

Nancy Lindsey

From: Michael L. Cano <mcano@mahoneygroup.com>
Sent: Friday, February 7, 2020 10:45 AM
To: Cheryl Horvath
Cc: Nancy Lindsey
Subject: FW: 05/01/2020 - BCBSAZ RENEWAL FOR: GROUP #026993 TUBAC FIRE DISTRICT
Attachments: 026993 BCBSAZ RENEWAL.pdf; 026993; TUBAC FIRE; BF BluePreferred 1500 80; FAM.pdf; 026993; TUBAC FIRE; BF HSA Plus 3000 100; FAM.pdf; Consumer Directed Healthcare Accounts Flyer.pdf; Telehealth Employer FAQ Flyer.pdf; Notice of Special Enrollment Provisions.pdf

Hello Chief,

We received your health benefits renewal from Blue Cross yesterday, it looks very good!

Blue Cross is asking for +1.42% increase in health insurance rates. I don't usually see this low of a rate increase. I think this low increase is due to the low claims and utilization of the plan.
Any thoughts about this renewal?

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Proposed Benefits for Tubac Fire District

		BCBSAZ PPO \$1,500-80/50% Balanced Funding		BCBSAZ PPO \$1,500-80/50% Balanced Funding		BCBSAZ PPO \$3,000-100/50% HSA, Balanced Funding		BCBSAZ PPO \$3,000-100/50% HSA, Balanced Funding	
Monthly Premium	#	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
Employee	8	\$388.52	\$391.72	\$338.33	\$391.72	\$338.33	\$391.72	\$338.33	\$347.38
Employee & Spouse	0	\$749.04	\$755.44	0	\$755.44	\$648.67	\$755.44	\$648.67	\$666.77
Employee & Children	4	\$731.02	\$737.25	4	\$737.25	\$633.15	\$737.25	\$633.15	\$650.80
Family	7	\$1,217.72	\$1,228.27	7	\$1,228.27	\$1,052.10	\$1,228.27	\$1,052.10	\$1,081.96
TOTAL MONTHLY PREMIUM	19	\$14,556	\$14,681	19	\$14,681	\$6,006	\$6,006	\$6,006	\$6,173
TOTAL MONTHLY PREMIUM				\$20,562				\$20,853	1.42%
CY Deductible Individual Family		\$1,500 / \$3,000 \$3,000 / \$6,000	\$1,500 / \$3,000 \$3,000 / \$6,000			\$3,000 / \$6,000 \$6,000 / \$12,000	\$3,000 / \$6,000 \$6,000 / \$12,000		\$3,000 / \$6,000 \$6,000 / \$12,000
Coinsurance Plan Pays After Deductible		80% / 50%	80% / 50%			100% / 50%	100% / 50%		100% / 50%
CY Out of Pocket Max Individual Family		\$5,500 / \$11,000 \$11,000 / \$22,000	\$5,500 / \$11,000 \$11,000 / \$22,000			\$3,000 / \$6,000 \$6,000 / \$12,000	\$3,000 / \$6,000 \$6,000 / \$12,000		\$3,000 / \$6,000 \$6,000 / \$12,000
Lifetime Maximum		Unlimited	Unlimited			Unlimited	Unlimited		Unlimited
Miscellaneous Services		In-Network	In-Network			In-Network	In-Network		In-Network
Office Visit PCP / SPC		\$25 / 45 Copay	\$25 / 50 Copay			Deductible	Deductible		Deductible
Emergency Room		\$300 Copay	\$350 Copay			Deductible	Deductible		Deductible
Urgent Care		\$60 Copay	\$60 Copay			Deductible	Deductible		Deductible
Inpatient Hospital		Deductible, then 20%	Deductible, then 20%			Deductible	Deductible		Deductible
Outpatient Surgery		Deductible, then 20%	Deductible, then 20%			Deductible	Deductible		Deductible
Prescription Drugs									
Retail Pharmacy Copays		\$15 / \$45 / \$75 / \$130	\$15 / \$55 / \$85 / \$150			Deductible	Deductible		Deductible
Mail Order Pharmacy Copays		2 Times Copay	2 Times Copay			2 Times Copay	2 Times Copay		2 Times Copay

Quoted rates are subject to change based on final enrollment and underwriting guidelines.

VISION BENEFITS

VSP	
PLAN FEATURES	In-Network
Copays	
Vision Exam	\$10 Copay
Materials	\$10 Copay
Contact Exam	Up to \$60
Frequencies	
Vision Exam	12 Months
Spectacle Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months
Frames	\$150 Retail Allowance \$80 Costco Allowance
Lens Enhancements	\$55 to \$175
Contact Lenses	In lieu of glasses
Elective	\$150 Allowance
Medically Nec'	Covered in Full
Effective 5/1/2020	Employee Cost
Employee Only	\$0.00
Emp & Spouse	\$2.10
Emp & Children	\$2.22
Emp & Family	\$5.73

BASIC LIFE/AD&D

Met Life	
PLAN FEATURES	
100% Employer Paid	
Benefit Amount	1 X Annual Salary
Max Benefit	\$75,000
Age Reductions	35% at 65 50% at 70

STD

METLIFE	
100% Employer Paid	
Benefit Amount	66 2/3% on Earnings
Max Week Benefit	\$500
Max Week Duration	26 Weeks

USEFUL CONTACTS

BLUECROSS BLUESHIELD OF AZ	
Member Services	(520) 745-1883
Website	www.azblue.com

METLIFE	
Member Services	(800) 275-4638
Website	www.metlife.com/mybenefits

Jorgensen Brooks	
Member Services	(888) 520-5400
Website	www.jorgensenbrooks.com

HEALTH EQUITY HSA ADMINISTRATION	
Member Services	(866) 346-5800
Website	www.healthequity.com

Tubac Fire District	
Human Resources	520-398-2255

THE MAHONEY GROUP	
Mike Cano Agent	(520) 784-6668 mcano@mahoneygroup.com
Vanessa Johnston Service	(520) 784-6686 vjohnston@mahoneygroup.com

Tubac Fire District



2227 E. Frontage Road
Tubac, AZ 85646

Employee Benefits

For Plan Year

May 1, 2020
through
April 30, 2021

This summary of coverages is provided for convenience and is not intended to embody all the details of coverage. Please refer to carrier marketing materials and/or certificate of coverage for specific details, including exclusions and limitations.

MEDICAL BENEFITS

BCBSAZ Blue Preferred PPO \$1,500-80%		
PLAN FEATURES	In Network	Out of Network
CY Deductible		
Per Member	\$1,500	\$3,000
Family Max	\$3,000	\$6,000
Coinsurance	80%	50%
CY OOP Max	Includes Deductible	
Per Member	\$5,500	\$11,000
Family Max	\$11,000	\$22,000
Office Visits	\$25 PCP \$50 SPC	Ded, then 50% + Balance Bill
Preventative ~Per ACA Guidelines	No Charge	Ded, then 50% + Balance Bill
Lab & X-ray	OV Copay or 20%	Ded, then 50% + Balance Bill
Major Diagnostics ~e.g. CT, MRI, PET	OV Copay or 20%	Ded, then 50% + Balance Bill
Inpatient Hospital	Deductible, then 20%	Ded, then 50% + Balance Bill
Outpatient Surgery	Deductible, then 20%	Ded, then 50% + Balance Bill
Emergency Room	\$350 Copay	
Urgent Care	\$60 Copay	Ded, then 50% + Balance Bill
Retail Rx	In-Network	
~30-Day Supply	\$15 / \$55 / \$85 / \$150	
Mail Order Rx	In-Network	
~90-Day Supply	2 Times Retail Copay	
Effective 5/1/2020	Employee Cost	
Employee Only	\$0.00	
Emp & Spouse	\$41.97	
Emp & Children	\$39.87	
Emp & Family	\$96.53	

MEDICAL BENEFITS

BCBSAZ Blue Preferred HSA Plus \$3,000-100%		
PLAN FEATURES	In Network	Out of Network
CY Deductible		
Per Member	\$3,000	\$6,000
Family Max	\$6,000	\$12,000
Coinsurance	100%	50%
CY OOP Max	Includes Deductible	
Per Member	\$3,000	\$6,000
Family	\$6,000	\$12,000
Office Visits	Deductible	Ded, then 50% + Balance Bill
Preventative ~Per ACA Guidelines	No Charge	Ded, then 50% + Balance Bill
Lab & X-ray	Deductible	Ded, then 50% + Balance Bill
Major Diagnostics e.g. CT, MRI, PET	Deductible	Ded, then 50% + Balance Bill
Inpatient Hospital	Deductible	Ded, then 50% + Balance Bill
Outpatient Surgery	Deductible	Ded, then 50% + Balance Bill
Emergency Room	Deductible	
Urgent Care	Deductible	Ded, then 50% + Balance Bill
Retail Rx	In-Network	
~30-Day Supply	Deductible	
Mail Order Rx	In-Network	
~90-Day Supply	Deductible	
Effective 5/1/2020	Employee Cost	Employer Contribution
Employee Only	\$0.00	\$1,200 YR
Emp & Spouse	\$36.85	\$1,200 YR
Emp & Children	\$35.01	\$1,200 YR
Emp & Family	\$84.76	\$1,200 YR

DENTAL BENEFITS

METLIFE Dental PPO		
PLAN FEATURES	In Network	Out of Network
CY Deductible		
Per Person	\$50	\$50
Per Family	\$150	\$150
Deductible Waived	Type A	Type A
CY Max Benefit	\$2,000	\$2,000
Coinsurance		
Type A	100%	100% + Balance Bill
Preventative		
Type B	80%	80% + Balance Bill
Basic		
Type C	50%	50% + Balance Bill
Major		
Claim Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Waiting Periods	None	
Effective 5/1/2020	Employee Cost	
Employee Only	\$0.00	
Emp & Spouse	\$16.02	
Emp & Children	\$16.19	
Emp & Family	\$35.21	
Supplemental Life/AD&D		
METLIFE		
Voluntary		
Max Benefit Employee / Spouse	\$100,000	
Max Benefit Child	\$10,000	