

Online Benefits Enrollment Aid

For Plan Year July 1, 2020 – June 30, 2021

For Employees of the Town of Chino Valley



The YCT Benefits Plan

The Trust offers you a choice of different benefit options to better meet your personal needs. Use this Enrollment Aid to help you with your online enrollment.

The YCT Benefits Plan offers:

- Medical (Premier, High Deductible Health Plan with a Health Savings Account, and Basic Plus)
- Dental (Comprehensive and Preventative)
- Vision
- Basic and Voluntary Life Insurance
- Short-Term Disability Insurance
- Flexible Spending Accounts (FSAs) for health care and dependent care

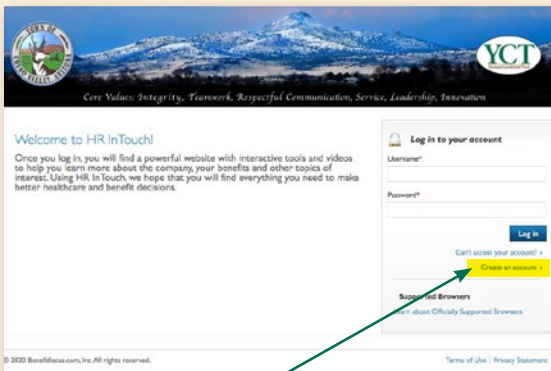
When to Enroll

You must complete your new hire enrollment online within 30 days from your eligibility date.

How to Enroll

During your initial benefits enrollment period, you must enroll within 31 days of your date of hire or of becoming benefits-eligible.

1. Log in to **Benefitfocus** to review your YCT Benefits Plan options.
2. Use the **Benefitfocus Cost Estimator** to compare your medical plan options based on your personal medical claim history, then you can calculate your annual and monthly out-of-pocket cost for each plan and details on your employee and employer's contributions.
3. If you are covering a new dependent, during this Open Enrollment, you will need the Social Security number and date of birth for any new dependent you enroll in the Plan.
4. Consider enrolling in a Health Savings Account (HSA) or Flexible Spending Account (FSA). If you are currently participating, you will need to enroll each year.
5. Consider supplementing your employer-provided life insurance with voluntary life. You can elect additional coverage for you, your spouse, and your dependent children.
6. Be sure to review and update the beneficiary information in Benefitfocus even if you're not electing additional voluntary coverage.
7. Watch your mailbox for your Member ID/Prescription Drug Cards before your coverage becomes effective.



1

Log in to Benefitfocus at chinoaz.hrintouch.com and click **Create an account**.

BENEFITFOCUS

Create your account

Provide your identifying information

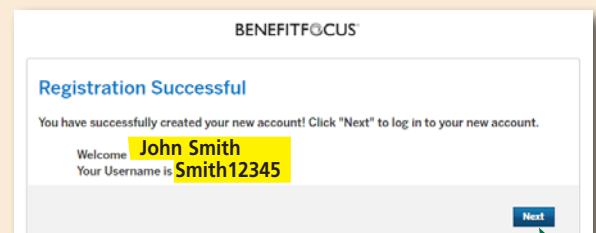
Last Name *

Date of Birth * (mm/dd/yyyy)

Last four digits of Social Security Number *

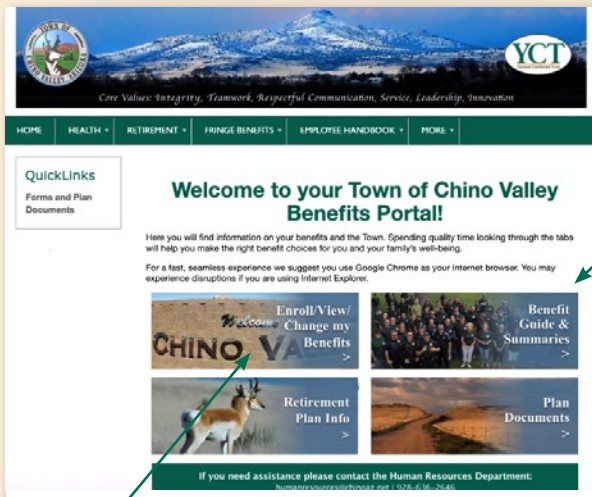
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Create your account and follow the prompts to create your username and password.



3

Once you have registered, be sure to save your username, then you can log in to your new account.

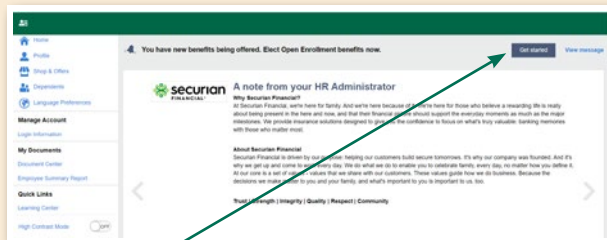


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When you log in to the Benefits Portal, click **Benefits Guide** to review your YCT Benefit Plan options. You can see what benefits are offered and get more detailed information about each medical plan.

5

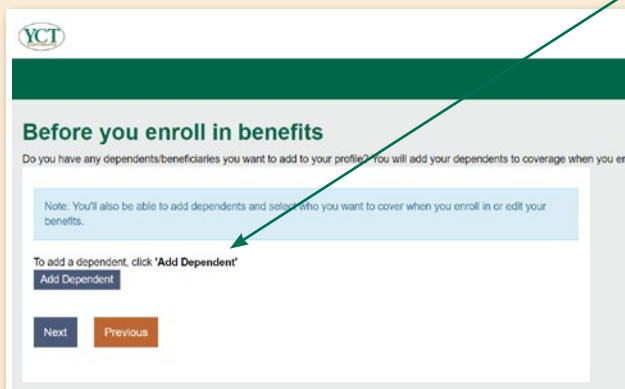
When you are ready to start your enrollment, click **Enroll/View/Change my Benefits**.



6

Click **Get started** to begin your enrollment through Benefitfocus.

7



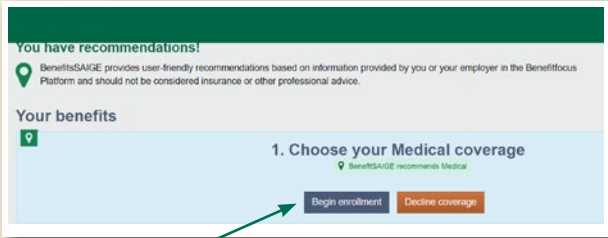
You will need the Social Security number and date of birth to enroll any **new** dependents.

Your dependent is not enrolled in the Plan until Human Resources has verified your dependent's status.

You will need to provide a Birth or Marriage Certificate to verify your new dependent's status within 31 days of your enrollment. You can upload your scanned copy into Benefitfocus, or email your copy to humanresources@chinoaz.net.

Be sure to enter or update your beneficiary information in Benefitfocus even if you're not electing additional voluntary coverage.

You will need the beneficiaries' name, Social Security number, and their relationship to you.



8

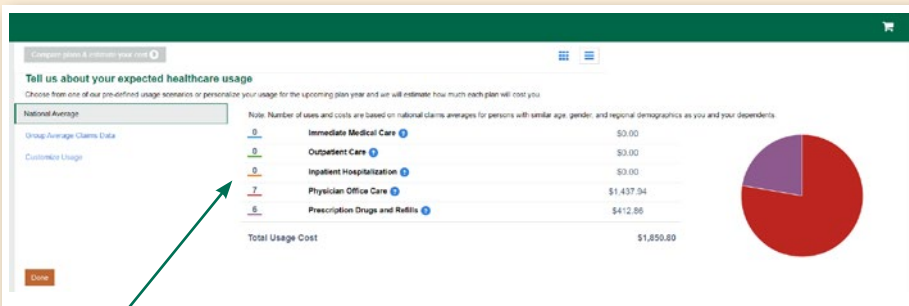
Click **Begin enrollment** to see your medical plan options. Use the **Benefitfocus Cost Estimator** tool to help you select the medical plan that best meets your needs.

Overview

The Cost Estimator tool is a set of interactive decision support tools to aid you in your medical benefit plan selection.

The Cost Estimator tool allows you to:

- View your healthcare usage and costs for the previous year (if available)
- View the average healthcare usage and costs of families similar to yours
- Estimate your potential healthcare usage and cost for the coming year
- Estimate tax savings of HSA or Flexible Spending Account (FSA) contributions for eligible plans
- View the estimated out-of-pocket costs for each plan
- Compare costs and plan attributes, such as deductibles, copay and out-of-pocket maximums, for up to four plans side-by-side



9

Add your personalized expected healthcare usage here to see an example of estimated out-of-pocket costs.



Please use the **Benefitfocus Cost Estimator** tool to help you compare your healthcare costs, and to select the most cost effective medical plan for you and your family!

Estimating Plan Costs

Follow the steps below to estimate plan costs.

1. Select the Cost based on drop-down menu on the Plan Selection page to review the estimated healthcare costs.
 - **Your Usage Last Year** is the actual number of uses and associated costs incurred by you and your covered dependents over the previous year for each usage category (Emergency Room Visits, Outpatient Procedures, Inpatient Procedures, Doctor Office Visits and Prescription Drugs).
 - **The Group Average Claims** is the average number of uses and associated costs for each usage category for other employees at your company of the same gender and age band as you. Note, averages are family averages, meaning the average is based on usage by the employees and their covered dependents.
2. Select the **Customize Usage** tab to customize your estimated healthcare costs based on your experience or projected usage. For example, if you know you have an inpatient surgery in the coming plan year, you would adjust the Inpatient Hospital Procedure category to reflect this.
3. Drag the sliders to adjust the number of uses to show the related costs. Hover over the pie chart to see the percentage of costs associated with each category.
4. If available, select the **tax savings contributions** drop-down menu to estimate your potential tax savings for any plan that has a tax-savings account (such as an HSA or FSA) associated with it.
5. Enter applicable income and contribution information. You will see the total savings update as you enter amounts.
6. Click **Done** to collapse the tax information.
7. Click the **How was this calculated** link to learn more information about a specific plan's estimated out-of-pocket costs (Estimated Annual Cost).

Comparing Medical Plans

Follow the steps below to compare medical plans side-by-side.

1. Navigate to the Medical plan selection page.
2. Select the **Compare** checkbox for the two Medical plan options, then select the **Compare plans & estimate your cost** button at the top of the page.
3. Review the plan attributes side-by-side.
4. Select a plan or click the **Return to Results** button at the top of the page to review more information about all benefit plans.

	High Deductible Health Plan 2021	Basic Plus Plan 2021
Semi-Monthly Cost	\$0.00	\$5.00
Employer HSA Contribution	\$1,254.00	\$0.00
In-Network		
Annual Deductible (Single)	\$2,000	250
Annual Deductible (Family)	\$5,000	\$1,200
Individual Out of Pocket Max (DOP Max)	\$2,000	\$4,800
Annual Out-Of-Pocket Maximum (Family)	\$2,000	\$13,300
Office Visit	100% after deductible met	60%
Inpatient Hospital	100% after deductible met	60%
Outpatient Hospital	100% after deductible met	60%
Emergency Room	100% after deductible met	\$150 copay/visit then plan pays 50%
Prescription Drugs	100% after deductible met	Generic: 30 copay, Preferred Brand: 20% of the cost of the drug to a maximum of \$100 copay per fill Non-Preferred Brand: 50% of the cost of the drug with a \$20 minimum and \$150 copay maximum per fill
Out-of-Network		
Annual Deductible (Single)	\$2,500	\$1,200
Annual Deductible (Family)	\$5,000	\$2,400
Individual Out of Pocket Max (DOP Max)	\$10,000	Unlimited
Annual Out-Of-Pocket Maximum (Family)	\$10,000	Unlimited
Office Visit	50% after deductible met	50%
Inpatient Hospital	50% after deductible met	50%
Outpatient Hospital	50% after deductible met	50%
Emergency Room	100% after deductible met	\$100 copay/visit then plan pays 50%
Prescription Drugs	100% after deductible met Non-Preferred Brand: 50% of the cost of the drug with a \$20 minimum and \$150 copay maximum per fill	Generic: \$10 copay, Preferred Brand: 50% of the cost of the drug to a maximum of \$100 copay per fill Non-Preferred Brand: 50% of the cost of the drug with a \$20 minimum and \$150 copay maximum per fill

10

View your semi-monthly cost for each plan option. Then you can compare plans and estimate your out-of-pocket cost.

11

Once you have updated your benefit elections, you can review and print a copy of your elections.

12

When you have completed your enrollment, you will see **Open Enrollment Complete!** You will still be able to edit your coverage elections until the end of the enrollment period.

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