsmartsave.com) to learn more.

For more information contact:  
**Ninoska Metcalfe**  
602.783.4190  
metcaln2@nationwide.com



## LEGAL SHIELD

Voluntary benefits, through LegalShield, are available to you and have these important features:

LegalShield provides legal protection, including emergency situations, 24/7/365 days a year.

For one low monthly cost, LegalShield puts an attorney in the palm of your hand.

For more information about this coverage, please visit [www.legalshield.com](http://www.legalshield.com)



## AMERICAN FIDELITY

American Fidelity provides benefits for Accident, Cancer, Critical illness, Hospital indemnity and FSA 's. Below are a few things they offer:

- One-on-one benefits education
- Helps you create a personalized plan
- 24/7 access to file claims
- Over 25 Treatments Covered
- Recurrent Diagnosis Benefit
- 24-Hour Coverage
- Wellness/Benefit Screening
- Simplified Underwriting

For more information:  
**Selena Means**  
928.301.5325  
**Customer Service**  
800.662.1113



## TRANSWESTERN MEXICO NETWORK

The City of San Luis offers an additional Basic Health Benefit Plan through Transwestern which is a Mexico Only Network. Transwestern offers:

- Coverage available for employees and dependents
- Personalized Service
- Electronic Claims Submission
- Bilingual Staff Members
- Can only use contracted providers
- Please note there are limitations on services

For more information:  
Click [HERE](#)  
**Customer Service**  
800.221.8942

[CLICK HERE TO VIEW THE SCHEDULE OF BENEFITS](#)



## TUITION REIMBURMENT

- Limited to the sum of \$1,200.00 per employee per semester and no more than the total annual sum of \$2,400.00 per employee per fiscal year.
- Requires approval by Department heads and subject to budgetary constraints and availability of funds.
- Course/classes shall be related to the current position.
- Classes or courses shall be at an accredited institution approved by Human Resources.

## Continuation of Benefits (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental, and vision coverage - and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months. Before an employee's benefits coverage ends, the HR department provides the terminating employee with personalized information on COBRA continuation procedures. Continuation of medical, dental and vision coverage is also available for "qualified beneficiaries" up to 36 months when one of the following qualifying events occurs:

- Death of a covered employee;
- Divorce or legal separation;
- Employee becomes eligible for Medicare;
- Dependent child reaches maximum age allowed under group plan

"Qualified beneficiaries" are those individuals who were covered under the group plan on the day before the qualifying life event. This could include the employee's spouse and dependent child(ren). Please note: It is the responsibility of you, the employee, or qualified beneficiary to notify the HR department of qualifying events, such as divorce, legal separation or a dependent child reaching the maximum allowable age to remain on your benefit plans.

## Family and Medical Leave Act (FMLA)

The FMLA is a federal law which provides eligible employees with up to 12 work weeks of unpaid, job protected leave in a 12-month period defined by the employer and requires group health benefits be maintained during the leave. The FMLA was amended to include new military family leave entitlements (qualifying exigency leave up to 12 weeks and military caregiver leave up to 26 weeks). The FMLA covers all public and private employers with 50 or more employees within a 75 mile radius. The FMLA guarantees that employees can return to the same or equivalent position, with equivalent pay, benefits, and other terms and conditions of employment, following FMLA leave.

**The FMLA allows eligible employees of covered employers to take up to 12 weeks of unpaid leave in a 12 month period defined by the employer for:**

- Birth, adoption, or foster care of a child.
- Care of a spouse, parent or child with a serious health condition; or employee's own serious health condition.
- Any "qualifying exigency" arising from fact that a spouse, parent or child (who is a member of the National Guard or Reserves) is on or has been called to active duty.

It allows eligible employees who are family members of covered service members to take up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious illness or injury incurred in the line of duty.

**The FMLA covers employees who:**

- Have worked for the employer for 12 months (does not have to be consecutive);
- Have been employed for 1250 hours during the 12 months prior to the start of the FMLA leave; and
- Are employed at a location where at least 50 or more employees are working or where the number of workers within 75 miles is 50 or more.

**It defines a serious health condition as an illness, injury, impairment or physical or mental condition that involves one of the following:**

- Inpatient care;
- Chronic conditions requiring treatments;
- Absence of more than 3 calendar days plus treatment;
- Permanent long-term conditions requiring treatment;
- Pregnancy or parental care;
- Multiple treatments of non-chronic conditions.

# Contact Information

WHO	EMAIL/WEBSITE	PHONE
Health Comp	<a href="mailto:customerservice@healthcomp.com">customerservice@healthcomp.com</a>	928.242.7055
RX - Liviniti	<a href="http://www.liviniti.com">www.liviniti.com</a>	800.710.9341
Esurgeries	<a href="http://www.esurgeries.com">www.esurgeries.com</a>	833.378.2583
Siarmed (Medical and Dental - Mexico)	<a href="http://www.siarmed.com.mx">www.siarmed.com.mx</a>	+52.653.536.3542
VSP (Vision)	<a href="http://www.vsp.com">www.vsp.com</a>	800.877.7195
The Standard (Basic Life, Vol. Life & STD & LTD)	<a href="http://www.standard.com">www.standard.com</a>	800.628.8600
Standard EAP	<a href="http://www.standard.com/eforms">www.standard.com/eforms</a>	888.293.6948
American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.662.1113
Transwestern Ins. Administrators	<a href="http://www.claim.md">www.claim.md</a>	800.221.8942
Angela Schlosser Claims Advocate, CBIZ	<a href="mailto:aschlosser@cbiz.com">aschlosser@cbiz.com</a>	520.321.7503
Mary Barajas Gutierrez Human Resources Coordinator	<a href="mailto:mbgutierrez@sanluisaz.gov">mbgutierrez@sanluisaz.gov</a>	928.341.8579

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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.

