

Maricopa County Employee Benefits Program

2018-2019 COBRA Benefits Guide



Your Benefits. Your Choice.

For Additional Resources:

<https://www.maricopa.gov/1187/COBRA>



What's New for 2018-2019

Maricopa County provides access to high quality, affordable healthcare. The plan options the County offers are designed to give you choices while maintaining a high level of coverage and financial protection.

For the upcoming Plan Year, COBRA contributions have increased across all medical plans and tiers. The program experienced a 26% increase in large claims costs last year and prescription drug costs have increased 38% since 2013. Unfortunately, the cost increase for the coming year is expected to be in excess of \$6M.

The following pages will describe the plan changes as well as the rates for the upcoming year.

Changes in Coverage in ALL Medical Plans

- Coverage for **Autism** will expand from Applied Behavior Analysis (ABA) therapy with limits, to ABA therapy with no age or visit limits
- Coverage for **Excess Skin Removal** will change from only after bariatric surgery, to if medically necessary
- The **Home Health Visit** will change from unlimited visits, to a 100 visit limit per plan year
- Coverage for **Prostate-Specific Antigen (PSA) Testing** will change from covered as preventive, to covered as diagnostic (with employee cost share)

Cigna HMO Changes in Copay/Services:

- The out-patient member cost share for **Major Diagnostic Imaging** (MRI, CT, PET scans, etc.) will decrease from \$100 copay per scan after deductible, to covered at 100% after deductible
- The member cost share for **Durable Medical Equipment** will decrease from \$75 copay per item per month, to covered at 100%
- The **Out-Patient Facility Copay** will increase from \$125, to \$150 after deductible
- The member cost share for **Allergy Injections** will increase from \$13/\$28 for injection, to \$30 copay

UnitedHealthcare PPO Changes in Coverages/Copays:

- **In-Network Coinsurance** will increase from 10% coinsurance after deductible, to 15% coinsurance after deductible
- The out-patient member cost share for **Major Diagnostic Imaging** (MRI, CT, PET scans, etc.) will change from \$100 copay per scan, plus 10% coinsurance after deductible, to 15% coinsurance after deductible
- The **Emergency Room Copay** will increase from \$200 to \$250
- The member cost share for **Allergy Injections** will increase from \$18/\$33 for injection, to \$40 copay
- The **Out-of-Network Urgent Care Center** member cost share will increase from covered at 100% after \$75 copay, to 50% coinsurance after deductible

Implement:

- A new **Preferred Copay Structure** for Primary Care Physicians (PCPs) will be implemented:
 - Tier 1 PCPs: \$35 copay
 - Non-Tier 1 PCPs: \$45 copay

What's New for 2018-2019

When you enroll in your medical plan, you are automatically enrolled in the prescription plan associated with it. You have access to prescription medications through both retail pharmacies and a mail-order program.



Prescription Plan Changes

OptumRx Co-Insurance Prescription Plan Changes

(for members in the Cigna HMO and UnitedHealthcare PPO medical plans)

- Cover certain generic statins (cholesterol lowering medications) at \$0 cost share (age limits, prior authorizations, and other restrictions may apply)
- Add a new tier, "**Lower Cost Generics**" to existing plan structure (refer to table below)
- Increase the tier maximums (refer to table below)

| TIER | FROM | TO |
|---|---------------------------------|------------|
| LC. Lower Cost Generics: 30-day retail fill | Not Applicable | \$4 |
| Lower Cost Generics: 90-day retail fill | Not Applicable | \$12 |
| Lower Cost Generics: 90-day mail order fill | Not Applicable | \$10 |
| 1. Generic: 30-day retail fill | 25% coinsurance with \$18 max. | No change |
| Generic: 90-day retail fill | 25% coinsurance with \$54 max. | No change |
| Generic: 90-day mail order fill | 25% coinsurance with \$42 max. | No change |
| 2. Preferred Brand: 30-day retail fill | 25% coinsurance with \$80 max. | No change |
| Preferred Brand: 90-day retail fill | 25% coinsurance with \$240 max. | No change |
| Preferred Brand: 90-day mail order fill | 25% coinsurance with \$160 max. | No change |
| 3. Non-Preferred Brand: 30-day retail fill | 50% coinsurance \$120 max. | \$200 max. |
| Non-Preferred Brand: 90-day retail fill | 50% coinsurance \$360 max. | \$600 max. |
| Non-Preferred Brand: 90-day mail order fill | 50% coinsurance \$300 max. | \$500 max. |
| 4. Specialty Value: 30-day fill | 25% coinsurance with \$150 max. | No change |
| 5. Specialty Preferred Brand: 30-day fill | 30% coinsurance with \$175 max. | No change |
| 6. Specialty Non-Preferred Brand: 30-day fill | 50% coinsurance with \$325 max. | No change |

- If you choose a non-preferred brand name medication when a generic or value medication is available, you will be responsible for the cost difference between the generic or value medication and the non-preferred brand name medication

OptumRx HDHP Prescription Plan Changes

(for members in the UnitedHealthcare HDHP medical plan)

- Implement a "**Generics Preferred**" program. If a higher tier brand-name drug is dispensed instead of its generic equivalent, you will pay the difference in cost, plus the normal coinsurance

What's New for 2018-2019

Other Plan Changes

Dental: To help you maintain good oral health, Maricopa County offers three different dental plans. They are: Cigna DHMO, Cigna PPO, and Delta Dental.

Cigna Dental DHMO

- No plan changes

Cigna Dental PPO

- **Increase coverage for routine services** (e.g; oral exams, cleanings, etc.) only up to the annual benefit maximum amount, to covering routine services even if the annual maximum amount has been reached
- Add coverage for **implants** (certain restrictions may apply)

Delta Dental PPO

- **Increase coverage for routine services** (e.g; oral exams, cleanings, etc.) only up to the annual benefit maximum amount to covering routine services even if the annual maximum amount has been reached

Vision: EyeMed

- No plan changes



Plan Overview



The County's Medical Plans

Maricopa County offers four medical plan options to help you select the coverage that is best for you and your family. Each medical plan is bundled with a prescription and behavioral health benefit. Your medical plan choices are:

| | Vendor/Medical Plan | Prescription | Behavioral Health | Employee Assistance Program |
|-----------|--|---------------------------------------|----------------------------|-----------------------------|
| 1. | Cigna HMO <i>(Coverage in Maricopa County only)</i> | OptumRx Coinsurance Prescription Plan | Magellan Behavioral Health | Magellan EAP |
| 2. | Cigna HDHP | Cigna HDHP Prescription Plan | Cigna Behavioral Health | Magellan EAP |
| 3. | UnitedHealthcare PPO | OptumRx Coinsurance Prescription Plan | Magellan Behavioral Health | Magellan EAP |
| 4. | UnitedHealthcare HDHP | OptumRx HDHP Prescription Plan | United Behavioral Health | Magellan EAP |

Plan Type Description:

HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), who issues referrals to specialists and other contracted health care professionals within a defined network of providers. The HMO is the most restrictive form of managed care, but generally has lower premiums and out-of-pocket costs. Coverage is available only in Maricopa County, except for a life threatening emergency.

PPO (Preferred Provider Organization)

A PPO offers access to a broad “preferred” provider network of physicians, specialists, and hospitals. Selection of a primary care physician (PCP) is not required, nor are referrals to see other providers within the network. These plans offer more flexibility but often at higher premiums and out-of-pocket costs. Both in and out-of-network coverage is available.

HDHP (High Deductible Health Plan)

An HDHP is a health insurance plan with lower premiums and a higher deductible than a traditional health plan. With an HDHP, the plan pays nothing toward health care services, except for in-network preventive care, until the deductible has been met. There is access to a broad range of in-network providers, and both in and out-of-network coverage is available.

Medical Copay/Out-of-Pocket Costs Cigna HMO



| Benefit Provision | Cigna HMO In-Network Coverage Only |
|---|--|
| Plan Deductible Applies to certain inpatient/outpatient facilities only. Individual and family deductibles aggregate. | \$350 Individual Facility Deductible |
| | \$700 Family Facility Deductible |
| Standard Percent of Coinsurance | N/A |
| Out-of-Pocket Maximum ⁴ | \$1,600 Individual \$3,200 Family |
| Preventive Care | \$0 (FREE) |
| Telehealth | \$5 |
| Convenience Care Clinic Visit | \$10 |
| Primary Care Physician (PCP) | \$30 |
| Specialty Care Physician - CCD/Non-CCD | \$45 ¹ / \$70 ² |
| Chiropractic Services; limited to 24 visits/days per year | \$30 |
| Allergy Injections | \$30 |
| Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies | \$0 after deductible ³ |
| Independent Lab and X-Ray Facility | \$0 |
| Inpatient Hospital Facility Services (including delivery) | \$250 after deductible |
| Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist) | \$0 |
| Outpatient Hospital Facility Services | \$150 after deductible |
| Pre- & Post-Natal Exams (after pregnancy has been confirmed) | \$30/\$45 ¹ /\$70 ² , waived after 1st visit |
| Urgent Care | \$75, waived if admitted to hospital |
| Emergency Room | \$200, waived if admitted to hospital |
| Ambulance | \$0 |
| Durable Medical Equipment/Medical Supplies No annual limit | \$0 |
| Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy; limited to 60 visits/days combined per year. Applied Behavioral Analysis (ABA) therapy no age or visit limits. | \$45 |
| Cardiac Rehab; limited to 36 visits/days per year | \$45 |
| Bariatric Surgery (1 year waiting period from initial employment) | \$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services |

For more detail, review the plan summaries on the Benefits Home Page under the Open Enrollment tab.

- 1 You pay lower copays when you use a specialist with the Cigna Care Designation (CCD).
- 2 You pay higher copays when you use a provider without the CCD Designation. Not all specialties are included. When the provider is not included in the CCD, the higher Non-CCD copay applies.
- 3 Does not apply to inpatient facility services. Subject to applicable place of service and plan deductible. Associated ancillary charges are subject to the applicable place of service and deductible.
- 4 Out-of-Pocket Maximum INCLUDES medical copays and deductibles. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It EXCLUDES Out-of-Pocket prescription costs.

Medical Coinsurance/Out-of-Pocket Costs Cigna and UnitedHealthcare HDHP



| Benefit Provision | Cigna HDHP and United Healthcare HDHP | |
|---|---|---------------------------------------|
| | In-Network | Out-of-Network |
| Plan Deductible Individual and family deductibles aggregate. | \$1,500 Individual \$3,000 Family | \$3,000 Individual \$6,000 Family |
| Standard Percent of Coinsurance | 15% | 50% |
| Out-of-Pocket Maximum | \$3,275 Individual \$6,550 Family | \$6,550 Individual \$13,100 Family |
| Preventive Care | \$0 (FREE) no deductible | Covered In-Network only |
| Telehealth | 15% after deductible | Covered In-Network only |
| Convenience Care Clinic Visit | 15% after deductible | 50% after deductible |
| Primary Care Physician (PCP) | 15% after deductible | 50% after deductible |
| Specialty Care Physician | 15% after deductible | 50% after deductible |
| Chiropractic Services; limited to 24 visits/days per year | 15% after deductible | Covered In-Network only |
| Allergy Injections | 15% after deductible | 50% after deductible |
| Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies | 15% after deductible | 50% after deductible |
| Independent Lab and X-Ray Facility | 15% after deductible; no deductible if preventive | 50% after deductible |
| Inpatient Hospital Facility Services (including delivery) | 15% after deductible | 50% after deductible |
| Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist) | 15% after deductible | 50% after deductible |
| Outpatient Hospital Facility Services | 15% after deductible | 50% after deductible |
| Pre- & Post-Natal Exams (after pregnancy has been confirmed) | 15% after deductible | 50% after deductible |
| Urgent Care | 15% after deductible | 15% after deductible |
| Emergency Room | 15% after deductible | 15% after deductible |
| Ambulance | 15% after deductible | 15% after deductible |
| Durable Medical Equipment/Medical Supplies No annual limit | 15% after deductible | 50% after deductible |
| Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy; limited to 60 visits/days combined per year. Applied Behavioral Analysis (ABA) therapy no age or visit limits. | 15% after deductible | 50% after deductible |
| Cardiac Rehab; limited to 36 visits/days per year | 15% after deductible | 50% after deductible |
| Bariatric Surgery (1 year waiting period from initial employment) | 15% after deductible | Covered In-Network only |

Medical Coinsurance/Out-of-Pocket Costs UnitedHealthcare PPO



| Benefit Provision | UnitedHealthcare PPO | |
|---|--|--|
| | In-Network | Out-of-Network |
| Plan Deductible Individual and family deductibles aggregate. | \$750 Individual \$1,500 Family | \$1,500 Individual \$3,000 Family |
| Standard Percent of Coinsurance | 15% | 50% |
| Out-of-Pocket Maximum | \$3,500 Individual \$7,000 Family | \$7,000 Individual \$14,000 Family |
| Preventive Care | \$0 (FREE) no deductible | Covered In-Network only |
| Telehealth | \$10 | Covered In-Network only |
| Convenience Care Clinic Visit | \$20 | 50% after deductible |
| Primary Care Physician (PCP) | \$35 ¹ / \$45 ² | 50% after deductible |
| Specialty Care Physician | \$55 ¹ / \$70 ² | 50% after deductible |
| Chiropractic Services; limited to 24 visits/days per year | \$40 | Covered In-Network only |
| Allergy Injections | \$40 | 50% after deductible |
| Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies | 15% after deductible ³ | 50% after deductible ³ |
| Independent Lab and X-Ray Facility | \$0 | 50% after deductible |
| Inpatient Hospital Facility Services (including delivery) | 15% after deductible | 50% after deductible |
| Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist) | 15% after deductible | 50% after deductible |
| Outpatient Hospital Facility Services | 15% after deductible | 50% after deductible |
| Pre- & Post-Natal Exams (after pregnancy has been confirmed) | \$35/\$55 ¹ or \$45/\$70 ² to confirm pregnancy; 15% other related services after deductible | 50% after deductible |
| Urgent Care | \$75, waived if admitted to hospital | 50% after deductible |
| Emergency Room | \$250, waived if admitted to hospital | \$250, waived if admitted to hospital |
| Ambulance | 15% after deductible | 15% after deductible |
| Durable Medical Equipment/Medical Supplies No annual limit | 15% after deductible per item per month | 15% after deductible |
| Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy; limited to 60 visits/days combined per year. Applied Behavioral Analysis (ABA) therapy no age or visit limits. | \$55 | 50% after deductible |
| Cardiac Rehab; limited to 36 visits/days per year | \$55 | 50% after deductible |
| Bariatric Surgery (1 year waiting period from initial employment) | \$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services | Covered In-Network only |

For more detail, review the plan summaries on the Benefits Home Page under the Open Enrollment tab.

- 1 You pay lower copays when you use a specialist with the UHC Premium Tier 1.
- 2 You pay higher copays when you use a provider without the Tier 1. Not all specialties are included. When the provider is not included in Tier 1, the higher non-tier copay applies.
- 3 Does not apply to inpatient facility services. Subject to applicable place of service and plan deductible. Associated ancillary charges are subject to the applicable place of service and deductible.
- 4 Out-of-Pocket Maximum INCLUDES medical copays and deductibles. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It EXCLUDES Out-of-Pocket prescription costs.

COBRA 2018-2019 Monthly Premiums Medical, Prescription, Behavioral Health



Medical, Prescription, Behavioral Health

Prescription and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in prescription and behavioral health coverage. There is one combined rate for all three plans.

2018-2019 Combined Medical, Prescription, Behavioral Health Premiums

| Plan | Tier | Monthly Total Premium |
|---------------------------------|--------------------------|-----------------------|
| Cigna HMO | Beneficiary | 698.29 |
| | Beneficiary + Spouse | 1,354.01 |
| | Beneficiary + Child(ren) | 1,113.11 |
| | Beneficiary + Family | 1,769.46 |
| Cigna and UnitedHealthcare HDHP | Beneficiary | 644.45 |
| | Beneficiary + Spouse | 1,245.98 |
| | Beneficiary + Child(ren) | 1,009.38 |
| | Beneficiary + Family | 1,654.06 |
| UnitedHealthcare PPO | Beneficiary | 730.93 |
| | Beneficiary + Spouse | 1,420.23 |
| | Beneficiary + Child(ren) | 1,167.00 |
| | Beneficiary + Family | 1,856.99 |

COBRA 2018-2019 Monthly Premiums Vision and Dental



Vision Premiums

| Plan | Tier | Monthly Total Premium |
|--------|--------------------------|-----------------------|
| EyeMed | Beneficiary | 6.94 |
| | Beneficiary + Spouse | 13.28 |
| | Beneficiary + Child(ren) | 13.44 |
| | Beneficiary + Family | 20.22 |

Dental Premiums

| Plan | Tier | Monthly Total Premium |
|----------------------|--------------------------|-----------------------|
| Cigna Prepaid (DHMO) | Beneficiary | 9.16 |
| | Beneficiary + Spouse | 15.52 |
| | Beneficiary + Child(ren) | 21.46 |
| | Beneficiary + Family | 25.28 |
| Cigna (PPO) | Beneficiary | 36.52 |
| | Beneficiary + Spouse | 80.44 |
| | Beneficiary + Child(ren) | 87.01 |
| | Beneficiary + Family | 111.69 |
| Delta (PPO) | Beneficiary | 44.02 |
| | Beneficiary + Spouse | 97.00 |
| | Beneficiary + Child(ren) | 104.94 |
| | Beneficiary + Family | 134.93 |

Provider Contact Information

Maricopa County Employee Benefits Division

Maricopa County Administration Building
301 W. Jefferson St., Suite 3200
Phoenix, Arizona 85003-2143
Phone: (602) 506-1010
Fax: (602) 506-2354
www.maricopa.gov/171/benefits
BenefitsService@mail.maricopa.gov

Medical Plans

Cigna Group #3205496

Customer Service (800) 244-6224
Pre-Enrollment Questions (800) 401-4041
(March 30-June 30)
24-Hour Health
Information Line (800) 564-8982
Your Health First (855) 246-1873
Healthy Rewards (800) 870-3470

www.mycigna.com
www.cigna.com

UnitedHealthcare Group #901632

Customer Service (888) 876-7098
myNurseline (855) 466-7886
www.myuhc.com

Prescription Plans

Cigna HDHP Prescription Plan (Cigna HDHP)

Group #3205496

Customer Service (800) 244-6224
Home Delivery (800) 285-4812
www.mycigna.com

OptumRx Coinsurance Prescription Plan

(Cigna HMO and UnitedHealthcare PPO)

Group #512229

Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Briova Rx Specialty Pharmacy (855) 427-4682
Medication Therapy Mgt. (866) 352-5310

www.optumrx.com

OptumRx HDHP Prescription Plan

(UnitedHealthcare HDHP)

Group #901632

Member Services (888) 876-7098
Briova Rx Specialty Pharmacy (855) 427-4682
www.myuhc.com

Behavioral Health

Magellan Health Services Group #N/A

(888) 213-5125
www.magellanhealth.com/member

Cigna Behavioral Health (Cigna HDHP)

Group #3205496
(800) 274-7603 www.mycigna.com

United Behavioral Health (UnitedHealthcare HDHP)

Group #901632
(888) 876-7098 www.myuhc.com

Vision

Eye Med

Group #1004141
(866) 724-0782 www.eyemed.com

Dental

Cigna Pre-Paid Dental (DHMO) Group #2465354

(800) 244-6224 www.cigna.com

Cigna Dental | Group #2465354
(888) 336-8258 www.cigna.com

Delta Dental | Group #4500

(602) 938-3131 or (800) 352-6132
www.deltadentalaz.com

Life Insurance

Securian Group #70334 (Life Insurance) Group #70335 (AD & D)

General Plan Information (866) 293-6047
Claims (888) 658-0193
Medical Underwriting (800) 872-2214
Continuation (866) 365-2374

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000
Outside Phoenix (800) 621-3778

www.azasrs.gov

Public Safety Retirement System

(602) 255-5575 www.psprs.com

Nationwide Retirement Solutions Deferred Compensation

(602) 266-2733
(800) 598-4457

www.maricopadpc.com

Other

COBRA Administrator

Enrollment forms and ongoing payments
(866) 229-8292

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