

Supplemental Benefits

Group Aflac

Accident, Hospital, Critical Illness, and Short-term Disability policies available.

If you have questions, contact Dustin Johnson at 480.892.8826.

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: 1.800.892.8826.

1 Go to gljinsurance.com. Click on the ONLINE ENROLLMENT LOGIN link at the top of the page.

2 Use your previously chosen username and password to log in. If you have never logged in before, click on the REGISTER AS A NEW USER link and then fill in the requested information. The company identifier: TOF

3 From the home page, click on the green START ENROLLMENT button.

4 Review your personal information, make any needed updates, and then click SAVE & CONTINUE.

5 Add or update dependent information and then click SAVE & CONTINUE. If you don't have any dependents, simply click SAVE & CONTINUE.

6 Review benefit options, choose the ones you want, and then click SAVE & CONTINUE. Want to waive coverage? Click on the DON'T WANT THIS BENEFIT? button.

7 Review your enrollment summary and then click on the green CLICK TO SIGN button to complete enrollment.

8 You can log back into the system during open enrollment to make changes. Once logged in, click on the MAKE A CHANGE option on your home page and then follow the screen prompts.

Helpful Contacts

Garry L. Johnson & Associates

Garry Johnson	Consultant
Eric Johnson	Consultant
Amanda Baker	In-Office Service Rep
Phone	1.800.892.8826
Fax	480.892.0927
Email	amanda@gljinsurance.com

Blue Cross Blue Shield of Arizona (BCBS)

Customer Service/Claims Online	1.800.232.2345 www.azblue.com
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VSP

Customer Service/Claims Online	1.800.877.7195 www.vsp.com
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Equitable

Customer Service Online	1.800.777.6510 www.equitable.com
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Jorgensen Brooks Group

Hot Line / Crisis Line Online	1.888.520.5400 www.jorgensenbrooks.com
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Teladoc

Customer Service Online	1.800.835.2362 www.teladoc.com
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Group Aflac

Dustin Johnson Email	1.800.892.8826 dustin@gljinsurance.com
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Nationwide (Deferred Compensation)

Nancy Feilbach	602.430.2771
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New York Life

Hoot Gibson	520.620.5312
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isolved (FSA)

Customer Service	1.866.370.3040
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HealthEquity (HSA Bank)

Customer Service Online	1.866.346.5800 www.healthequity.com
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UMB (FSA Bank)

Customer Service Online	1.888.401.0113 www.umb.com
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Employee Navigator – Online Enrollment System

Customer Service	1.800.892.8826
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Garry L. Johnson
& Associates, Inc.

GROUP & INDIVIDUAL INSURANCE SOLUTIONS

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Employee Benefits



Medical, Dental, EAP, Life, Supplemental,
Telemedicine, and Vision Benefits

Employee Eligibility

First of the month following date of hire.

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.

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.

Other Valuable Benefits

Nationwide (Deferred Compensation)

New York Life

Arizona State Retirement System

Public Safety Personnel Retirement System

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

For Plan Year

July 1, 2025 to June 30, 2026

Medical Benefits		
Blue Cross Blue Shield of Arizona PPO \$500		
Plan Features	In Network	Out of Network*
Deductible		
Per Person	\$500	\$3,000
Family	\$1,500	\$9,000
Coinsurance	10%	50%
Primary Dr. Visits	\$15 Copay	Ded + 50%
Specialists Dr. Visits	\$25 Copay	Ded + 50%
Lab/X-ray	Office Copay	Ded + 50%
CT/MRI/Ultra	Ded + 10%	Ded + 50%
Preventive Care	No Charge	Ded + 50%
Inpatient Hospital	Ded + 10%	Ded + 50%
Outpatient Hospital	Ded + 10%	Ded + 50%
Prescriptions	\$10 / \$30 / \$60	\$10 / \$30 / \$60
Emergency Room	\$150 Copay	
Ambulance	Ded + 10%	
Urgent Care	\$15 Copay	Ded + 50%
Out of Pocket Max		
Individual	\$1,000	\$8,000
Family	\$3,000	\$24,000
Cost You Pay Per Pay Period (x24)		
Employee	\$0	
Employee + Spouse	\$121.89	
Employee + Children	\$99.11	
Family	\$221.00	

FSA Benefit
UMB
Covered employees may enroll in the Town's Flexible Spending Account (FSA) Plan. This is a benefit program that allows you to set aside money on a pre-tax basis for certain health care and dependent care expenses. The maximum you can contribute for Individual Medical is \$3,300, and for Dependent Care the maximum is \$5,000 per household or \$2,500 per person (if married and filing separately). Each year you can carry over \$660. This benefit comes with a debit card so you can access your funds.

Medical Benefits		
Blue Cross Blue Shield of Arizona HSA \$3,300		
Plan Features	In Network	Out of Network*
Deductible		
Per Person	\$3,300	\$6,600
Family	\$6,600	\$13,200
Coinsurance	0%	0%
Primary Dr. Visits	Ded	Ded
Specialists Dr. Visits	Ded	Ded
Lab/X-ray	Ded	Ded
CT/MRI/Ultra	Ded	Ded
Preventive Care	No Charge	Ded
Inpatient Hospital	Ded	Ded
Outpatient Hospital	Ded	Ded
Prescriptions	Ded	Ded
Emergency Room	Ded	
Ambulance	Ded	
Urgent Care	Ded	Ded
Out of Pocket Max		
Individual	\$3,300	\$6,600
Family	\$6,600	\$13,200
Cost You Pay Per Pay Period (x24)		
Employee	\$0	
Employee + Spouse	\$83.93	
Employee + Children	\$68.24	
Family	\$152.18	

HSA Benefit
HealthEquity
Covered employees may enroll in a Health Savings Account (HSA). This is a benefit program that allows you to set aside money on a pre-tax basis for approved medical expenses. The maximum you can contribute for 2025 on an individual basis is \$4,300 or \$8,550 for a family. All unused funds carry over to the new year.
The Town of Florence will contribute \$600 quarterly (1st quarter \$600, then \$200 per month not to exceed \$600 a quarter for a total of \$2,400 annually) into your HSA for a single employee. For an employee plus at least one dependent, the Town will contribute \$1,050 per quarter (1st quarter \$1,050, then \$350 per month not to exceed \$1,050 a quarter for a total of \$4,200 annually).

Dental Benefits		
Blue Cross Blue Shield of Arizona		
Plan Features	In Network	Out of Network*
Calendar Year Ded		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Max	\$1,750	\$1,750
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia (Child)	50%	50%
Ortho Lifetime Max (Child Only)	\$1,500	\$1,500
Cost You Pay Per Pay Period (x24)		
Employee	\$0	
Employee + Spouse	\$3.93	
Employee + Children	\$6.44	
Family	\$11.66	

EAP Benefits
Jorgensen Brooks Group
6 visits per person, per issue, per year
Personal, Legal, and Financial Consultation
24/7 Crisis Line: 1.888.520.5400

Life Benefits
Equitable
Basic Life and AD&D
Class I: 2x Basic Annual Earnings rounded to the next higher \$1,000; Maximum of \$250,000
Class II: \$25,000

Voluntary Life Benefits
Equitable
EMPLOYEE: \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings
SPOUSE: \$5,000 to \$100,000 in \$5,000 increments, not to exceed 50% of employee's supplemental amount
CHILD: \$500 for live birth to 14 days; \$1,000 to \$10,000 in \$1,000 increments for children 15 days old to age 26

Telemedicine Benefits
Teladoc
When to Use Teladoc:
<ul style="list-style-type: none"> • Primary care physician is not available or accessible • Need treatment for your medical condition • After normal business hours, nights, weekends • For non-emergent medical issues, questions, or concerns • Traveling and need medical advice • Request prescription or refills (if appropriate)
Easy to Use:
<ol style="list-style-type: none"> 1. Call 800.835.2362 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		
VSP		
Plan Features	In Network	Out of Network
Vision Exam	\$10	Up to \$45
Single Lenses	\$25	Up to \$30
Bifocal Lenses	\$25	Up to \$50
Trifocal Lenses	\$25	Up to \$65
Lenticular Lenses	\$25	Up to \$100
Frame Allowance	\$130 Allow. + 20% off amt over allow.	Up to \$70
Elective Contact Lenses	\$130 Allowance	Up to \$105
Medically Necessary Contact Lenses	Covered in Full	Up to \$210
FREQUENCY: Exam every 12 months, lenses every 12 months, frame every 12 months, and contact lenses every 12 months (instead of lenses and frame)		
Cost You Pay Per Pay Period (x24)		
Employee	\$3.86	
Family	\$8.29	

*The plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays. This is called balance billing.