

Maricopa County

Self-Insured Benefits Overview

Benefit Vendors

- CIGNA HealthCare of AZ
- Walgreens Health Initiatives (WHI)
- EyeMed Vision Care
- Magellan Health Services
- CIGNA Dental
- Delta Dental
- Employers Dental Services (EDS)
- The Standard Life Insurance
- Sedgwick CMS
- Automatic Data Processing, Inc. (ADP)



Medical Plans



- CIGNA Medical Group (CMG) *High & Low plans*
 - Services must be received within Maricopa County except for emergencies
- Open Access Plus In-Network (OAPIN)
 - Services available nationally
- Open Access Plus (OAP) *High & Low plans*
 - Services available nationally
- Choice Fund with Health Savings Account
 - Services available nationally

CIGNA Care Network

- Applies to in-network specialty care
- Office visit has lower copay when provider has the CCN designation
 - Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery
- Providers identified by the Tree of Life symbol in online directory 
- Does not apply to Choice Fund medical plan

CIGNA Medical Group HealthCare Centers

- Broad Geographic Locations:
22 Health Care Centers
One-Stop Shopping-Pharmacy,
Lab, & Radiology
104 Primary Care Physicians (PCPs)
4,865 Specialists
37 Hospitals
- After Hours Urgent Care at 3 CMGs
- 10 Care Today convenience care clinics (no appointments required)



Stapley CMG
Clyde Wright CMG
Paseo CMG

CIGNA Medical Group Plans

- Require selection of a primary care physician (PCP)
- PCPs are limited to those located in the 22 CMG HealthCare Centers
- Most specialist care provided at a HealthCare Center
- Require referral by your CMG PCP to receive specialty care
- Out-of-network coverage is not available



CMG High Plan

<i>Service</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$25
Convenience Care Clinic	\$15
Specialty Care Office Visit	\$35* / \$50
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$50/day, 5 day max, after deductible
Outpatient Surgery	\$100 after deductible
Alternative Medicine Visit	\$25 (limit 20 visits per yr)
Single/Family Facility Deductible	\$250/\$500
Out-of-Pocket Maximum Single / Family**	\$1,000 / \$2,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist. No out-of-network coverage. *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.



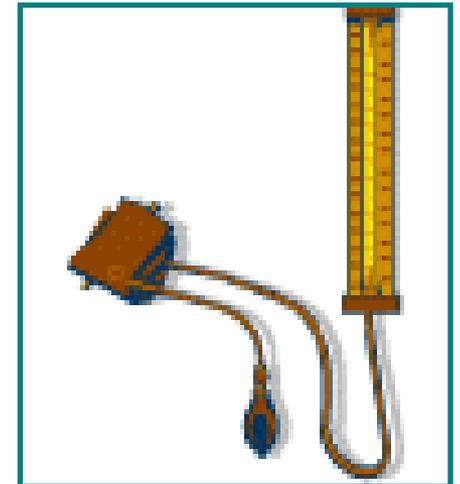
CMG Low Plan

<i>Service</i>	<i>Copay or Co-insurance</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$35
Convenience Care Clinic	\$25
Specialty Care Office Visit	\$55* / \$70
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$150/day, 5 day max + 10% after deductible
Outpatient Surgery	\$250 + 10% after deductible
Alternative Medicine Visit	\$35 (limit 20 visits per yr)
Single / Family Facility Deductible	\$300 / \$600
Out-of-Pocket Maximum Single / Family **	\$5,000 / \$10,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist. No out-of-network coverage. *Cigna Care Network designation **Includes co-insurance, inpatient facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Open Access Plus Plans

- National Network of Providers
- Primary Care Physician (PCP) not required
- Referral from PCP not required to see a specialist
- In- and out-of-network coverage on High and Low plans
- 2,902 Primary Care Physicians
- 10,597 Specialists
- 98 Hospitals
- 22 CIGNA Medical Group HealthCare Centers
- 10 Care Today Convenience Care Clinics





OAPIN Plan

Services	Copay
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$30
Convenience Care Clinic	\$20
Specialty Care Office Visit	\$40* / \$55
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$200/admit, after deductible
Outpatient Surgery	\$100 after deductible
Alternative Medicine Visit	\$30 (limit 20 visits per yr)
Single / Family Annual Deductible	\$250/\$500
Out-of-Pocket Maximum Single / Family **	\$1,500 / \$3,000

No PCP required. PCP referrals not required. Services outside of OAP Network not covered. *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

OAP High Plan (In-Network Services)



<i>In-Network Services</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$35
Convenience Care Clinic	\$25
Specialty Care Office Visit	\$45* / \$60
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$250/admit, after deductible
Outpatient Surgery	\$150 after deductible
Alternative Medicine Visit	\$35 (limit 20 visits per year)
Single / Family Annual Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family **	\$2,000/\$4,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$700/\$1,400 deductible). *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.



OAP Low Plan (In-Network Services)

<i>In-Network Services</i>	<i>Copay or Co-insurance</i>
Preventive Care	\$0
Primary Care Office Visit	\$45
Convenience Care Clinic	\$35
Specialty Care Office Visit	\$60* / \$75
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$1,000 + 10%/admit, after deductible
Outpatient Surgery	\$500 + 10%, after deductible
Alternative Medicine Visit	\$45 (limit 20 visits per yr)
Single / Family Annual Deductible	\$500 / \$1,000
Out-of-Pocket Maximum Single / Family **	\$5,000 / \$10,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$1,000/\$2,000 deductible). *Cigna Care Network
**Includes co-insurance, Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Choice Fund Medical Plan with a Health Savings Account (HSA)

- National PPO (Preferred Provider Organization) Network of Providers
- Primary Care Physician (PCP) not required
- Referral from PCP not required to see a specialist
- In- and Out-of-network coverage
- Largest national provider network of all 6 plans

Choice Fund Cont'd.

- High-deductible health plan where a deductible has to be met before the plan pays (except for preventive services)
- **No payroll deduction for premiums** if you pass the saliva test for nicotine detection and you (and your covered dependents) are non-tobacco users, you participate in Biometric Screening and complete the online Health Assessment
- 10% co-insurance after annual deductible is met

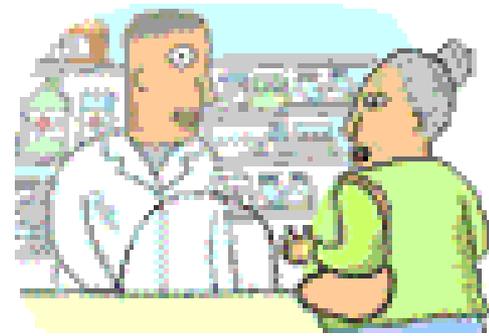
Choice Fund Cont'd.

- Includes CIGNA Pharmacy plan and CIGNA Behavioral Health plan
- Provides Free preventive medical care and Free preventive generic and preferred-brand medication without having to meet the deductible
- Provides preventive non-preferred-brand medication at 50% co-insurance without having to meet the deductible.

Choice Fund Medical Plan

<i>In-Network Services</i>	<i>Copay or Co-insurance</i>
Deductible Individual/Family	\$1,200 / \$2,400
Out-of-pocket maximum	\$2,000 / \$4,000
Primary Care Office Visit	10% after deductible
Specialty Care Office Visit	10% after deductible
Preventive Care	Free
Urgent Care	10% after deductible
Emergency Room	10% after deductible
Inpatient Hospital	10% after deductible
Outpatient Surgery	10% after deductible
Alternative Medicine Visit	10% after deductible (limit 20 visits/year)
CIGNA Behavioral Health	10% after deductible (except intensive outpatient programs cost 50% after deductible)
CIGNA Pharmacy Free preventive generic & preferred-brand drugs; Deductible does not apply to any preventive drug	30% generic after deductible 40% preferred-brand after deductible 50% non-preferred-brand after deductible

WHI Pharmacy Plans

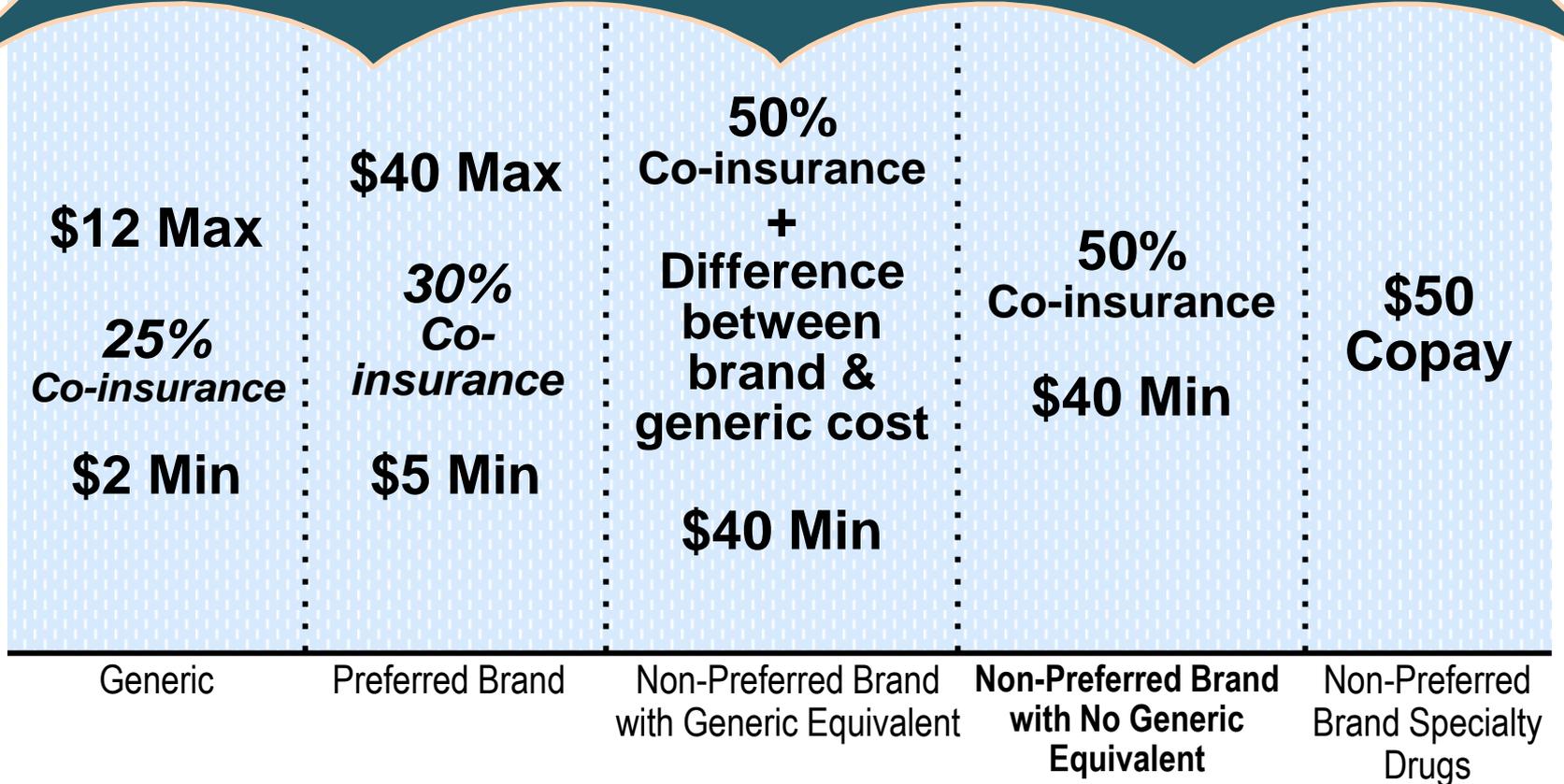


- 2 Pharmacy plans are available for all 5 CIGNA medical plans (except for Choice Fund HSA)
 - Co-insurance-based, multi-tier pharmacy plan that uses a preferred medication list
 - Consumer Choice pharmacy plan – a consumer-driven plan that does not use a preferred medication list and offers certain preventive generic medications at no cost
 - Certain drugs are excluded: oral non-sedating antihistamines, PPIs (for reflux), infertility, NSAIDS

Choosing Your Pharmacy Plan

Co-insurance Pharmacy Plan
Annual Out-of-Pocket Maximum
\$1,500 Single/\$3,000 Family

COST



FREEDOM OF CHOICE
www.walgreenshealth.com



Choosing Your Pharmacy Plan

Consumer Choice

Pharmacy Plan

\$1,500/\$3,000 Annual Out-of-Pocket Maximum

- \$300 Individual or \$500 Family*

- 100% Employer funded

- Any unused amount is carried over to next year

- \$300 Individual or \$500 Family*

- 100% Employee paid

- 80% covered by Employer

- 20% covered by Employee

- \$50 copay; does not apply to pharmacy account, deductible or insurance coverage levels; applies to out-of-pocket maximum

Level 1 Pharmacy Reimbursement Account

Level 2 Deductible

Level 3 Insurance Coverage

Specialty Drug

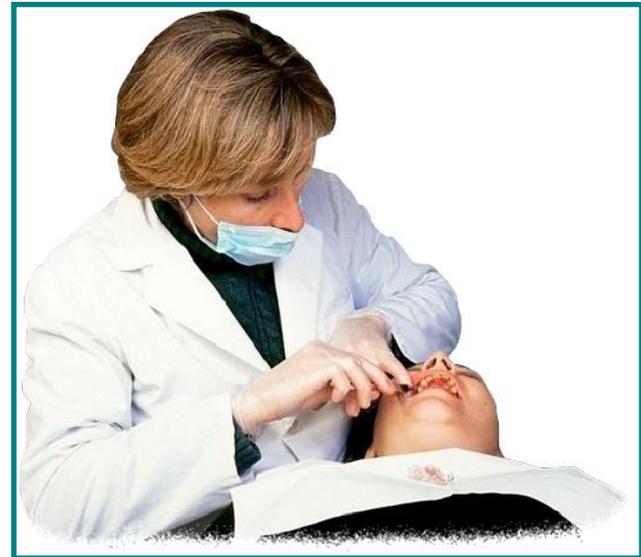
**Family refers to employee and one or more covered dependents.*

Certain Preventive generic medications are free!

www.walgreenshealth.com

Dental Plan Choices

- CIGNA Dental
 - In-network & out-of-network benefits
- Delta Dental
 - In-network & out-of-network benefits
- Employers Dental Services (EDS)
 - In-network benefits only



CIGNA Dental Plan



- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - 80% for preventive care
 - 60% for basic restorative services
 - 50% for major restorative services
- * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - No age limit

Progressive/Regressive Feature

Year One - Enrollment - Base Plan

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	80%	20%	60%	40%
Class III - Major Restorative Care	50%	50%	50%	50%
Class IV - Orthodontia	50%	50%	50%	50%

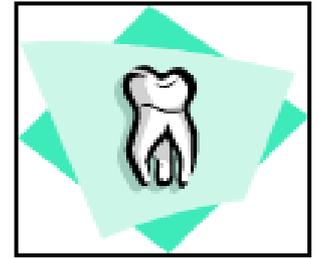
Year Two - Enrollment

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	85%	15%	65%	35%
Class III - Major Restorative Care	55%	45%	55%	45%
Class IV - Orthodontia	50%	50%	50%	50%

Year Three - Enrollment

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	90%	10%	70%	30%
Class III - Major Restorative Care	60%	40%	60%	40%
Class IV - Orthodontia	50%	50%	50%	50%

Delta Dental Plan



- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - Claims paid at same percentage (100%, 80%, or 50%) as in-network
- * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be 8 or older

EDS Dental Plan*

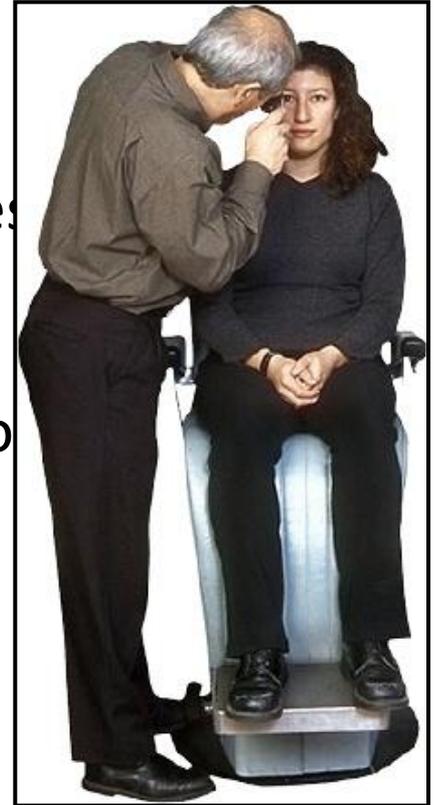


- No annual per person maximum
- No deductible
- You select one general dentist for the entire family from EDS network
- Copay amounts determined by type of service
- Low or no copays for preventive services
- Specialty care (such as pediatric dentistry) provided at a discount
- Orthodontic service provided at a 25% discount

***Services in process at time of enrollment are excluded.**

EyeMed Vision Plan

- In- and Out-of-Network coverage available
- Uses the Select Network
- Provides annual coverage of vision exams, glasses or contacts
- Lasik vision correction benefit
- Vision benefit may be purchased separately, if you waived enrollment in a medical plan



EyeMed Vision In-Network Options*

- Glasses
 - \$10 vision exam
 - \$10 standard lenses
 - Frame within \$130 retail allowance, 20% off balance
 - \$15 each: UV Coating, Tinting, Scratch Resistance
 - \$45 Anti-Reflective Coating
 - \$75 Standard Progressive lenses
 - Up to 40% discount off additional complete eyeglass purchase
- Contacts
 - \$10 vision exam
 - Up to \$40 fit and follow-up
 - \$130 allowance
 - Order replacement lenses at www.eyemedcontacts.com
- Lasik and PRK Vision Correction
 - One-time benefit of \$150 allowance plus 15% discount



*Refer to Vision Plan page in What's New or Know Your Benefits for details on Out-of-network coverage

EyeMed Acute Care Benefit

- Includes treatment of acute eye conditions by an in-network provider at no cost
 - Urgent eye care conditions such as “pink eye”
 - Progressive eye care conditions that result in vision loss
- Treatment of chronic conditions such as glaucoma or diabetes (except refraction) must be received through your medical plan benefit and medical provider.

Behavioral Health and Substance Abuse Services

- Magellan Health Services is vendor for 5 CIGNA medical plans
- CIGNA Behavioral Health is vendor for Choice Fund medical plan
- Both vendors provide:
 - Confidential counseling and therapy for behavioral health issues and drug or alcohol dependency
 - In-Network and Out-of-Network services

Magellan: In-Network



- All services require prior authorization
- \$20 outpatient individual therapy copay
- \$5 outpatient group therapy copay
- \$10 medication check office visit copay
- \$25 per day inpatient hospital care copay
 - Up to 30 days per year (in- and out-of-network days are combined)
- \$100 copay per intensive outpatient program

888-213-5125 or www.magellanassist.com

Magellan: Out-of-Network

- Benefit pays \$25/visit for outpatient individual therapy; you pay the balance
- Inpatient hospitalization and Intensive Outpatient Programs require prior authorization
- Benefit pays \$15/visit for outpatient group therapy; you pay the balance
- \$500 deductible and then benefit pays \$250/day for inpatient hospitalization; you pay the balance
 - Up to 30 days/year (in- and out-of-network days are combined)



888-213-5125 or www.magellanassist.com

CIGNA Behavioral Health In-Network for H.S.A. Plan



- Only inpatient hospitalization requires prior authorization; all other services are by self-referral
- Outpatient therapy and medication checks: 10% after deductible
- Intensive outpatient program: 50% after deductible; maximum up to 3 programs/plan year
- Inpatient hospitalization: 10% after deductible; 60 days combined maximum/ plan year

800-244-6224

<http://apps.cignabehavioralhealth.com>

CIGNA Behavioral Health Out-of-Network for H.S.A. Plan

- All out-of-network services require prior authorization
- Call CIGNA to start the authorization process
- Outpatient therapy and medication checks: 30% after deductible
- Intensive outpatient program: 50% after deductible; maximum up to 3 programs/plan year
- Inpatient hospitalization: 30% after deductible; 60 days combined maximum/plan year



Short-Term Disability Plan

- Administered by Sedgwick CMS

- Choice of 3 coverage levels
- \$2,000 benefit maximum per week
- Policy has a pre-existing exclusion for treatment or diagnosis 90 days before coverage effective date; benefits are not payable for that condition until treatment free for 3 months or covered by the plan for 12 months
- Enrollment is locked in for the plan year; can't be dropped if you have a qualified status change; can only be dropped or changed at open enrollment
- Premium is calculated on your base salary. Use the premium calculator on the Benefits home page, under Disability tab, or the Benefit Enrollment System automatically calculates premiums
- Review the Plan Description on Benefits home page for complete details.



Flexible Spending Accounts (FSAs)



- For Health care and/or day care expenses
 - Set pre-tax money aside to lower your costs to purchase health care items or services or to be reimbursed for day care expenses
 - Annual health care FSA pledge is available immediately
 - Good idea to enroll in FSA to help pay for required 90-day maintenance medication refills!
 - Be conservative in the annual election amount because any money left unclaimed will be forfeited.
 - Claims must be filed by Nov. 30 following the end of the plan year for the Health Care FSA and by Aug. 31 for Dependent Care FSA, or within 60 days if you terminate employment
 - **Make your annual election for the amount you want to be withheld for the remainder of the plan year (June 30)**

FSA Plans Cont'd.

- Health Care FSA
 - Health Care FSA for medical, pharmacy, some over-the-counter medication (OTC coverage requires a prescription), dental, & vision expenses
 - Limited Use FSA, if in Choice Fund HSA, for dental or vision expenses
 - \$5,200 plan year maximum
- Dependent Care FSA
 - For child care expenses up to age 13
 - For adult care expenses
 - \$5,000 calendar year maximum

