

Section 125 Pre-Tax Plan

A Section 125 Plan provides federal, state and FICA tax savings by reducing employee medical premiums from gross salary prior to the calculation of federal, state, and Social Security taxes. Employees take home pay is increased due to the reduction in taxes. Employees can make 125 election changes annually during Open Enrollment. 125 election changes can only be made during the plan due to a qualified change of status.

"Qualified" Change-of-Status Events

- Marriage
- Divorce or separation
- Birth or adoption of a child
- Death of a spouse or dependent
- Change in your spouse's employer medical coverage
- Child's loss of eligibility due to age or marital status
- Commencement of or return from an unpaid leave of absence
- A residence change effecting eligibility for you, your spouse or a dependent
- You, your spouse or dependent becomes eligible for Medicare



ParkPro
 5002 East Taylor St.
 Phoenix, AZ 85008
 P: 602 254-0770 F: 602 254-0230

Benefit website:
parkpro.azbenefitsauthority.com



Benefit Consultant:
Diana Bachman
Arizona Benefits Authority, Inc.
10844 N Cave Creek Rd
Phoenix AZ 85020
Phone: 602 943-7500
Fax: 602 943-2225
Email: diana@arizonahealthquotes.com
www.arizonahealthquotes.com

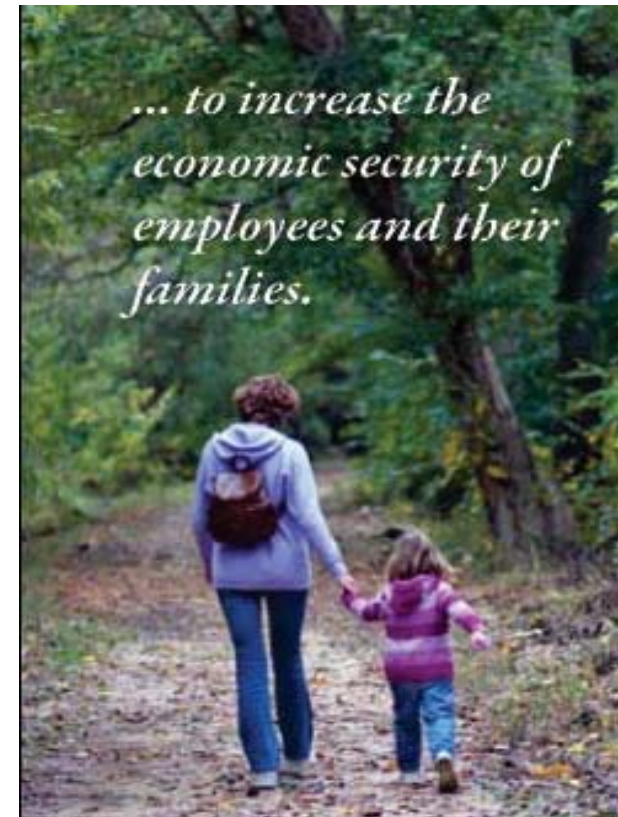
This brochure is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and privileged information. Any unauthorized review, use, duplication, disclosure or distribution is prohibited. This brochure represents only the highlights of the benefits we provide.

Complete details are contained in the Summary Plan Descriptions. If there are any conflicts between the wording here and the Summary Plan Descriptions, the wording in the Summary Plan Descriptions governs.



Employee Benefit Highlights

12/01/2020



Helping you make the right choices . . .

Additional Employee Benefits

We provide additional employee benefits. These benefits include paid holidays, vacation and sick days. See Human Resources for additional information.



Open Enrollment

If an employee or dependent does not enroll when first eligible for benefits, the employee or dependent may only apply for coverage at open enrollment unless there is a qualifying event such as a birth, adoption, death, marriage, divorce, dependent's loss of employment and/or benefit eligibility. You must notify the benefits administrator within 30 days of a qualifying event to apply for coverage. Open enrollment is an annual period during which you and your dependents are eligible to enroll for coverage. This period is defined as the 31 days preceding our policy anniversary date.



	Plan 1	Plan 2	Plan 3
CARRIER	aetna™ aetna™ aetna™		
PLAN DESIGN	POS	POS	POS
Customer Service (888) 802-3862	Network	Network	Network
LIFETIME MAXIMUM	UNLIMITED	UNLIMITED	UNLIMITED
Individual Deductible	\$2,500	\$2,500	\$1,500
Family Deductible	\$5,000	\$5,000	\$3,000
Individual Out of Pocket	\$6,000	\$6,000	\$5,000
OUTPATIENT SERVICES			
PCP Office Visit Copay	\$35	\$35	\$30
Specialist Office Visit Copay	\$70	\$70	\$60
Routine Lab Services	20% After Deductible	20% After Deductible	20% After Deductible
Routine X-Ray Services	20% After Deductible	20% After Deductible	20% After Deductible
Complex Imaging	20% After Deductible	20% After Deductible	20% After Deductible
Urgent Care Benefits	\$75	\$75	\$75
HOSPITAL SERVICES			
Inpatient Services	20% After Deductible	20% After Deductible	20% After Deductible
Outpatient Surgical Services	20% After Deductible	20% After Deductible	20% After Deductible
Maternity Services	20% After Deductible	20% After Deductible	20% After Deductible
Emergency Room Services	\$500	\$500	\$500
PRESCRIPTION COVERAGE			
Generic	\$3/\$10/\$50/	\$3/\$10/\$50/	\$3/\$10/\$45/
Name Brand	\$80/20%/40%	\$80/20%/40%	\$75/20%/40%
MAIL ORDER RX BENEFITS			
Generic	2 x Copay for 90 Day	2 x Copay for 90 Day	2 x Copay for 90 Day
Name Brand			
MENTAL/NERVOUS BENEFITS			
Outpatient Services	\$70	\$70	\$50
Inpatient Services	20% After Deductible	20% After Deductible	20% After Deductible
WELL CARE BENEFITS			
Well Child Care	\$0	\$0	\$0
Well Women Exams	\$0	\$0	\$0
Physical Exams	\$0	\$0	\$0
NETWORK			
Provider Network	Banner Performance	Broad PPO	Broad PPO
	Cost Per Pay	Cost Per Pay	Cost Per Pay
Employee (EE)	\$85.01	\$99.06	\$106.11
EE + Spouse	\$258.75	\$304.59	\$327.61
EE + Child(ren)	\$232.02	\$272.96	\$293.53
EE+ Family	\$392.41	\$462.71	\$498.01

We contribute 50% of the employee and 25% of the dependent premium. Employees can pay for their portion of premiums through the convenience of pretax payroll deduction. This benefit illustration is a brief outline of the benefits covered. For a complete list of benefits please refer to the carrier's summary plan description.



Customer Service: (800) 852-7600	
Vision Benefits	
Eye Exam	\$20
Materials	\$0
Benefits	
Frames	\$130 Allowance (every 24 months)
Single Vision Lens	\$0 (every 12 Months)
Bifocal Lens	\$0 (every 12 Months)
Trifocal Lens	\$0 (every 12 Months)
Elective Contact Lens	\$0 (every 12 Months)
Elective Contact Lens	\$130 Allowance*
Employee Cost Per Pay	
Employee (EE)	\$2.42
EE + Spouse	\$6.58
EE + Child(ren)	\$6.58
EE + Family	\$6.58

*When contact lenses are obtained, the member shall not be eligible for lenses and frames again for 12 months. We contribute 50% of the employee and 25% of the dependent premium. Employees can pay for their portion of premiums through the convenience of pretax payroll deduction. This benefit illustration is a brief outline of the benefits covered. For a complete list of benefits please refer to the carrier's summary plan description.



Customer Service: (800) 332-0366	
Dental Benefits	
Calendar Year Benefit	\$1,500
Individual Deductible	\$50
Family Deductible	\$150
Waived Preventative	Yes
Preventative Services	
Cleanings	\$0
Exams	\$0
X-Rays	\$0
Basic Services	
Fillings	20% After Deductible
Extractions	20% After Deductible
Endodontics	20% After Deductible
Periodontic Cleanings	20% After Deductible
Periodontic Surgery	20% After Deductible
Major Services	
Crowns	50% After Deductible
Bridges	50% After Deductible
Dentures	50% After Deductible
Orthodontia Services	
Child Orthodontia	50%
Lifetime Maximum	\$1500
Waiting Periods	
Basic Services	None
Major Services	None
Orthodontia	None
Underwriting	
Maximum Fee	90th Percentile
Employee Cost Per Pay	
Employee (EE)	\$9.03
EE + Spouse	\$21.47
EE + Child(ren)	\$24.31
EE + Family	\$40.18

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