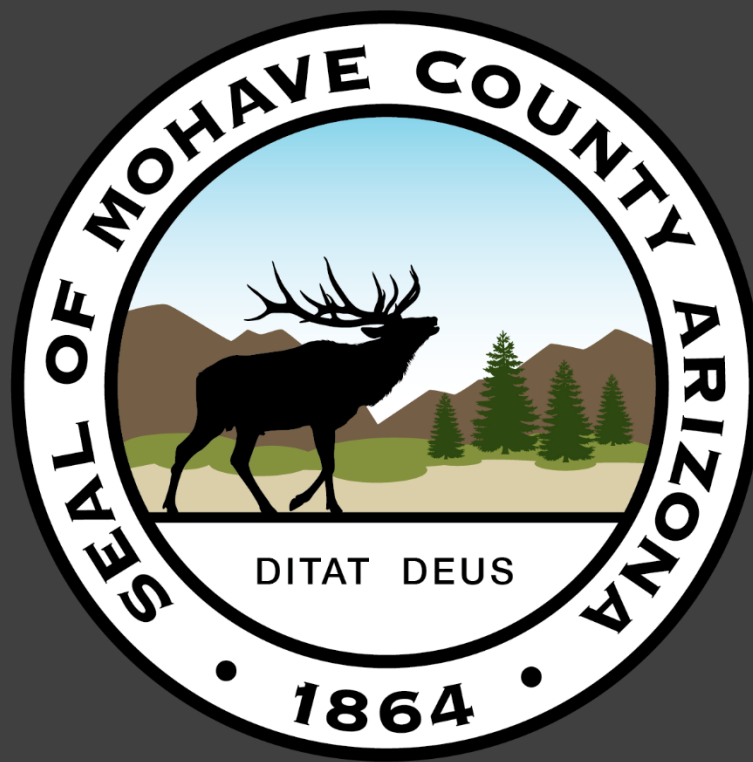


Mohave County

Employee Benefit Trust



July 1, 2025 – June 30, 2026

Benefits Guide

BENEFITS OVERVIEW

Mohave County is proud to offer a comprehensive benefits package to full-time employees. The complete benefits package is briefly summarized in this booklet. You share the costs of some benefits (medical, dental and vision), and County provides other benefits at no cost to you (life, accidental death & dismemberment, short-term disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

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BENEFITS OFFERED

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short-Term Disability
- Long Term Disability
- Employee Assistance Program
- Wellness program
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

ELIGIBILITY

You and your legal dependents are eligible for benefits on the first of the month following thirty (30) days from date of hire. Eligible dependents are your spouse, children under age 26, or disabled dependents of any age that became disabled prior to age 26. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days of qualifying event.



The cost of healthcare continues to be significant. To help control healthcare costs, utilize Teladoc and urgent care instead of the emergency room (when appropriate), choose generic medications, and participate in on-site preventive screenings offered by the wellness program.

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 33 for more details.

IMPORTANT DATES & INFORMATION

OPEN ENROLLMENT DATES:

Begins Monday, April 28, 2025 – Ends Friday, May 16, 2025

BENEFIT ENROLLMENT

All eligible employees wishing to make benefit election changes should do so during the Open Enrollment Period from **Monday, April 28 to Friday, May 16, 2025**. If you do not make changes, your current elections will stay in effect for the 2025-26 plan year. If enrolling in the FSA, you will need to make that election even if you are not making any other changes.

Changes **MUST** be made during Open Enrollment, or you must wait until you experience a Qualified Life Event.

Qualified Life Event (QLE) includes birth, death, marriage, divorce, adoption, etc. Changes **MUST** be made within 31 days of the QLE. Review the SPD for a full list.

The Open enrollment period is the time set aside each year for employees to review their benefit elections and decide if changes need to be made. Changes may include, but are not limited to:

- Adding or removing eligible family members
- Adding or deleting benefits
- Electing or increasing Voluntary Term Life
- Reducing or Canceling Voluntary Life Insurance
- Changing life insurance beneficiaries

Failure to complete the online enrollment process for any necessary changes effective July 01, 2025, will result in your benefits remaining the same as what is currently in place. You will not have the opportunity to make these changes until the next Open Enrollment.

DEPENDENT ELIGIBILITY & VERIFICATION:

Employees who wish to add dependents to the medical, dental, or vision plans for the 2025-26 plan year will be required to provide documentation that the person being enrolled is an eligible dependent as defined by the plan. Examples include marriage certificate, and an additional document dated within the last 60 days (mortgage statement, lease agreement, auto loan/gas/electric bill, etc., birth certificates, court orders regarding custody or guardianship, or any other documents that verify dependent status. Failure to submit this information during your initial enrollment or open enrollment, as applicable, will result in your dependents being dropped from the benefit plans. Please see Human Resources for a full list of acceptable documents to show Dependent Eligibility.

Retirement

Mohave County participates in four (4) retirement systems, based on classification, and offers full company match.

Retirement contributions are **mandatory**; **you cannot opt out**

Arizona State Retirement System (ASRS)

www.azasrs.gov

The Arizona State Retirement System Defined Benefit Plan provides for lifelong monthly retirement income for qualified members. The plan is tax-qualified under section 401(a) of the Internal Revenue Code. It is a “cost-sharing” model, meaning both the member and the employer contribute equally. Members also participate and contribute to the ASRS Long Term Disability Income Plan, which provides benefits for actively contributing members.

The fiscal year for the ASRS is from July 1 to the following June 30. Each July 1, the new contribution rate takes effect. This rate could increase, decrease, or stay the same from the previous year.

The current rate effective July 1, 2025, is 12.00%.

Public Safety Personnel Retirement Savings (PSPRS)

<https://www.psprs.com/public-safety-personnel/member/new-members/>

PSPRS is a defined benefit, or pension plan, in which monthly retirement payments are determined by salaries and credited service during employment. PSPRS membership tiers, pension contribution rates and benefits are determined by hiring dates. Arizona Legislature created a new and third member tier (Tier 3) for PSPRS for first responders hired on or after July 1, 2017.

Members hired on or after July 1, 2017, have the option of contributing towards two types of retirement plans: a traditional pension through PSPRS or a 401(a) defined contribution account known as the Public Safety Personnel Defined Contribution Plan. **Tier 3 members must make this selection within 90 days of their hiring**, or they will default to contributing towards receiving pension benefits when they retire.

Correction Officers Retirement Plan (CORP) – Adult Detention Employees

<https://www.psprs.com/corrections-officer/member/new-members/corrections-and-detention-officers/>

Those hired on or after July 1, 2018, to work in county jails are automatically enrolled in the Public Safety Personnel Defined Contribution Retirement Plan (PSPDCRP), administered by Nationwide Retirement Solutions. The PSPDCRP is a retirement plan in which both members and employers make contributions into an individual investment account established for each participant.

New corrections and detention officers must review and act on several of their options within 90 days of their hiring date. These decisions, which are irrevocable under most circumstances, must be made through the Members Only portal. PSPRS, which manages the corrections retirement plan, emails new members access instructions to the portal.

AOC Probation and Surveillance Officers (AOC-CORP) – Juvenile Detention Employees

<https://www.psprs.com/corrections-officer/member/New%20Members/aoc-probation-and-surveillance-officers/>

Probation and surveillance officers hired on or after July 1, 2018, by the Administrative Office of the Courts (AOC) have the option of contributing towards two types of retirement plans: a traditional pension through CORP or a 401(a) defined contribution account known as the Public Safety Personnel Defined Contribution Plan. **New members, known as Tier 3 CORP-AOC members, must make this selection within 90 days of their hiring.** Lack of action will result in new members contributing towards pension benefits that become available after members meet age and credited service requirements.



CONTRIBUTIONS

Rates below are per pay period.
Contributions are taken 24 of the 26 annual pay periods.

2025-2026 Rates and Contributions – Medical: Meritain

EPO	County	Employee	HDHP	County	Employee
Employee	\$356.84	\$51.82	Employee	\$303.35	\$44.26
Employee + Spouse	\$681.98	\$157.15	Employee + Spouse	\$572.10	\$132.44
Employee + Child(ren)	\$600.57	\$138.69	Employee + Child(ren)	\$507.71	\$117.79
Employee + Family	\$984.35	\$225.89	Employee + Family	\$814.32	\$187.62

2025-2026 Rates and Contributions – Dental: Ameritas

LOW	County	Employee	HIGH	County	Employee
Employee	\$4.04	\$4.94	Employee	\$9.08	\$11.10
Employee + Spouse	\$8.12	\$9.993	Employee + Spouse	\$18.23	\$22.28
Employee + Child(ren)	\$7.36	\$8.99	Employee + Child(ren)	\$18.06	\$22.08
Employee + Family	\$11.70	\$14.29	Employee + Family	\$27.29	\$33.35

2025-2026 Rates and Contributions – Vision: Ameritas (EyeMed or VSP)

EyeMed	County	Employee	VSP	County	Employee
Employee	\$0	\$3.22	Employee	\$0	\$3.22
Employee + Spouse	\$0	\$6.11	Employee + Spouse	\$0	\$6.11
Employee + Child(ren)	\$0	\$6.42	Employee + Child(ren)	\$0	\$6.42
Employee + Family	\$0	\$9.44	Employee + Family	\$0	\$9.44

MEDICAL BENEFITS

Administered by Meritain and BCBSAZ in Arizona & Aetna in 49 Other States

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	EPO PLAN	HIGH-DEDUCTIBLE PLAN
BENEFIT	Member Pays:	Member Pays:
Calendar Year Deductible* July 01, 2025 – December 31, 2025	\$1,200 per Person	\$3,250 per Person \$6,500 per Family
Calendar Year Out-of-Pocket Maximum** July 01, 2025 – December 31, 2025	\$6,300 per Person \$12,700 per Family	\$3,250 per Person \$6,500 per Family
Calendar Year Deductible* January 01, 2026 – June 30, 2026	\$1,200 per Person	\$3,300 per Person \$6,600 per Family
Calendar Year Out-of-Pocket Maximum** January 01, 2026 – June 30, 2026	\$6,300 per Person \$12,700 per Family	\$3,300 per Person \$6,600 per Family
Physician Office Visits/Surgeries		
- Primary Care Physician/Specialist	\$30 / \$50 Copay	100% Covered after Deductible
- Teladoc	\$0 Copay	\$56 Per Visit Until Deductible is Met Then Paid 100%
January 01, 2026 – June 30, 2026		\$100% (Deductible Waived)
Preventive Services/Routine Care		
- Required by Health Care Reform	\$0 Copay - Deductible Waived	100% (Deductible Waived)
- Over & Above Health Care Reform	\$30 / \$50 Copay	100% (Deductible Waived)
Diagnostic Testing - X-Ray And Lab Services Performed:		
- Inside a Physician's Office	Paid under Physician's Office Visit	100% Covered after Deductible
- Outside of Physician's Office or Hospital		
- In a Hospital	20% after Deductible	100% Covered after Deductible
Urgent Care	\$75 Copay	100% Covered after Deductible
Emergency Room Services	\$200 Copay, then Deductible, then 20% (Waived if Admitted)	100% Covered after Deductible
Inpatient Hospital Services	20% after Deductible	100% Covered after Deductible
Outpatient Hospital Services	20% after Deductible	100% Covered after Deductible
Mental Health/Substance Use Disorders		
- Inpatient	20% after Deductible	100% Covered after Deductible
- Outpatient	\$30 Copay	100% Covered after Deductible
* The Deductible must be met on the High-Deductible Plan before the Plan pays any benefits with the exception of preventive services and medications required by Health Care Reform laws.		
** The EPO Out-of-Pocket Maximum includes the Medical Deductible, Copays and Coinsurance.		
The High-Deductible Plan's Out-of-Pocket Maximum is the same as the Deductible, therefore once the Deductible has been met all eligible services are paid by the Plan at 100%.		



MEDICAL BENEFITS

Administered by Meritain and BCBSAZ in Arizona & Aetna in 49 Other States

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.



ARIZONA MEDICAL NETWORK

It's important to verify providers are in your plan's network before you see them. If you have a HDHP, providers who are not in your plan's network will cost you more. If you have an EPO plan, providers who are not in your plan's network will not be covered by your plan.

Log in to www.azblue.com to find a provider in your network.

1. Click "Find Care" then "Browse the Network",
2. Type of Coverage is "Employer Provided", Type of Provider is "Medical" and Network is "CHS".
3. Choose your location and search



49 OTHER STATES MEDICAL NETWORK



It's important to verify providers are in your plan's network before you see them. If you have a HDHP, providers who are not in your plan's network will cost you more. If you have an EPO plan, providers who are not in your plan's network will not be covered by your plan.

Log in to www.aetna.com/docfind/custom/mymeritain.com to find a provider in your network.

1. Click "Aetna.com" then "Find a Doctor"
2. Type of Coverage is "Point of Service Choice II"
3. Choose your location and search

After the doctor's visit, in-network providers send the price adjustment request to BCBSAZ or Aetna. BCBSAZ/Aetna will grant a price reduction based on the agreement with the provider. Once repriced, the claim is sent to Meritain for final processing. Meritain reviews the services billed to verify charges are payable for covered services. The provider will receive payment, both the provider and participant receive an Explanation of Benefits (EOB) explaining how the claim was paid. For any claim or plan questions, please login into www.meritain.com or call Meritain at 866-300-8449.

MEDICAL CLAIMS ADMINISTRATION

Administered by Meritain

Meritain.com

Your resource for claims, benefits, and eligibility information



To register online:

1. Visit meritain.com
2. If you are a first-time user, select the Click here to register button.
3. Register with your member ID or last four digits of your Social Security Number
4. Complete all fields on the registration page. Be sure to enter your full legal name. If you enter a nickname, your information will not match the information in the database, and you will not be able to register.
5. Choose Submit and accept the *Terms and Conditions* that will appear.

To register on meritain.com

1. Download the Meritain Mobile on your iOS or Android device.
2. Open the app.
3. If you have previously logged in to meritain.com, use the same username and password for the Mobile. If you have not previously created a user profile, select Create an Account on the homepage and follow the instructions.
4. Read and accept the licensing agreement.
5. Confirm your identity.



Claims status

Check the status of your medical claims 24/7. View general summaries and detailed reports.



Digital ID card

Never lose your card again. It's easy to download and send straight to providers.



Online support

Chat with our online support specialists in real time or submit a question to be answered via email within two business days.



Benefit information

Access general plan information including your plan document, benefit information, and provider networks.



Document upload

Use your smartphone's camera to instantly upload claims documents.

Telemedicine

General Medicine - 24/7/365

Administered by Teladoc

Avoid expensive emergency room visits by using Teladoc. The average cost of an E.R. visit is \$2,283. You may be responsible for a copayment, deductible and coinsurance depending on which plan you are enrolled in so it may cost you between \$500 to \$2,283. Compare this to \$56 for HDHP members or \$0 for EPO members.

Discover the convenience, comfort, and savings of Teladoc

If you don't have a regular doctor, or if your primary care provider isn't available, you can visit with a board-certified doctor in the privacy and comfort of home. See a doctor, counselor, or psychiatrist from your phone, computer, or tablet. So, you can get the care you need—from wherever you are. Plus, Teladoc visits often cost less than an urgent care visit.

What services are offered?

Medical

Get treated for minor injuries and illnesses and non-emergency health issues like cold and flu symptoms, fevers, rashes, and stomach bugs. Doctors can also prescribe medications from your pharmacy of choice, if needed.

- Allergies
- Bronchitis
- Cold/flu
- Headaches/migraines
- Eye/ear infection
- Rash/skin infections
- Sinus infections
- Stomachache/diarrhea
- Urinary tract infections
- Many other conditions



	EPO	HDHP
General Health	\$0 copay	100% deductible waived

Telemedicine Behavioral Health

Administered by Teladoc

Make an appointment 7 days a week from 7:00 a.m. to 9:00 p.m. local time

Appointment confirmed within 72 hours.



Teladoc Health behavioral health experts provide support for:

- Anxiety.
- Depression.
- Stress.
- Mood swings.
- Not feeling like yourself.
- Trauma and PTSD.
- Relationship conflicts.
- Medication management.

Expert guidance and action planning

When 16 million Americans live with major depression¹, it's imperative members get the care and treatment they need. Teladoc Health offers an integrated care model where members can navigate and manage mental health issues from all aspects of care and levels of complexity. It provides:

- Quick access to treatment from qualified, licensed practitioners.
- Guidance through the system with an action plan for next steps.
- Expert second opinions on their diagnosis and treatment plan.

	EPO	HDHP
Counseling	\$0 copay	100% deductible waived
Psychiatry	\$0 copay	100% deductible waived

69%

Members with depression showed improvement in symptoms in two visits

72%

Members with anxiety showed improvement in symptoms in two visits

**Depression
Anxiety Stress
Scales (DASS)
scores symptom
reduction**

-32% Depression
-31% Anxiety
-20% Stress

Precertification, Case Management and Patient Advocacy Program

Administered by American Health Group (AHG)

Precertification

Pre-certification is an evaluation conducted by American Health Group, the Medical Management Administrator, in conjunction with the attending physician, to determine medical necessity and reasonableness of a plan participant's course of treatment

Failure to comply with the pre-certification requirements may result in a \$300 penalty per occurrence on Covered Expenses

MCEBT Medical Benefit Plan requires pre-certification of certain services, including the following:

- Chemotherapy
- Outpatient Surgical Procedures
- Infusion/Injectable Medications in excess of \$1,000 that are administered in all settings
- Outpatient Diagnostic Tests and Imaging
- Injectable medications in excess of \$1,000 settings administered in a Physician's office or in conjunction with home health services
- Inpatient admissions
 - If Inpatient admission is with respect to an Emergency Medical Condition, you must notify the Medical Management Program Administrator within 48 hours
- Occupational therapy
- Physical therapy
- Psychological and neuropsychological testing
- Radiation therapy
- Speech therapy

Please visit the Summary Plan Document for more information

Case Management

Services designed to help manage the care of plan participants who have complex, special, or extended care illnesses or injuries. Members who may be appropriate to receive services are contacted by AHG directly and are offered assistance in navigating their treatment. If you are dealing with a complex medical diagnosis or treatment plan and would like to receive the assistance of a nurse case manager, please reach out to AHG.

American Health Group (AHG)

1.800.847.7605 / 602.265.3800

info@amhealthgroup.com

BENEFIT CHANGES

EFFECTIVE JANUARY 01, 2026

Mohave County Employee Benefit Trust

HIGH DEDUCTIBLE HEALTH PLAN
BENEFIT UPDATES 2026



Deductible/Out-of-Pocket Maximum:

Coverage Level	Current	Effective January 01, 2026
Single	\$3,250	\$3,300
Family	\$6,500	\$6,600

Teladoc General & Behavioral Health/Telemedicine Mental Health:

Benefit	Current	Effective January 01, 2026
Teladoc General Medicine	\$56 (100% After Deductible)	100% Deductible Waived
Teladoc Behavioral Health		
Counseling	\$90 (100% After Deductible)	100% Deductible Waived
Psychiatry	\$100-\$215 (100% After Deductible)	100% Deductible Waived

Benefit	Current	Effective January 01, 2026
Telemedicine Mental Health	100% After Deductible	100% Deductible Waived

Current HDHP Members will receive new cards in late December/early January with updated Deductible/Out-of-Pocket Maximum dollar amounts. Please continue to use your Medical ID until the updated cards are received.

CHOOSING THE RIGHT CARE

Quick reference guide for medical treatment options:

	Hours	Your Relative Cost *	Description
Meritain Customer Care	6 a.m. - 6 p.m. MT	No additional cost to you.	Assistance with finding care, benefits questions, claims status, digital ID cards, and any other questions that arise concerning care. 866-300-8449
American Health Group Case or Health Management RN	Monday-Friday 8 am - 5 pm	No additional cost to you	Assistance in navigating the healthcare system. We help you understand your condition, answer your health-related questions, facilitate quality care, and help you manage your healthcare costs. 800-847-7605
Curalinc Employee Assistance Program	24 hours, 7 days a week	No additional cost to you	Curalinc offers 6 visits per issue per year 888-881-5462
Doctor's Office	Office hours vary - need an appointment	Usually lower out-of-pocket costs to you than urgent care	It is important that you establish care with a primary care provider to manage your care. Your provider's office is generally the best place to go for non-emergency care such as health exams, colds, flu, sore throats, and minor injuries.
Teladoc	24 hours, 7 days a week	Usually lower out-of-pocket costs to you than urgent care	24/7 access to a provider via phone and online video consultations. Can be accessed from anywhere you are. Average call back time is under 10 minutes. Provides services for problems such as colds, flu, bronchitis, allergies, ear/sinus/respiratory infections, urinary tract infections, dermatologic conditions 1-800-TELADOC www.teladoc.com
Teladoc	7 days a week 7:00 a.m.-9:00 p.m. Local Time	Usually comparable In-Person Mental Health Services	Access to a Behavioral Health Provider via phone and online video consultations. Appointment confirmed within 72 hours, Provides services for anxiety, depression, stress, mood swings, relationship conflict, not feeling like yourself, trauma, etc. 1-800-TELADOC www.teladoc.com

CHOOSING THE RIGHT CARE

Quick reference guide for medical treatment options:

	Hours	Your Relative Cost *	Description
Retail Health Clinic	Similar to Retail Store hours	Usually lower out-of-pocket costs to you than urgent care	Walk-in clinics are often located in stores or pharmacies to provide convenient, low-cost treatment for minor medical problems such as ear infections, colds/flu, bronchitis, and some vaccinations.
Urgent Care Provider	Generally, includes evenings, weekends, and holidays	Usually lower out-of-pocket costs to you than an ER visit	Urgent Care Centers can provide care when your doctor is not available for non-emergency services, but when immediate care is needed for conditions such as sprains, fevers, minor cuts, and injuries.
Emergency Room (ER)	24 hours, 7 days a week	Highest out-of-pocket cost to you	For medical emergencies, call 911 or local emergency services first. Any life threatening or disabling condition, sudden/unexplained loss of consciousness, chest pain, numbness in face/arm/leg, difficulty speaking, severe shortness of breath, high fever with stiff neck/ confusion or difficulty breathing, coughing up or vomiting blood, cut or wound that won't stop bleeding, major injuries, possible broken bones.

**Relative costs described are for in-network providers. Your costs for out-of-network providers may be significantly higher.*

*** Preventive services are covered with no cost sharing when delivered by in-network providers. Certain services have age-specific requirements.*

If you do not currently have a Primary Care Provider, we can assist you with finding an in-network provider by calling Meritain Customer Service team at **866-300-8449**.

HOW THE PLANS WORK

Both plans use the Blue Cross Blue Shield of Arizona network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. After that, the plan pays for 100% of your claims for the rest of the year.

The **EPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum.

	HDHP Plan	EPO Plan
Monthly Cost for Coverage		
Employee	\$88.52	\$103.64
Employee + Spouse	\$264.88	\$314.30
Employee + Child(ren)	\$235.57	\$277.37
Employee + Family	\$375.23	\$451.77
Deductible (Individual / Family)	\$3,300 / \$6,600	\$1,200
Out-of-pocket Maximum (Individual / Family)	\$3,300 / \$6,600	\$6,300 / \$12,700
Spending Account Options	Health savings account (HSA) or Health Care FSA Dependent care FSA	Health care FSA Dependent care FSA

PAYING FOR HEALTH CARE

Mohave County offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose. Please see page 20 for more detail.

	HSA	FSA
What medical plan can I choose?	HDHP	HDHP or EPO plan
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)
When can I use the funds?	Funds are available as you contribute to the account	All the funds you elect for the year are available on the first payday after January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
How do I pay for eligible expenses?	With your HSA Bank debit card (You can also submit claims for reimbursement online at www.healthequity.com)	With your FSA debit card (You can also submit claims for reimbursement online at www.healthequity.com)
How much can I contribute each year?	\$4,400 for individual coverage or \$8,5750 for family coverage If you are age 55+, you can contribute an additional \$1,000 annually	You can contribute up to \$3,400 annually.
Can my employer contribute?	The employer does not contribute to the HSA account.	The employer does not contribute to the FSA account.
Can I change my contributions throughout the year?	Yes, please contact your Human Resources Department	No, unless you have a qualifying life event

PHARMACY BENEFITS

Administered by Navitus

	HDHP		EPO PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PHARMACY			Preferred Network	
Expanded Preventive List Medications	Formulary medications appearing on the Expanded Preventive list are covered with \$0 member cost-sharing. This list is updated periodically by Navitus. Log into your Navitus account to review the list. www.Navitus.com .		Preventive medications required by law are covered at \$0 member cost-sharing.	
Retail (up to 30 days)	Generic Drugs 100% after Deductible Preferred Brand Name Drugs 100% after Deductible Non-Preferred Brand Name Drugs 100% after Deductible		Generics \$15 copay Preferred Brand Name \$40 copay Non-Preferred Brand Name \$80 copay	
Mail Order (90 days)	Generic Drugs 100% after Deductible Preferred Brand Name Drugs 100% after Deductible Non-Preferred Brand Name Drugs 100% after Deductible		Generics \$30 copay Preferred Brand Name \$100 copay Non-Preferred Brand Name \$240 copay	
Specialty Drugs 30 Day/90 Day	100% after Deductible		\$100 copay/\$300 Copay	
			Non-preferred Pharmacy (CVS and Walgreens) copays are higher.	

Formulary Facts

A formulary is a comprehensive list of preferred drugs chosen based on quality and efficacy by a committee of physicians and pharmacists. The drug formulary serves as a guide for the provider community by identifying drugs which are covered. It is updated regularly and includes both generic and brand name medications. You can find the Mohave County Employee Benefit Trust (MCEBT) formulary on the Navitus member portal. Also included is information about which drugs need prior authorization or have quantity limits.

Preventative Medications

Certain preventive care prescription drugs mandated under Healthcare reform are covered at 100% with no participant cost-sharing when obtained in-network. An expanded list of 100% covered preventive medications is available to HDHP members.

Customer Service

You can find additional information about your prescription drug plan at www.navitus.com or contact Navitus Customer Service at 855.673.6504. Both resources are available 24 hours a day, 7 days a week.

Mail Order

Getting your medications through Costco Pharmacy mail order is simple and convenient. You do not need to be a Costco member to utilize the mail order service or to pick up a prescription in person.

Step 1 – Register online at www.costco.com/home-delivery. Select “Sign In/Register” to create an account. Enter all the required information.

Step 2 – Fill your prescription. Request your new prescription online at www.costco.com/home-delivery. Your provider can provide the prescription by calling 800.607.6861 or e-prescribing it to Costco.

Step 3 – Obtain refills online at www.costco.com/home-delivery, or by calling 800.607.6861 or by enrolling in the auto refill program.

3 Ways to Lower Your Drug Costs

One out of every four adults taking a prescription finds it difficult to afford their medication. Even if you don't have difficulty paying for a drug, it's always nice to have a little extra money in your pocket.

Here are a few strategies to help you save on your prescriptions:

1. EXPLORE YOUR PHARMACY BENEFIT

The Navitus member portal and mobile app are easy ways to help you make the most of your pharmacy benefit. Once you are registered, you can:

- Check prices at your network pharmacies
- View your member ID card
- Access your medication history

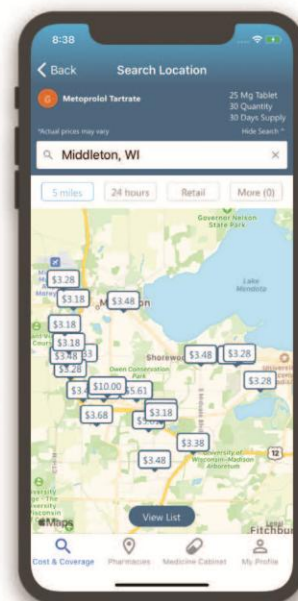
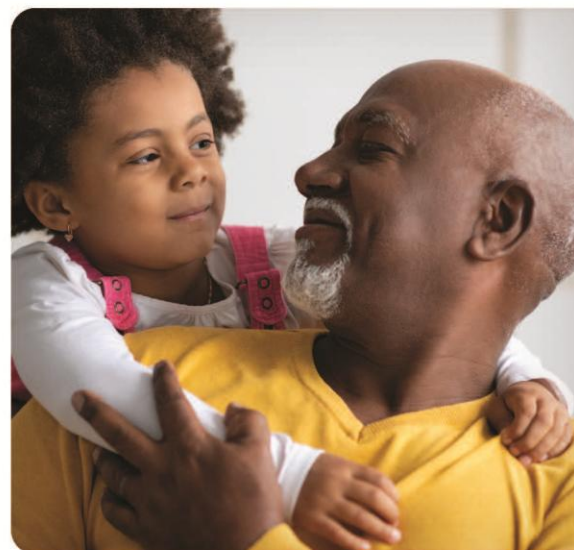
Go to navitus.com/members to register for the portal. You can also use the download the mobile app¹ for access on the go.

2. CONSIDER A LESS EXPENSIVE GENERIC

Did you know that brand name drugs can be more than 20X more expensive than the generic equivalent? Generics are just as effective as brand-name drugs, have the same active ingredients and go through the same rigorous U.S. Food and Drug Administration (FDA) testing. If you are taking a brand drug, ask your provider if a generic is appropriate.

3. TAKE ADVANTAGE OF CONVENIENT 90-DAY REFILLS

Ask your prescriber if your maintenance medication can be filled every 90 days instead of every 30 days. Not only will you make fewer trips to the pharmacy, in many cases, you will save money, too. Typically, 90-day refills can be filled either at your retail pharmacy or by mail order.² Check your plan details on Navitus' member portal or your plan's website.



1. The mobile app, and individual features of the app, may not be available for all benefit plans managed by Navitus, or for every member of each plan. Please refer to your plan for more information. Mobile app registration is simple and secure and may require your member ID. The app is available to iOS and Android users. You must be 18 years or older and currently covered under Navitus' pharmacy benefit plan. Hover your phone's camera over the code to download the app. For help registering, contact Customer Care: 844-268-9789. Open 24 hours a day, 7 days a week.

2. Please refer to your plan description to see if a mail order program is available to you.

* This QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.

DENTAL BENEFITS

Administered by Ameritas

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Ameritas dental benefit plan.

LOW PLAN	
Calendar Year Deductible (Individual / Family)	\$100/\$300
Annual Benefit Maximum	\$2,000 Per Covered Person
Preventive Dental Services (cleanings, exams, x-rays)	80%, no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to age 19)	None

HIGH PLAN	
Calendar Year Deductible (Individual / Family)	\$50/\$150
Annual Benefit Maximum	\$2,000
Preventive Dental Services (cleanings, exams, x-rays)	\$0, no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to age 19)	50%, no deductible \$1,500 lifetime maximum

Finding a Network Dentist

1. Go to www.ameritas.com and click Find a Health Provider in the top menu.
2. Select Find a Network Dental Provider Online.
3. Enter your search criteria and choose Classic (EPO) network. If necessary, you can also narrow the results by name, distance, or specialty.
4. You may also call 800-487-5553 for assistance.





DENTAL BENEFITS

DENTAL BENEFIT DESCRIPTIONS

TYPE 1 (PREVENTIVE): Routine oral evaluations, x-rays, panoramic film, bitewing films, prophylaxis and fluoride, and palliative emergency treatment of pain.

TYPE 2 (BASIC RESTORATIVE): Basic fillings (amalgam and resin), extractions (including impacted wisdom teeth), endodontics (root canal, pulpal therapy), periodontics (treatment of gums including surgical periodontics), periodontal maintenance, oral surgery, and occlusal adjustment.

TYPE 3 (MAJOR RESTORATIVE): Space maintainers, inlays, onlays, crowns, dentures, bridges, tissue conditioning, and implants.

CLASS D (ORTHODONTIA):

Provided to dependent children under age 19 and adult orthodontia

NOTE: This is a brief description only. Certain covered expenses may be subject to an elimination period. Please refer to your summary plan document for further information including rights, benefits, exclusions, and limitations. If a non-participating provider provides services, eligible expenses are limited to usual and customary amount as determined by Ameritas.

QUESTIONS? Please contact Ameritas Group Dental at 800-487-5553.



DENTAL PRETREATMENT PLAN

While Ameritas does not require a Pretreatment Authorization for any procedure, it is recommended for any dental work considered expensive. As a wise consumer, it is always best to know what your share will be up front to determine if it is affordable. This also ensures that all services are eligible and payable under the Plan. Ameritas will inform both the Member and Dentist of the exact amount the insurance will cover and the Member responsibility. The Pretreatment Plan will help to eliminate any surprises to the out-of-pocket costs.

Covered Members who choose a provider that is contracted will see a reduction in out-of-pocket cost of services and your \$2,000 Annual Maximum will stretch further due to contracted providers agreeing to charge 25%-50% less than their regular rates. The Ameritas Network is nationwide and includes a Mexico Network.

How to find a Contracted Provider

- 1 Visit www.Ameritas.com
- 2 Select Find a Dental Network Provider
- 3 Add City/County, State or Zip
- 4 Select Network – Classic (PPO) & Plus
- 5 Complete Additional Filters to Narrow Search Criteria
- 6 Select Search

For more information call toll-free: 800-487-5553

VISION BENEFITS

Voluntary Employee Paid Benefit

Administered by VSP/EyeMed

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Deductibles	EyeMed/VSP Network + Affiliates
	\$10 Exam
	\$25 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in full
Lenses (per pair)	
Single Vision	Covered in full
Bifocal	Covered in full
Trifocal	Covered in full
Lenticular	Covered in full
Progressive	See lens options
Contacts	
Fit & Follow Up Exams	Member cost up to \$60
Elective	Up to \$180
Medically Necessary	Covered in full
Frames	\$180**
Frequencies (months)	
Exams/Lens/Frame	12/12/12
	Based on Plan Year

Find a Network Provider

1. Register and log in to the member vision portal at www.VSP.com
2. Select Find A Doctor. You may search by location, office, or doctor.
3. Book your appointment!



**Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco allowance will be the wholesale equivalent.*

	EyeMed/VSP Network + Affiliates (Other than Costco)
Progressive Lenses	Up to provider's contracted fee for lined trifocal lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.
Std. Polycarbonate	Covered in full for dependent children
Solid Plastic Dye	\$25 adults
	\$13
Plastic Gradient Dye	(except Pink I & II)
Photochromatic Lenses	\$15
(Glass & Plastic)	\$27-\$76
Scratch Resistant Coating	
Anti-Reflective Coating	\$15-\$29
Ultraviolet Coating	\$39-\$75
	\$14

Find a Network Provider

1. Register and log in to the member vision portal at www.EyeMed.com
2. Select Find A Doctor. You may search by location, office, or doctor.
3. Book your appointment!



SPENDING ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

Administered by HSA Bank

A Health Savings Account (HSA) provides you with a tax advantage that can help you pay for certain expenses on a pre-tax basis. As an eligible employee, you agree to set aside a portion of your pre-tax salary in a HSA, and that money is deducted from your paycheck over the course of the plan year.

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for qualified medical expenses.

Note: If you are enrolled in a non-HDHP, Medicare, Medicaid or Tricare, General Purpose Health Flexible Spending Account, Health Reimbursement Arrangement or claimed as someone else's tax dependent, by law you are not allowed to contribute to an HSA.

Individual Coverage Contribution Maximum	\$4,400
Individual Coverage Contribution Maximum	\$8,750

- ❖ Contribution maxes are \$183.33 per pay period for individual coverage, and up to \$364.58 per pay period for family coverage towards the employee's Health Savings Account (HSA). These span over 24 pay periods, Contributions are typically available approximately 5-7 business days after each pay date.
- ❖ HSA accounts operate on a calendar-year basis. A participant can elect to contribute the maximum amount from January 1, 2026 - December 31, 2026; however, to avoid tax issues, the individual must remain on the Health Savings Plan/HDHP through the full plan year following elections.
- ❖ A monthly maintenance fee of \$1.75 is charged if balance is less than \$3,000.
- ❖ HSA Bank 800-357-6246 or www.hsabank.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Meritain

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

You must enroll in the FSA program within 30 days of your eligibility date or during annual open enrollment. At this time, you must establish an annual contribution amount within the maximum limit. Once enrolled, you will have online access to view your FSA balance, check on a reimbursement status, and more.

Healthcare Contribution Limit	\$3,400
Dependent Care Spending Limit	\$7,500

LIFE INSURANCE BENEFITS

Administered by Ochs, A Securian Financial Company

The County provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to eligible employees. All benefit eligible employees are automatically enrolled in this coverage. Employees also have an option to enroll in Voluntary Term Life.

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	\$50,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Includes a Line of Duty benefit
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Supplemental Life Coverage - 100% employee paid – Employee and Spouse Subject to Evidence of Insurability

Supplemental term life	Elect in \$10,000 increments Maximum \$300,000	
Spouse term life	Elect in \$10,000 increments Maximum \$50,000	<ul style="list-style-type: none"> ✓ Cannot exceed 100% of employee's basic & supplemental coverage combined ✓ Employee must be enrolled in supplemental life to elect spouse life
Child term life	Elect \$10,000 or \$20,000	<ul style="list-style-type: none"> ✓ Includes 1st newborn child benefit ✓ Employee must be enrolled in supplemental life to elect child life ✓ Available to elect without health questions each annual enrollment

If your spouse or child is eligible for employee coverage, they cannot also be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

Monthly Cost:

Rates		
Coverage	Rate per \$1,000 per month	
Basic Active Life	\$0.130	
Basic Active AD&D	\$0.030	
Employee/Spouse Supplemental Life	Age	Rate
	Under 25	\$0.06
	25 – 29	\$0.06
	30 – 34	\$0.08
	35 – 39	\$0.10
	40 – 44	\$0.15
	45 – 49	\$0.23
	50 – 54	\$0.36
	55 – 59	\$0.54
	60 – 64	\$0.91
	65 – 69	\$1.67
	70 – 74	\$2.44
	75*	\$4.05
Child Life	\$0.20	

Child Life	
\$10,000	\$20,000
\$2.00	\$4.00
One premium covers all eligible children from live birth to age 26	

Keep Your Beneficiaries Up to Date

- ❖ Make sure to keep this information updated so your benefit is paid according to your wishes.
- ❖ This may be done in the PlanSource Portal.

* Please see the full certificate for additional information, options, and restrictions.

GROUP LIFE INSURANCE PROGRAM

Guaranteed Issue & Evidence of Insurability (EOI)

Life Insurance Coverage Available

No Health Questions!

There are certain times in which employees can enroll for coverage Guaranteed Issue. Guaranteed Issue means that coverage can be elected without answering health questions, otherwise known as Evidence of Insurability (EOI). Below is a breakdown of when coverage is Guaranteed Issue and when EOI and medical underwriting will be required.

Employee	NO HEALTH QUESTIONS <ul style="list-style-type: none"> ✓ Newly hired employees: Up to \$300,000 in \$10,000 increments ✓ Qualifying Life Events: Up to \$300,000 in \$10,000 increments 	REQUIRES HEALTH QUESTIONS (EOI) <ul style="list-style-type: none"> ✓ Annual Enrollment: All elections and increases
Spouse	NO HEALTH QUESTIONS <ul style="list-style-type: none"> ✓ Newly hired employees: Up to \$50,000 in \$5,000 increments ✓ Qualifying Life Events: Up to \$50,000 in \$10,000 increments 	REQUIRES HEALTH QUESTIONS (EOI) <ul style="list-style-type: none"> ✓ Annual Enrollment: All elections and increases
Child	NO HEALTH QUESTIONS <ul style="list-style-type: none"> ✓ Newly hired employees: All coverage ✓ Annual enrollment: All coverage ✓ Qualifying Life Events: All coverage 	

Questions? Contact Ochs. Email: ochs@ochsinc.com Phone: 800-392-7295

DISABILITY INSURANCE

DISABILITY INSURANCE

The County also provides short-term disability coverage through Madison National. For employees contributing to the Arizona State Retirement System through Mohave County, they and the County contribute to long-term disability coverage each paycheck. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Short-term Disability	You receive 60% of Predisability Earnings plus shift differential up to a Maximum Weekly Benefit of \$2,200. Benefits begin after 30 calendar days and may continue for up to 150 calendar or until Long Term Disability Benefits commence, whichever comes first.	MOHAVE COUNTY
Long-term Disability	You receive 66 2/3% of your income. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age. Please visit this guide for more information: AZASRS Long-Term Disability	MOHAVE COUNTY and EMPLOYEE (Shared Contribution)



WELLNESS BENEFITS

County Gyms

Mohave County has three gyms for County employee use, free of charge:

- Bullhead City: Superior Court/Probation Department Building - 967 Hancock Rd., Suite 25
- Kingman: Administrative Building - 700 W. Beale St.
- Kingman: Development Services Building - 3250 E. Kino Dr.

Only the employee and their spouse can use the gym; no children are allowed.

Mohave In Motion Wellness Program

The MCEBT Mohave in Motion Wellness Program focuses on Early Detection, Lifestyle Modification, and Disease Management. The Federal Government mandates 100% coverage of listed preventive services. A list of these services can be found at www.healthcare.gov under the prevention and wellness section.

Below are some of the screenings and wellness offerings you can expect to see onsite (see the next page for more information about each!):

- Health Risk Assessments
- Healthy Heart Blood Draw
- Skin Cancer Screenings
- Cardiac & Organ Screenings
- Mammography Screenings
- Flu Vaccinations

Wellness Committee Ambassadors needed! If you are passionate about health and wellness, please contact Benefits@mohave.gov to join our team.

HR Benefit News and Updates - SharePoint

The Mohave County Benefits and Wellness Team is dedicated to ensuring employees have access to healthy, convenient resources and alternatives. While communications are sent to your County email, our SharePoint site is updated weekly and will be your #1 spot to find information regarding benefits and wellness!

Below are some examples of the communications you can expect to see on SharePoint:

- Health and Wellness Awareness
- Upcoming Health events and screenings
- Healthy Recipes
- Wellness Tips and Tricks
- And Much More!!

<https://mohavegov.sharepoint.com/sites/MohaveCountyHRNews>

WELLBEING PROGRAM AND PREVENTIVE SCREENINGS

Administered by Gallagher Benefit Services

The comprehensive Wellness Program is available to all employees, spouses, and dependents 18+ enrolled in the medical plan. The Wellness Program focuses on early detection, healthy habit tracking, and health education. Below is a brief overview of major program offering.

As a part of the MCEBT Wellness Program, preventive screenings and services are brought onsite to provide members a convenient and timely way to protect their health. Preventive screenings and services include the following:

Health Risk Assessment: Provides a snapshot of risk factors to development of chronic conditions, such as cardiovascular disease and diabetes.

Biometrics include height, weight, BMI, blood pressure, and waist circumference. Venipuncture blood draw includes Total Cholesterol, HDL, LDL, Triglycerides, Glucose, Kidney and Liver Function, Calcium, Electrolytes, PSA, and more!

Skin Cancer Screenings: Comprehensive, full body skin screening provided onsite or in a mobile unit to detect a range of skin abnormalities.

Healthy Heart Blood Draw: Checks blood pressure, blood glucose, total cholesterol, and LDL & HDL cholesterol levels.

Cardiac and Organ Screenings: Unique screening brought onsite that provides the following tests:

Cardiac screening: includes ultrasounds looking for blockages, reduced blood flow and rupture of the Carotid Artery, Peripheral Arteries, and Abdominal Aorta.

Organ screening: includes ultrasounds looking for any abnormality including nodules, cysts or changes in the organs' structure through ultrasounds of the kidneys, liver, gallbladder, and thyroid.

Bone Density test. Spirometry test.

Retinopathy Screening: Takes a quick snapshot of the inner eye to detect early signs of health problems based on the appearance of blood vessels and other structures.

Mammograms: Routine mammography screenings are offered onsite in a mobile unit for women aged 40 and older annually. A one-time baseline screening mammogram is recommended for women aged 35-39.

Flu vaccinations: Quadrivalent flu vaccinations is offered onsite to minimize risk of flu-related illness to create a more productive environment throughout flu season.

Preventive screenings and services brought onsite through the MCEBT Wellness Program are covered at 100% for Employees and dependents covered on the MCEBT Medical Benefit Plan.

For questions, please reach out to your Human Resources Department.

WELLBEING PROGRAM

Administered by Gallagher Benefit Services

Digbi Health

Digbi, a much more comprehensive and holistic approach to care! Digbi uses Precision Biology to treat over 400 different conditions, including diabetes, digestive health and obesity. Through a combination of gut tests, genetic tests and continuous glucose monitors, Digbi physicians create a personalized approach to care that is based on the user's unique biology. This intentional and specific approach to care is incredibly impactful as it is based on *your* specific needs.

Digbi treats the Biology



100+ published papers, 85 granted US patents.



Genetic, Gut-Microbiome, and CGM Testing



Identify the root cause of members conditions



Personalized clinical & lifestyle care

Truly personalized health intelligence

COACHING

Unlimited Access to Coaching Calls, Group Coaching, Async Materials

MEAL PLANNER

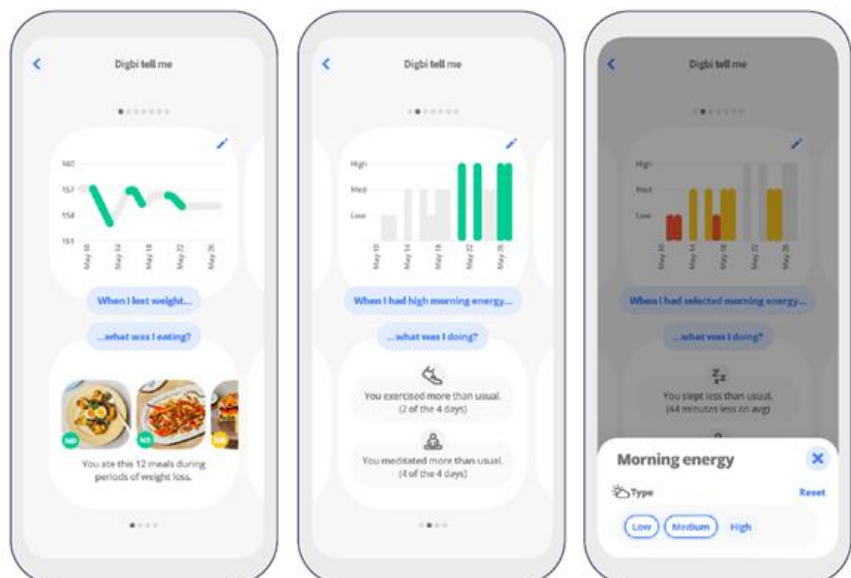
20,000+ rated ingredients and 5,000+ recipes personalized to your biology

WEIGHT & COMORBIDITY TRACKING

In app weight, digestive, mental health, and exercise and meals tracking

DIGBI COMMUNITY

Connects members with group coaching calls, recipe books, continued learning, etc





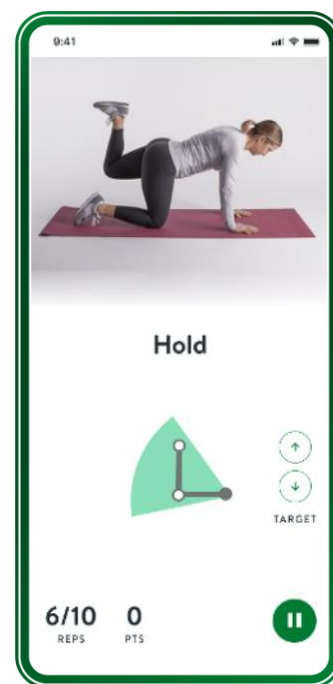
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by Mohave County for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/mohavecounty
or call (855) 902-2777

Employees and dependents 18+ enrolled in the Mohave County medical plan through Meritain are eligible.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

VOLUNTARY BENEFITS

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

ACCIDENT

Administered by Aetna

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary on page 29 for detailed information and schedule of benefits and exclusions.

CRITICAL ILLNESS

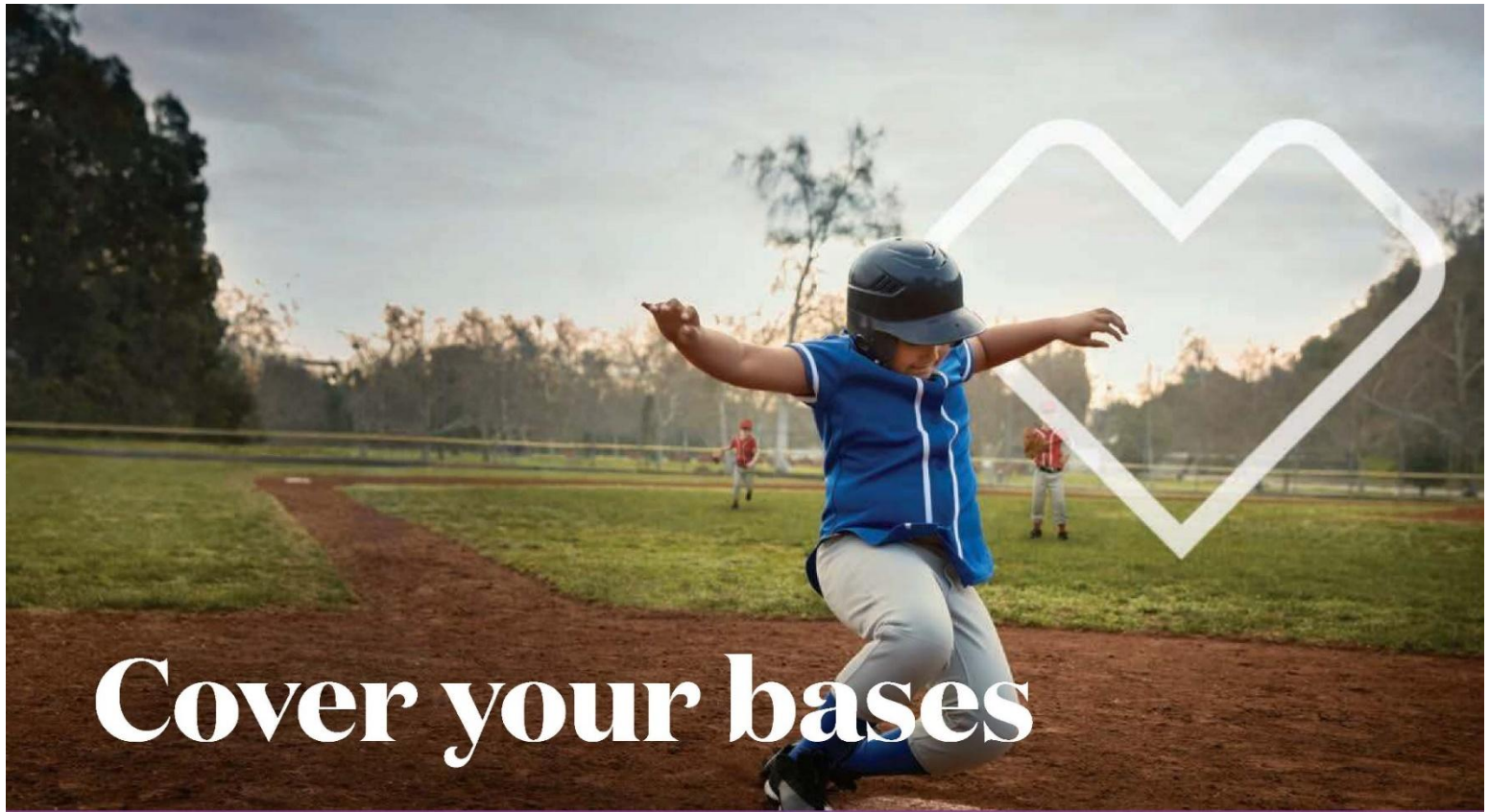
Administered by Aetna

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary on page 30 for detailed information and schedule of benefits and exclusions.

HOSPITAL INDEMNITY

Administered by Aetna

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary on page 31 for detailed information and schedule of benefits and exclusions.



Cover your bases

Aetna® Accident Plan

Be prepared for the unexpected

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

An Aetna Accident Plan can help

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover the unexpected costs that might come with an accidental injury.

The Aetna Accident Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want. It can help you pay your:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or anything else you choose.

Easy to use

Online tools make it easy to manage your plan on our app or member portal. You can file a claim in about 90 seconds or less if you or a family member experience a covered injury or treatment. And, benefits get paid directly to you by check or direct deposit.

The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).

[Aetna.com](https://www.aetna.com)

57.03.501.1 (02/21)





By your side

Aetna® Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. These plans can help ease some financial worries during a difficult time.

An Aetna Critical Illness Plan can help

The Aetna Critical Illness Plan pays you lump-sum cash benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, cancer and more.* You can use the money to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover the unexpected costs that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

*Refer to your plan documents to see all covered illnesses under the plan.

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna).

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

Easy to use

You can file a claim in about 90 seconds or less if you or a family member experience a covered diagnosis or condition. And, benefits get paid directly to you by check or direct deposit.

[Aetna.com](https://www.aetna.com)

57.03.502.1 (02/21)





Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

The Aetna Hospital Indemnity Plan can help

The plan pays you a lump-sum cash benefit for a covered hospital admission and daily stays—even when you deliver a baby. You can use the money to help pay out-of-pocket medical costs or personal expenses. The choice is yours.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover the unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want. It can help pay:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

Easy to use

Online tools make it easy to manage your plan on our app or member portal. You can file a claim in about 90 seconds or less if you or a family member experience a covered hospital stay. And, benefits get paid directly to you by check or direct deposit.

The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).

[Aetna.com](https://www.aetna.com)

57.03.503.1 (02/21)



Supplemental health benefits, right at your fingertips.

With the new My Aetna Supplemental app and portal, managing your benefits is a breeze. Whether you're on your laptop or your mobile device, you can take charge of your supplemental coverage.

See how much easier it can be to manage your health benefits.

Either online or via the app, you can:



View coverage and benefits.



Submit and track claims.



Sign up for direct deposit of claims.



Submit documents — just take a picture with your phone and upload.





Access Aetna discount programs.



View and download other materials or forms from the document library.

Ready to discover the My Aetna Supplemental app and portal?

Ways to sign on:

- Download the My Aetna Supplemental app  
- Log on to MyAetnaSupplemental.com — the Aetna Supplemental Health member portal

Policies are insured by Aetna Life Insurance Company (Aetna). For more information about Aetna plans, go to Aetna.com.

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MyAetnaSupplemental.com

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57.03.487.1 (10/19)



Aetna Simplified Claims Experience™

Aetna Accident, Critical Illness and Hospital Indemnity Plans

Filing claims for supplemental health benefits couldn't be easier

Get cash benefits fast

You can get cash benefits when you or a covered family member experience an accident, diagnosis of a serious illness or hospital stay.

It's easy to submit claims on the app or member portal

Here's how it works:

Download the **My Aetna Supplemental** app to your smart device. You can also **scan the QR code** to visit [Myaetnasupplemental.com](https://myaetnasupplemental.com).



Register on the site if you haven't already. (You'll need your Aetna supplemental health Member ID or social security number.) Since you're a Meritain medical member, you can also access the member portal through Aetna.com.

1. Click on "Report New Claim."
2. Follow the steps and answer the questions.
3. Review your claim for accuracy and submit.

You or your covered family member have a covered event.



You submit a supplemental health claim on the app or member portal.



Our system matches the supplemental health claim to your Meritain medical claim to get information to help process your claim.*



We send your benefit to you by check or direct deposit.



*If you're not a Meritain medical member, you'll need to upload your medical documentation. Accepted documents include an itemized bill, or Uniform Medical Billing Form 2004 (UB04).

Get cash benefits for taking care of your health

The Aetna Accident Plan pays a **\$50** cash benefit, and the Aetna Critical Illness and Hospital Indemnity Plans include an annual **\$50** benefit for covered preventive health screening tests. This benefit is available once per covered member per year, per plan. Follow the same steps to file a claim and reap the cash rewards.

Other ways to file claims

You can also print and mail claims forms to Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or Fax to **1-859-455-8650**. Claims forms are available for download from the bottom of the screen when you access the member portal or call Aetna Member Services.

Have questions? Need help?

View your benefits summary on our secure member website, available 24/7. Or you can call Aetna Member Services Monday through Friday, 8 AM. to 6 PM at **1-800-607-3366 (TTY: 711)**.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or Human Resources Department at Benefits@mohave.gov or 928-753-0736.

BENEFIT	VENDOR	PHONE	WEBSITE OR EMAIL
Medical Claims Administrator	Meritain	866.300.8449	www.meritain.com
Medical Review	American Health Group	800.847.7605	info@amhealthgroup.com
Medical Network - Arizona	Blue Cross Blue Shield of Arizona	877.635.2912	www.azblue.com/CHSNetwork
Medical Network – 49 Other States	Aetna	800.343.3140	www.aetna.com/docfind/custom/mymeritain
Telemedicine	Teladoc	800.835.2362	www.Teladoc.com
Prescription	Navitus	480.798.6268	www.navitus.com
Dental	Ameritas	800.487.5553	www.ameritas.com
Vision	VSP	800.877.7195	www.vsp.com
Vision	EyeMed	866.939.3633	www.eyemed.com
Health Savings Account	HSA Bank	800.357.6246	www.hsa.com
Flexible Spending Account	Meritain	800.566.9305	www.account.meritain.com
Life and AD&D	Ochs, Inc./Securian	800.392.7295	www.ochsinc.com
Employee Assistance Program	Curalinc	888.881.5462	www.suppotlinc.com
Voluntary Benefits	Aetna	800.607.3366	www.MyAetnaSupplemental.com
State Retirement Systems	AZ State Retirement System	1.800.621.3778	www.azasrs.gov
State Retirement Systems	AZ Public Safety Personnel Retirement System	1.602.255.5575	www.psprs.com