

Maricopa County Employee Benefits Program

2019-2020 Benefits Open Enrollment Guide



Your Benefits. Your Choice.



Open Enrollment is April 15 - May 10, 2019
Make your elections in the [BenefitSolver Portal: benefits.maricopa.gov](https://benefits.maricopa.gov)



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Introduction

Open Enrollment

This Open Enrollment Guide includes helpful information for evaluating your benefits options. Please review it with your family to ensure you choose the health plan that's right for you.

This year Open Enrollment is passive. If you do not make any changes to your current coverage, most of your elections will automatically carry over to Plan Year 2019-2020. There are exceptions. Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) require an annual contribution amount.

Maricopa County is focused on providing access to high quality, affordable healthcare while supporting the health and wellness of all employees. Plan options are designed to ensure choice while maintaining a high level of coverage and financial protection. As part of our comprehensive benefits and wellness package, all eligible employees enrolled in a County Sponsored medical plan are provided with an opportunity to engage in a wellness incentive program throughout the year.

Open Enrollment is the time of year when you can re-evaluate your benefits and review current plan elections. Any new elections and all changes will become effective July 1, 2019.

Contact the benefits team at 602-506-1010 if you have questions or need assistance.

No Cost Increases This Year!*

Great news - you will not have a premium increase this year!

Even though the County's medical program cost is expected to increase more than 3.6% or \$5.5M, the well-funded Benefit Trust is currently capable of absorbing this cost increase, so you don't have to.

Maricopa County's health plans are self-insured. That means the County assumes the financial risk for providing health care benefits to its employees. The County saves the money that an insurance company adds to its premium for a fully-insured plan, but is also responsible if the amount of claims is larger than expected.

Refer to **pages 13 through 16** for rates by plan.

** There is a small increase to part-time DHMO rates.*

How Do Maricopa County's Benefits Compare?

Health benefit cost is projected to rise 4.0% in 2019 across all employers responding to Mercer's National Survey of Employer sponsored plans.

PwC's Health Research Institute projected a cost increase of 6% for 2019.

The table below compares Maricopa County contributions to those of other government and private employer plans. Even without the wellness incentive of \$60/month, Maricopa contributions remain competitive.

AVERAGE MONTHLY CONTRIBUTION FOR INDIVIDUAL COVERAGE (\$)

Plan Type	2019-2020 Maricopa Co. (less incentive)	2019-2020 Maricopa Co.	State Gvts. 500+	County Gvts. 500+	City Gvts. 500+
PPO	\$46	\$106	\$93	\$102	\$142
HDHP w/HSA	\$8	\$68	\$6	\$48	\$78
HMO	\$23	\$83	\$73	\$84	\$136

AVERAGE MONTHLY CONTRIBUTION FOR FAMILY COVERAGE (\$)

PPO	\$259	\$319	\$448	\$441	\$497
HDHP w/HSA	\$60	\$120	\$315	\$335	\$283
HMO	\$158	\$218	\$317	\$365	\$435

What's New for 2019-2020

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 and mail order pharmacies.

Administrative Changes

- Benefit elections will be made in [BenefitSolver](#) this year (not ADP)
 - If you are a first-time BenefitSolver user, [this "Enrolling is Easy" flyer](#) can help you log in
- If you add a dependent to your coverage this year, you will have until June 25 to submit documentation verifying your dependents' eligibility for coverage

Plan Changes

Cigna HMO:

- The Telehealth copay is reduced from \$5 to \$0

UnitedHealthcare PPO:

- The copay for TeleHealth is reduced from \$10 to \$0
- The Premium Provider (Tier 1) Copay for Primary Care Physicians is reduced from \$35 to \$25

Cigna and UnitedHealthcare HDHP with HSA:

- The annual **Health Savings Account (HSA) Contribution Limit** will increase from:
 - \$3,450 to \$3,500 for individual coverage
 - \$6,900 to \$7,000 for family coverage
- The County contribution into health savings accounts of \$500 for individuals and \$1,000 for families will be funded on July 24

Dental: Cigna Pre-Paid Dental Plan (DHMO), Cigna Dental Plan (PPO), and Delta Dental (PPO) Plan

- No plan changes

Vision: EyeMed

- The *Freedom Pass* will be available to use at Sears and Target Optical (\$0 for frames)
 - Allows members to choose any frame at any price at no out-of-pocket cost even if over the frame allowance of \$130
- Receive \$20 off at ContactsDirect

Short-Term Disability: Sedgwick

- No plan changes

Life Insurance: Securian

- No plan changes
- Note: During Open Enrollment you may elect or increase your additional life insurance by one times your annual base salary (up to \$750,000) without having to provide Evidence of Insurability (EOI). Any increase is subject to the actively at work requirement.

What's New for 2019-2020

Plan Changes (continued):

Flexible Spending Accounts: Discovery Benefits

The annual contribution limit for the Health Care FSA and the Limited Scope FSA will increase from \$2,650 to \$2,700

- Refer to the chart below to determine what savings/spending accounts you can participate in
- Select the amount of your contribution in the [BenefitSolver Portal](#)

Type of Medical Plan:	Health Savings Account (HSA)	Limited Spending Account (LSA)	Flexible Spending Account (FSA)
Cigna Medical HMO			✓
Cigna Medical HDHP	✓	✓	
UnitedHealthcare PPO			✓
UnitedHealthcare HDHP	✓	✓	
Waived Medical			✓

Group Legal: Hyatt Legal Plan

- No plan changes

New Voluntary Benefit: Pet Insurance

Maricopa County is offering three different pet benefit plans at discounted group rates. The plans are brought to you by Pet Benefit Solutions as a payroll deduction benefit.

You can choose to enroll in one, two or all three plans. You can [compare the differences between the plans](#), read [an overview](#), or [review frequently asked questions \(FAQs\)](#) to help guide your decision.

Pets Best Pet Health Insurance

- Offers the highest level of coverage in the event of accident or illness
- \$250 deductible; 90% reimbursement
- No annual maximum
- Any U.S. veterinarian
- Visit www.petbenefits.com/land/maricopacounty to get your custom quote

Pet Assure Veterinary Discount Plan

- Save 25% on medical services at participating veterinarians on in-house medical services
- \$8/month for a single pet
- \$11/month for all of the pets in your home
- Includes a 24/7 Lost Pet Recovery Service
- Search for a veterinarian near you before enrolling at: www.petbenefits.com/land/maricopacounty

PetPlus Prescription Savings Plan

- Receive wholesale pricing on prescriptions and other pet products
- \$3.75/month for a single cat or dog
- \$7.50/month for all of the cats and dogs in your home
- Includes a 24/7 Pet Help Line



Open Enrollment Checklist

Before Open Enrollment:

- Verify your address is correct in ADP
- Visit www.maricopa.gov/1804/Open-Enrollment to review the 2019-2020 benefit changes
- Compare your benefit options to decide which ones are best for you
- If enrolling in the Cigna HMO Plan, select a Primary Care Physician (PCP) before making your elections at www.cigna.com/cmga/doctor
- If enrolling in the Cigna Pre-Paid Dental Plan, select a Primary Care Dentist (PCD) before making your elections at www.cigna.com
- Attend an Open Enrollment presentation
- Gather documentation (i.e., marriage certificate, birth certificate, most recent tax return) to submit for the Dependent Verification process to validate newly-added dependents*
- Call the Employee Benefits Division at 602.506.1010 with questions


During Open Enrollment:

- Access the BenefitSolver Enrollment System at benefits.maricopa.gov
- Make any plan changes you need for 2019-2020
- Select the contribution amount if you are electing a Flexible Spending Account or Health Savings Account
- Make sure your dependents are added to each benefit option (medical, vision, dental)
- Provide a Social Security Number for each covered dependent age one and older
- Review and update your list of beneficiaries
- Once you have reviewed your elections and they are accurate, click "Approve" and then select "I Agree" to submit your enrollment
- If applicable, upload documentation required for dependent verification for any newly-added dependents*
- Complete your elections by **May 10, 2019 at 5:00 pm** Arizona time
- Print a copy of your Benefit Summary for your records

After Open Enrollment:

- If you added new dependents to coverage and did not upload documentation at the time of enrollment, respond no later than **June 25, 2019**
- If required, submit an Evidence of Insurability form for life insurance to Securian Life Insurance
- Review your confirmation statement you receive in the mail to know which benefits you elected for Plan Year 2019-2020
- Failure to respond or provide sufficient proof of eligibility will result in your dependent(s) not being enrolled in coverage

***Note:** Dependents who have previously been approved as eligible for coverage **AND** who had coverage (medical, vision, and/or dental) in Plan Year 2018-2019 will not be re-verified.



Open Enrollment FAQ's

When Do Benefits Begin?

- Benefits elected during Open Enrollment begin July 1, 2019
- For new employees (or newly benefits-eligible employees) benefits begin on the first day of the month following date of hire or **date of benefits eligibility**
- Benefits elected as a result of a Life Event begin the date of the event

Will I Receive a New ID Card after Open Enrollment?

If you are switching to a new plan, or are a new enrollee, you will receive an ID card. If you do not change plans, you will only receive a new ID card if you are enrolled in the UnitedHealthcare PPO Plan.

What If I Am a New Hire during Open Enrollment?

If you are making your new hire elections before April 15, 2019:

1. Access the BenefitSolver Portal at benefits.maricopa.gov
2. Complete current year (Plan Year **2018-2019**) benefit elections
3. Print your Benefit Summary with your confirmation number
4. Return to the BenefitSolver portal on or after April 15, 2019 to complete next year (Plan Year **2019-2020**) benefit elections

If you are making your new hire elections on or after April 15, 2019:

1. Access the BenefitSolver Portal at benefits.maricopa.gov
2. Complete current year (Plan Year 2018-2019) benefit elections
3. Review Enrollment, Click "Approve"
4. Click "I agree" on Confirmation Page
5. Transaction complete screen with confirmation number will appear with a message that you are not quite done
6. Click on "Continue" to complete the 2019-2020 benefit elections
7. Approve your 2019-2020 enrollments
8. Click "I Agree" on Confirmation Page
9. Print your Confirmation Page with your confirmation number

What If I Have a Life Event between April 15 and June 30?

1. Access the BenefitSolver Portal at benefits.maricopa.gov
2. Complete Plan Year 2018-2019 benefit elections with "Change My Benefits" link
 - Birth/Death
 - Marriage/Divorce
 - Gain or Loss of Coverage
3. Complete 2019-2020 benefit elections
4. Upload the documentation supporting the event



Open Enrollment FAQ's

How Do I Complete Open Enrollment in BenefitSolver?

1. Refer to the Open Enrollment Worksheet mailed to your home address to help you with your online enrollment
2. Log in to the BenefitSolver portal between April 15 and May 10, 2019: benefits.maricopa.gov
 - If you are a first-time BenefitSolver user, [this "Enrolling is Easy" flyer](#) can help you log in
 - For help with User ID or password, click on the link titled: "Forgot your user name or password?"
 - If you experience login problems, call the Benefits Team at 602.506.1010
3. Click on the "Start Here" box in the banner.
 - Please note that after 15 minutes of inactivity, you will be logged out of the Benefit Enrollment System. Your changes will be saved as long as you return to the site and finish your elections by 8 pm MST on the same day
4. Read the "Welcome" screen and press "Start Enrollment"
5. The Benefit Enrollment System is programmed to take you through each available benefit option (medical, vision, dental, etc.)
 - a. Read the instructions for completing each screen
 - b. Review your list of dependents. Dependents must be listed in the Dependent Maintenance screen in order to be enrolled in each benefit option (medical, vision, dental)
 - c. Update your beneficiaries for life and accident insurance coverage
 - d. Enter an annual contribution goal (for flexible spending accounts and/or health savings account.) Annual re-enrollment is required for these benefits
 - e. Review and update your benefit elections. Make sure that dependents are enrolled by checking the box next to their names under each benefit option (medical, vision, dental)
 - f. Review enrollments and click "Approve"
 - g. Click on the 'I Agree' button on the "2019-2020 Benefit Summary" screen to save your elections. Make a note of your confirmation number
 - h. Print your 2019-2020 "Confirmation Page" for your records
 - i. When you see the 'Thank You' screen, your enrollment has been completed
 - j. A final confirmation statement will be mailed on June 1

Plan Overview

Maricopa County absorbs a significant amount of the costs of your medical plan. Your share of the contributions for medical, dental, and vision benefits are deducted on a pre-tax basis which helps reduce your tax liability.



The County's Medical Plans

Maricopa County offers four medical plan options to choose from when selecting 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 (Must live or work in Maricopa County)	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
2.	Cigna HDHP with HSA	Cigna HDHP Prescription Plan	Cigna Behavioral Health	Magellan EAP
3.	UnitedHealthcare PPO	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
4.	UnitedHealthcare HDHP with HSA	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. Under IRS regulations, a health savings account may be opened to set aside money to pay for eligible health care expenses.

Medical Copay/Out-of-Pocket Costs Cigna HMO



Benefit Provision	Cigna HMO In-Network Coverage Only
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$350 Facility Deductible Individual \$700 Facility Deductible Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$1,600 Individual \$3,200 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family
Preventive Care	\$0 (FREE)
Telehealth	\$0 (FREE)
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 per year	\$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 at www.maricopa.gov/171/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a provider 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 coinsurance and plan deductible.

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



Benefit Provision	Cigna HDHP with H.S.A. and UnitedHealthcare HDHP with H.S.A. Employer Contribution to H.S.A. \$500 Individual/\$1,000 Family ¹	
	In-Network	Out-of-Network
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	Included in Medical OOP Max	Included in Medical OOP Max
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 per year ²	15% after deductible	50% after deductible
Cardiac Rehab - Limited to 36 visits/days per year ²	15% after deductible	50% after deductible
Bariatric Surgery 1 year waiting period from initial employment	15% after deductible	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page at www.maricopa.gov/171/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. County Contribution to the H.S.A. is prorated based on benefit eligibility start date and calculated according to the pay periods remaining in the plan year.
2. Visit/Day Limit is combined In- and Out-of-Network.

Medical Coinsurance/Out-of-Pocket Costs UnitedHealthcare PPO



Benefit Provision	UnitedHealthcare PPO	
	In-Network	Out-of-Network
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$750 Annual Deductible 1,500 Annual Deductible	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family	N/A
Preventive Care	\$0 (FREE)	Covered In-Network only
Telehealth	\$0 (FREE)	Covered In-Network only
Convenience Care Clinic Visit	\$20	50% after deductible
Primary Care Physician (PCP)	\$25 ¹ / \$45 ²	50% after deductible
Specialty Care Physician - Tier 1 / Non-Tier 1	\$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
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)	\$25 /\$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	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy - Limited to 60 visits/days per year ⁴	\$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 at www.maricopa.gov/171/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a Primary Care Physician or specialist with the UnitedHealthcare Premium Tier 1 Designation.
2. You pay higher copays when you use a provider without the UHC Tier 1 Designation. Not all specialties are included. When the provider is not included in the UHC Tier 1, the higher Non-UHC Tier 1 copay applies.
3. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.
4. Visit/Day Limit is combined In- and Out-of-Network.

2019-2020 Per Pay Period Premium Medical, Prescription, Behavioral Health



Full-Time Active Employees

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period ¹
Cigna HMO	Employee	300.90	41.40
	Employee + Spouse	584.04	79.69
	Employee + Child(ren)	482.24	63.40
	Employee + Family	758.31	109.07
Cigna and UnitedHealthcare HDHP with HSA	Employee	302.88	33.86
	Employee + Spouse	607.51	44.93
	Employee + Child(ren)	496.51	39.95
	Employee + Family	792.73	59.75
UnitedHealthcare PPO	Employee	305.46	52.84
	Employee + Spouse	581.32	114.87
	Employee + Child(ren)	476.71	95.35
	Employee + Family	750.74	159.55

* Employees who earn the Be Well Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

Part-Time Active Employees²

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period *
Cigna HMO	Employee	150.45	191.85
	Employee + Spouse	292.02	371.71
	Employee + Child(ren)	241.12	304.52
	Employee + Family	379.16	488.22
Cigna and UnitedHealthcare HDHP with HSA	Employee	151.44	185.30
	Employee + Spouse	303.76	348.68
	Employee + Child(ren)	248.26	288.20
	Employee + Family	396.37	456.11
UnitedHealthcare PPO	Employee	152.73	205.57
	Employee + Spouse	290.66	405.53
	Employee + Child(ren)	238.36	333.70
	Employee + Family	375.37	534.92

1. Employees who earn the Be Well Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

2. Part-time hours are 19 to 29.99 per week.

2019-2020 Per Pay Period Premium Vision and Dental



Vision

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95

Dental

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	4.84	13.06	9.67	8.23
	Employee + Spouse	10.66	28.77	21.31	18.12
	Employee + Child(ren)	11.52	31.13	23.03	19.62
	Employee + Family	14.77	39.98	29.53	25.22
Delta (PPO)	Employee	4.82	16.76	9.63	11.95
	Employee + Spouse	10.61	36.94	21.22	26.33
	Employee + Child(ren)	11.47	39.97	22.93	28.51
	Employee + Family	14.71	51.43	29.41	36.73

2019-2020 Per Pay Period Premium Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.0100
Additional Accidental Death and Dismemberment - Family	0.0175
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.0500

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
Age Bands		
Under 25	0.0145	0.0235
25-29	0.0175	0.0255
30-34	0.0230	0.0290
35-39	0.0255	0.0495
40-44	0.0335	0.0705
45-49	0.0545	0.1400
50-54	0.0835	0.2580
55-59	0.1420	0.2630
60-64	0.2400	0.4075
65-69	0.3460	0.4985
70 and older	0.6405	0.8190

Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Rate}} \times \frac{\text{Coverage Amount}}{\text{Coverage Amount}} / \frac{1,000}{1,000} = \frac{\text{Per Pay Period Premium}}{\text{Per Pay Period Premium}}$$

Example: Employee Additional Life 3x | Age 36 | Non-Tobacco User | Annual Base Salary = \$45,900

$$\frac{.0255}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} / \frac{1,000}{1,000} = \frac{\$3.52}{\text{Per Pay Period Premium}}$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

2019-2020 Per Pay Period Premium Other Benefits



Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0021
50%	0.0033
60%	0.0063

Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 60%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 40%
25,106	6.59	3.45	2.20
40,503	10.63	5.57	3.54
50,336	13.21	6.92	4.40
61,922	16.25	8.51	5.42
73,923	19.40	10.16	6.47
115,981	30.45	15.95	10.15

Hyatt Legal Plan

Other Services	Employee Premium Per Pay Period
Hyatt Legal	7.87



Making the Most of Your Benefits

Financial Health Insurance Terms

The language of health insurance can be hard to understand. Yet it's important to have a basic knowledge of the industry's terminology. Here are some of the most common financial insurance terms to help you make sense of it all—so you can make smart decisions that will benefit you and your family.

Premium – The amount you pay per pay period for health insurance.

Copayment – A fixed dollar amount you pay for covered health services, such as a doctor's visit.

Coinsurance – A percentage of the total cost of covered health services you pay. This often starts after the deductible is satisfied.

Deductible – A fixed, annual amount you pay for covered health services before the health plan (insurance) starts to pay. For certain services, such as in-network preventive care, you are not required to first satisfy the deductible.

In-Network – A group of doctors, hospitals, pharmacies, and other providers who contract with the insurance companies and provide services at negotiated rates.

Out-of-Network – A group of doctors, hospitals, pharmacies, and other providers who do not contract with the insurance companies and do not provide services at negotiated rates. You pay more out of pocket and have fewer protections.

Balance Bill – The difference between the amount charged by an out-of-network provider for a covered health service and the amount your health plan (insurance) pays. Out-of-network providers may balance bill you for these costs.

Out-of-Pocket Maximum – The maximum annual out-of-pocket amount you pay before the health plan (insurance) pays 100% of covered health services. For out-of-network services, providers may balance bill even after the out-of-network, out-of-pocket maximum is reached.

Use In-Network Providers to Save Money

While it's a personal preference to use out-of-network providers, there are some protections you lose by doing so.

1. The health plans do not contract with out-of-network providers which means they don't check into providers' history such as their medical license, education, training, work history, malpractice claims, board certification, health outcomes, etc.
2. Out-of-network providers may balance bill you, which means billing you for the difference between the amount they charge you for a covered service and the amount your insurance pays.
3. Overall, you pay more out of pocket for out-of-network services.

Making the Most of Your Benefits

Resources

BenefitSolver

BenefitSolver Portal:
benefits.maricopa.gov

ADP Password Resets

Maricopa County OET
Customer Service Center
602.506.HELP (6-4357)

Benefits Websites

MyMC Intranet: <https://mymc.maricopa.gov/1138/Employee-Benefits>

Internet: <http://www.maricopa.gov/171/benefits>

Cigna Medical/Claim Information

Find personal plan and claim information; print a temporary ID card or request a new cards; find a doctor, hospital, specialty facility
www.cigna.com

Cigna Pre-Enrollment Phone Line (Available March 30-June 30)

A representative can answer your questions about the Cigna HMO, Cigna HDHP with HSA, and Cigna dental plans
800.401.4041

Notices

Important notices regarding the Maricopa County Employee Benefits Program may be found here: <https://mymc.maricopa.gov/1163/Notices-for-Employee-Benefits>

These notices include:

- Maricopa County's Group Health Plan Notice of Privacy Practices
- COBRA Initial Notification
- Women's Health and Cancer Rights Act (WHCRA)
- Notice of Special Enrollment Rights
- Medicare Secondary Payer

General Questions or BenefitSolver Password Resets

Maricopa County Employee Benefits Division
602.506.1010

Review Cost of Medication and Lower Cost Alternatives

www.optumrx.com
(for enrollees in the Cigna HMO or UnitedHealthcare PPO only)

Short-Term Disability Calculator

<https://www.maricopa.gov/DocumentCenter/View/36310/STD-Calculator-2019-2020>

Specific Benefit Questions

Contact vendors directly; see the provider listing on the last page of this booklet

UnitedHealthcare


Pre-Enrollment Phone Line

(Available April 1)

A representative can answer your questions about the UnitedHealthcare PPO and HDHP with HSA
888.876.7098 or
www.welcometouhc.com/maricopa

Mandatory Insurer Reporting Requirements of Sect 111 of the Medicare, Medicaid, and Schip Extension Act of 2007

- Genetic Information Nondiscrimination Act (GINA)
- The Heroes Earning Assistant and Relief Tax Act (HEART)
- Notice of Medicaid or Children's Health Insurance Program (CHIP) Offer of Free or Low Cost Health Coverage to Children and Families
- Mental Health Parity and Addiction Equity Act of 2008



Wellness at Work

Wellness at Work

Maricopa County's Wellness Works program supports a strong and healthy workforce by providing programs and resources to you in your endeavor to be healthy and well.

Physical Activity

Wellness Works operates multiple onsite fitness centers with free memberships to County employees. Access to a fitness center is obtained by filling out and submitting a [Fitness Center Application](#) (PDF).

Wellness Works also offers you and your family an [LA Fitness Membership](#) at a reduced rate. Enrollment is completed online through the County's intranet.

Weight Loss

[Weight Watchers at Work](#) provides an opportunity for you and your eligible dependents who are covered under a County-sponsored medical plan to be rewarded for losing weight if you meet certain program requirements. You can attend a County work-site location, or a community location. Call 602.248.0303 for locations and to enroll.

Wellness Incentive

The Wellness Incentive Program rewards you for taking an active role in your health. If you are enrolled in a County-sponsored medical plan, and complete the [required wellness activities](#), you could earn an incentive of up to \$60 per month or \$720 per year. Activities must be completed on the [StayWell Portal](#) by June 30, 2020.

Other Resources

- [Chair massages](#). Employees pay \$18.00 for a 20 minute massage
- [Premise Health Care Center and Pharmacy](#) at 301 W. Jefferson St.
- For more information visit the [Wellness Works webpage](#)

457(b) Savings Plan

Financial well-being is an important component of your overall Wellness. As a Maricopa County employee, you have the opportunity to contribute to a 457(b) Plan through Nationwide Retirement Solutions.

This plan allows you to put aside money from each paycheck that can grow into extra savings for your future. A plan can help you bridge the gap between what you will get from your pension and Social Security, and how much you'll need to have the retirement you want.

[Visit the website](#) to connect with a Retirement Specialist, register for a workshop, and take advantage of a variety of online resources, including educational videos.

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
<https://mymc.maricopa.gov/1138>
BenefitsService@mail.maricopa.gov

Wellness Works

Phone: (602) 506-1010
Fax: (602) 506-2354

Medical Plans

Cigna

Group #3205496

Customer Service (800) 244-6224
24-Hour Health
Information Line (800) 564-8982
Your Health First (855) 246-1873
Healthy Pregnancies,
Healthy Babies (800) 615-2906
Healthy Rewards (800) 870-3470
www.mycigna.com
www.cigna.com

HSA Bank

(800) 244-6224 8 am to 8 pm EST, M-F

UnitedHealthcare

Group #901632

Customer Service (888) 876-7098
Healthy Pregnancy Program (888) 246-7389
myNurseline (855) 466-7886
www.myuhc.com

Optum Bank

(800) 791-9361 8 am to 8 pm EST, M-F

Prescription Plans

Cigna HDHP Prescription Plan

(Cigna HDHP with HSA)

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 with HSA)

Group #901632

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

On-Site Pharmacy/ Convenience Care Clinic

Premise Health Care Center (480) 347-4791
Walgreens Onsite Pharmacy (602) 283-9925

Employee Assistance Program (EAP)

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

Behavioral Health

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

Cigna Behavioral Health

(Cigna HDHP with HSA only)

Group #3205496

(800) 274-7603 www.mycigna.com

United Behavioral Health

(UnitedHealthcare HDHP with HSA only)

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

Short-Term Disability

Sedgwick Group #435000

(800) 599-7797 <https://www.claimlookup.com>

Long-Term Disability

Broadspire

(through the Arizona State Retirement System)
(877) 232-0596 www.azasrs.gov

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.maricopadc.com

Pet Insurance

Pet Benefit Solutions

(800) 891-2565

<https://www.petbenefits.com/land/MaricopaCounty>

Other

Flexible Spending Accounts

Discovery Benefits

M-F, 4 am-7 pm MST

(866) 451-3399

www.discoverybenefits.com

Maricopa County Dependent

Verification Service Center

(866) 229-8292 M-F, 5 am-5 pm MST

PO Box 310552

Des Moines, IA. 50305-0552

benefits.maricopa.gov

COBRA Administrator

Enrollment forms and ongoing payments

(866) 229-8292

M-F, 5 am-5 pm MST

P.O. Box 310512

Des Moines, IA 50331-0512

benefits.maricopa.gov

Verification Administration

(866) 229-8292 M-F, 5 am-5 pm MST

benefits.maricopa.gov

Hyatt Legal Plan

Plan 150 / Group #0518

(800) 821-6400 <http://info.legalplans.com>
(Access Code - 1500518)

StayWell

(877) 678-8926 maricopa.staywell.com