

Employee Eligibility

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

Part Time Employees are only eligible for the 401K benefit.

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.

HSA Notices

If Employee elects an HSA plan, the Employee and PGCCS contribution amounts will be deposited within one week after each payday.

BANK: All contributions will go into your Further HSA Account. You can access Further online at www.hellofurther.com.

401K Notice

Unless waived on paper, each employee will automatically be enrolled in the PGCCS 401K plan. At each paycheck, 2% will be taken from the paycheck and deposited into the employee's 401K.

Enroll Online!

Enroll in your Employer Sponsored Benefits Plan online in just minutes! This quick reference guide will walk you through the enrollment website step by step.

For online assistance or to enroll by phone, call: 1.800.866.2325

- 1** Go to www.gljbenefits.com. Log in using your Last Name and SSN or Personal Password.
- 2** The Home Page allows you to navigate through the website including Benefit Summaries & Costs, Enrollment, and more. To return to the Home page use the ← → on the navigation bar.
- 3** Review your Benefit Summaries & Costs.
- 4** From the Home Page, click Benefits Enrollment. Fill in all fields then submit.
- 5** Only during Open Enrollment can you log back in to View/Modify your selections.

****Note: Please print out, complete, and return required forms to HR. All forms can be found under the "Forms" button on the Home Page.**

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	www.gljbenefits.com
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	1.877.475.8440
Online	www.azblue.com
Group Number	30258

MetLife

Customer Service/Claims	1.800.METLIFE
Online	www.metlife.com

Avesis Vision

Customer Service/Claims	1.800.828.9341
Online	www.avesis.com
Group Number	10790-145

Aflac

Dustin Johnson	480.390.0309
Shauna Roche	In-Office Service Rep
Phone	480.892.8826
Group Number	G1352

Ascensus 401(k)

Customer Service	1.866.809.8146
Online	myaccount.ascensus.com/rplink

Teladoc

Customer Service	1.800.TELADOC
Online	www.teladoc.com

Further (HSA Bank)

Customer Service	1.800.859.2144
Online	www.hellofurther.com

Employee Benefits



Pinal Gila
Community
Child Services

Medical, Dental, Life, Vision,
and Supplemental Benefits



Garry L. Johnson
& Associates, Inc.
THE GROUP & INDIVIDUAL BENEFIT SPECIALISTS
3850 E. Baseline Road, Suite 121
Mesa, Arizona 85206
phone 480.892.8826 • fax 480.892.0927
services@gljinsurance.com
www.gljinsurance.com

For Plan Year
September 1, 2018 to August 31, 2019

Medical Benefits		
BCBS - PPO		
Plan Features	In Network	Out of Network
Deductible		
Per Person	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	20%	50%
Primary Dr. Visits	\$25 Copay	Ded + 50% + BB
Specialists 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	\$250 Copay	Ded + 50% + BB
Ambulance		20%
Urgent Care	\$50 Copay	Ded + 50% + BB
Out of Pocket Max		
Individual	\$4,250	\$8,500
Family	\$8,500	\$17,000
Cost You Pay Per Paycheck		
Employee		
Employee + Children		See HR
Family		

Medical Benefits		
BCBS - HSA		
Plan Features	In Network	Out of Network
Deductible		
Per Person	\$3,000	\$4,000
Family	\$6,000	\$8,000
Coinsurance	0%	50%
Primary Dr. Visits	Ded	Ded + 50% + BB
Specialists 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	\$3,000	\$7,000
Family	\$6,000	\$14,000
Cost You Pay Per Paycheck		
Employee		
Employee + Children		See HR
Family		
PGCCS will contribute \$1,300 to your HSA account for this year. Future HSA contributions may change based on budget.		
NOTE: PGCCS uses Further for HSA banking.		

Life Benefits	
MetLife	
Employee Life and AD&D \$50,000	
For Voluntary Life options, see a GLJ Representative.	

401(k) provided by Ascensus
PGCCS will match 50% of the employee's 401K contribution up to a total of 1% of the employee's salary.

Dental Benefits		
MetLife		
Plan Features	In Network	Out of Network
Calendar Year Ded		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Max	\$1,000	\$1,000
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia (child)	50%	50%
Ortho Lifetime Max	\$1,000	\$1,000
Cost You Pay Per Paycheck		
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.
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.

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.
Frames	\$10 w/Allow.	\$45 Reimburs.
Elective Contact Lenses	\$130 Allowance	\$130 Reimburs.
Cost You Pay Per Paycheck		
Employee		
Family		See HR

Supplemental Benefits

Aflac

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

AFLAC Enrollments & Changes ONLINE

Enroll in an AFLAC policy online. It's as easy as 1, 2, 3!

1. Go to www.gljinsurance.com/PGCCS.html
2. Click on the GET AFLAC button.
3. Fill out the online form then click SUBMIT. All done!

If you need to make any CHANGES to or DROP a plan, you must speak with an AFLAC Representative. To notify us that you would like to speak to a representative, follow the instructions below:

1. Go to www.gljinsurance.com/PGCCS.html
2. Log into the system.
3. Fill out the first page and hit submit.

Dustin Johnson, the PGCCS AFLAC Representative, will be in touch. If you have any questions, please contact DUSTIN JOHNSON at 480.892.8826 or at dustin@gljinsurance.com.

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

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