

### Employee Eligibility

An Employee is eligible for benefits 60 days from Date of Hire. Benefits start the 1st day of the next month.

### Plan Terminations

Upon an Employee's termination of employment (voluntary or involuntary) or other qualifying event (reduction in work hours, divorce, separation, death, loss of dependent child status), all insurance coverages will be terminated on:

**Last day of the month when qualified employment ends.**

**It is the employee's responsibility to notify PGCCS when changes in status occur.**

### COBRA Benefits

COBRA benefits are available for those Employees who are enrolled in the program PRIOR to the date of the Employee's qualifying event. Notifications will be administered in accordance with Federal Rules & Regulations.

## Helpful Contacts

### Garry L. Johnson & Associates

Eric Johnson	Consultant
Steve Fort	Outside Service Rep
Shauna Roche	In-Office Service Rep
Phone	1.800.892.8826
Fax	480.892.0927
Email	shauna@gljinsurance.com
Corry Johnson	401(k) Consultant

### View Your Benefits Online

Go to	<a href="http://www.gljbenefits.com">www.gljbenefits.com</a>
Username	Last Name
Password	SSN

*You may change your password after you log into the system for the first time.*

### Blue Cross Blue Shield (BCBS)

Customer Service/Claims Online	1.877.475.8440
Group Number	<a href="http://www.azblue.com">www.azblue.com</a> 30258

### Principal

Customer Service/Claims Online	1.800.843.1371
	<a href="http://www.principal.com">www.principal.com</a>

### Avesis Vision

Customer Service/Claims Online	1.800.828.9341
Group Number	<a href="http://www.avesis.com">www.avesis.com</a> 10790-145

### Aflac

Cory Echols	602.316.0321
Shauna Roche	In-Office Service Rep
Phone	480.892.8826
Group Number	G1352

### Ascensus 401(k)

Customer Service Online	1.866.809.8146
	<a href="http://myaccount.ascensus.com/rplink">myaccount.ascensus.com/rplink</a>

### Teladoc

Customer Service Online	1.800.TELADOC
	<a href="http://www.teladoc.com">www.teladoc.com</a>



**Garry L. Johnson**  
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## Employee Benefits

# Pinal Gila

COMMUNITY

## CHILD SERVICES, INC.

Medical, Dental, Life, Vision,  
and Supplemental Benefits



**For Plan Year**  
September 1, 2015 to August 31, 2016

## Medical Benefits

### BCBS - PPO

Plan Features	In Network	Out of Network
Deductible Per Person Family	\$1,000 \$2,000	\$3,000 \$6,000
Coinsurance	20%	50%
Primary Dr. Visits	\$25 Copay	Ded + 50% + BB
Specialist Dr. Visits	\$50 Copay	Ded + 50% + BB
Lab/X-ray	Ded + 20%	Ded + 50% + BB
CT/MRI/Ultra	Ded + 20%	Ded + 50% + BB
Preventive Care*	No Charge	Ded + 50% + BB
Inpatient Hospital	Ded + 20%	Ded + 50% + BB
Outpatient Hospital	Ded + 20%	Ded + 50% + BB
Prescriptions	\$10 / \$30 / \$45 / \$60	BB + \$10 / \$30 / \$45 / \$60
Emergency Room	Ded + 20%	Ded + 50% + BB
Ambulance	20%	
Urgent Care	\$50 Copay	Ded + 50% + BB
Out of Pocket Max		
Individual Family	\$3,500 \$7,000	\$6,000 \$12,000
Cost You Pay Per Pay Period		
Employee Employee + Children Employee + Family	See HR	

## Vision Benefits

### Avesis

Plan Features	In Network	Out of Network
Vision Exam	\$10	\$35 Reimburs.
Single Lenses	No Charge	\$25 Reimburs.
Bifocal Lenses	No Charge	\$40 Reimburs.
Trifocal Lenses	No Charge	\$50 Reimburs.
Lenticular Lenses	No Charge	\$80 Reimburs.
Frame	\$10 w/Allow.	\$45 Reimburs.
Elective Contact Lenses	\$130 Allowance	\$130 Reimbursement
Cost You Pay Per Pay Period		
Employee Employee + Family	See HR	

## Medical Benefits

### BCBS - HSA

Plan Features	In Network	Out of Network
Deductible Per Person Family	\$2,600 \$5,200	\$4,000 \$8,000
Coinsurance	0%	50%
Primary Dr. Visits	Ded	Ded + 50% + BB
Specialist Dr. Visits	Ded	Ded + 50% + BB
Lab/X-ray	Ded	Ded + 50% + BB
CT/MRI/Ultra	Ded	Ded + 50% + BB
Preventive Care	No Charge	Ded + 50% + BB
Inpatient Hospital	Ded	Ded + 50% + BB
Outpatient Hospital	Ded	Ded + 50% + BB
Prescriptions	Ded	Ded + 50% + BB
Emergency Room	Ded	
Ambulance	Ded	
Urgent Care	Ded	Ded + 50% + BB
Out of Pocket Max		
Individual Family	\$2,600 \$5,200	\$7,000 \$14,000
Cost You Pay Per Pay Period		
Employee Employee + Children Employee + Family	See HR	
<b>PGCCS will contribute \$1,850 to your HSA account for this year. Future HSA contributions may change based on budget.</b>		

BB = Balance Bill – Balance bills don't count toward the deductible.

## Life Benefits

### Principal

Employee Life and AD&D \$50,000
For Voluntary Life options, see a GLJ Representative.
<b>401(k) provided by Ascensus</b>

^**Disclaimer** - These benefit descriptions are only an outline of coverage. Please refer to your Coverage Booklet for specific benefits, limitations, exclusions, and requirements.

## Dental Benefits

### Principal

Plan Features	In Network	Out of Network
Calendar Year Ded Individual Family	\$50 \$150	\$50 \$150
Calendar Year Max	\$1,000	\$1,000
Ortho Max	\$1,000	\$1,000
Coinsurance		
Preventive Basic Major	100% 80% 50%	100% 80% 50%
Orthodontia (Child)	50%	50%
Cost You Pay Per Pay Period		
Employee Employee + Family	See HR	

## Teladoc

### When to Use Teladoc:

- Primary care physician is not available or accessible
- Need treatment for your medical condition
- After normal business hours, nights, weekends
- For non-emergency medical issues, questions, or concerns
- Traveling and need medical advice
- Request prescription or refills (if appropriate)

### Easy to Use:

1. Call 800.TELADOC or log into your account at [www.teladoc.com](http://www.teladoc.com).
2. Complete your Medical Assessment and History Questionnaire.
3. If you are not feeling well, or need to request a prescription, you can order a priority consultation, where a doctor will call you back within 3 hours, or you can schedule an appointment for a time that is convenient for you.

## Supplemental Benefits

### Aflac

Short Term Disability, Accident Insurance, Term Life, Cancer Policy, Intensive Care, and Personal Sickness