

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: 1.800.892.8826.

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: **PGCCS**

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.

If you want to make a change to your HSA contribution or 401K contribution, you need to log into the internal ESS system.

Helpful Contacts

Garry L. Johnson & Associates

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

United Healthcare

Customer Service/Claims Online	1.866.633.2446 www.myuhc.com
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Principal

Customer Service/Claims Online Group	1.800.843.1371 www.principal.com 1114672-10001
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Equitable

Customer Service/Claims Online Group	1.800.777.6510 www.equitable.com 005722S
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Aflac

Dustin Johnson	480.390.0309
Jodi Collins	In-Office Service Rep
Phone	480.892.8826
Group Number	27076

Principal 401(k)

Customer Service Online	1.800.547.7754 www.principal.com
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Teladoc

Customer Service Online	1.800.TELADOC www.teladoc.com
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Further (HSA Bank)

Customer Service Online	1.800.859.2144 www.hellofurther.com
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Employee Navigator (Online Enrollment)

Customer Service Online	1.800.892.8826 www.gljinsurance.com
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Pinal Gila
Community
Child Services

Medical, Dental, Life, Vision,
and Supplemental Benefits

 **Garry L. Johnson**
& Associates, Inc.
GROUP & INDIVIDUAL INSURANCE SOLUTIONS
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, 2023 to August 31, 2024

Medical Benefits		
United Healthcare		
PPO 3000 – Choice Plus CHNX/01X		
Plan Features	In Network	Out of Network*
Deductible		
Per Person	\$3,000	\$10,000
Family	\$6,000	\$20,000
Coinsurance	20%	50%
Primary Dr. Visits	\$35 Copay ♥ / \$70 Copay	Ded + 50%
Specialists Dr. Visits	\$70 Copay ♥ / \$100 Copay	Ded + 50%
Lab/X-ray	Ded + 20%	Ded + 50%
CT/MRI/Ultra**	Ded + 20% ♥ / Ded + 50%	Ded + 50%
Preventive Care	No Charge	Ded + 50%
Inpatient Hospital	Ded + 20%	Ded + 50%
Outpatient Hospital	Ded + 20%	Ded + 50%
Prescriptions	\$10 / \$35 / \$70	\$10 / \$35 / \$70
Emergency Room	\$400 Copay	\$400 Copay
Ambulance	Ded + 20%	Ded + 20%
Urgent Care	\$50 Copay	Ded + 50%
Out of Pocket Max		
Individual	\$6,000	\$20,000
Family	\$12,000	\$40,000
Cost You Pay Per Paycheck		
Employee	\$1.00 one time only	
Employee + Spouse	\$552.47	
Employee + Children	\$414.37	
Family	\$1,012.83	

Medical Benefits		
United Healthcare		
HSA 3000 – Choice Plus DDUY Mod HSA/01X		
Plan Features	In Network	Out of Network*
Deductible		
Per Person	\$3,000	\$4,000
Family	\$6,000	\$8,000
Coinsurance	10%	50%
Primary Dr. Visits	Ded + 10%	Ded + 50%
Specialists Dr. Visits	Ded + 10%	Ded + 50%
Lab/X-ray	Ded + 10%	Ded + 50%
CT/MRI/Ultra**	Ded + 10% ♥ / Ded + 50%	Ded + 50%
Preventive Care	No Charge	Ded + 50%
Inpatient Hospital	Ded + 10%	Ded + 50%
Outpatient Hospital	Ded + 10%	Ded + 50%
Prescriptions	\$10 / \$35 / \$70	\$10 / \$35 / \$70
Emergency Room	Ded + 10%	Ded + 10%
Ambulance	Ded + 10%	Ded + 10%
Urgent Care	Ded + 10%	Ded + 50%
Out of Pocket Max		
Individual	\$6,000	\$8,250
Family	\$12,000	\$16,500
Cost You Pay Per Paycheck		
Employee	\$1.00 one time only	
Employee + Spouse	\$509.57	
Employee + Children	\$382.19	
Family	\$934.18	
PGCCS will contribute \$1,854 to your HSA account over the plan year. Future HSA contributions may change based on budget.		
NOTE: PGCCS uses Further for HSA banking.		

Dental Benefits		
Principal		
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	\$3.33	
Family	\$33.43	

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-emergency 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.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		
Principal		
Plan Features	In Network	Out of Network
Vision Exam	\$10 Copay	Up to \$45
Single Lenses	\$10 Copay	Up to \$30
Bifocal Lenses	\$10 Copay	Up to \$50
Trifocal Lenses	\$10 Copay	Up to \$65
Lenticular Lenses	\$10 Copay	Up to \$100
Frames	Up to \$130 Allowance every 24 mnths	Up to \$70 every 24 mnths
Elective Contact Lenses	Up to \$130 Allowance every 12 mnths	Up to \$105
Cost You Pay Per Paycheck		
Employee	\$0	
Employee + Spouse	\$3.13	
Employee + Children	\$4.05	
Family	\$7.13	

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

401(k) Benefit
Principal
PGCCS will match 50% of the employee's 401(k) contribution up to a total of 1% of the employee's salary.
For 401(k) Questions Contact: Corry Johnson, 480.892.8826

Supplemental Benefits
Aflac
Group Short Term Disability, Group Accident Insurance, Group Hospital, and Group Critical Illness
If you enroll in GROUP AFLAC online, you are allowing the termination of your current individual Aflac plan. If you want to make any changes or discuss options, you must call Dustin.

*The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. This is called balance billing.

**\$500 per occurrence deductible applies prior to the overall deductible. The per occurrence deductible does not apply to designated network providers.

♥ The red heart notes the cost for a designated in-network doctor if there is a difference between the designated and non-designated in-network option. Please note that you will pay the least if you use a designated in-network doctor. To find a designated doctor, look for the red heart in the provider listings.

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