



**ARE YOU
COVERED?**

Employee Benefits Program

Plan Year

July 1, 2015 – June 30, 2016

New Employee Orientation

**ARE YOU
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Benefits Eligibility

- Regular employees scheduled to work 19 or more hours per week
- Contract employees may be eligible based on the terms of their contract
- Eligible dependents include:
 - Legal spouse (does not include domestic partners)
 - Child or young adult up to age 26
 - Disabled child of any age, if disability began prior to age 26



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Benefits Eligibility

- **Social Security Number required for each covered member (employees and dependents)**
 - **Vendors will not print Social Security Numbers on ID Cards or any other benefit materials**
 - **Ensure accuracy of 1095-C forms**

- **Dual coverage (for employees and dependents) not permitted on any County benefit plans**

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Dependent Verification

- Validation required for all newly-added dependents upon initial enrollment of the dependent

Four Simple Steps

1. Submit the documentation required
2. Follow the instructions to fax or mail to the address provided
3. Use the Cover Sheet provided
4. Comply by the deadline

- Failure to respond to the audit will result in dependents being dropped from coverage retroactively and you becoming liable for the cost of any claims incurred during the period of ineligibility



**ARE YOU
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Automatic Enrollment in 30 Days

- Make elections within 30 calendar days from your hire date or benefits eligibility date
- Default Enrollment
 - Cigna HMO Medical Plan
 - Catamaran Co-Insurance Prescription Plan
 - Magellan Behavioral Health Plan
 - ReliaStar Basic Life and Basic AD&D Insurance

Waiving Medical Coverage?

You must still complete the enrollment process in the ADP Benefit Enrollment System to waive coverage, otherwise you will automatically be enrolled in coverage.

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When Does Coverage Begin?

- First day of the 3rd pay period after your hire date, or date of benefits eligibility

AUGUST 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
16	17	18	19	20	21	22
23	24 JANE DOE STARTS WORK	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 JANE DOE BENEFITS EFFECTIVE DATE	22	23	24	25	26



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The Enrollment Process

- Register online at <https://portal.adp.com> and access the ADP Benefit Enrollment System
- Use Worksheet as guide
- Enroll under Newly Eligible Event
- Follow ‘Top Down’ process to review and/or enroll in each benefit option
- Click on the “Submit” button
- Enter elections in the ADP Benefit Enrollment System within 30 calendar days of hire date!
- No exceptions for late enrollment!
 - Next opportunity to make changes will be during the next Open Enrollment period



Medical Plans



**ARE YOU
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Goals

- **Attract and retain quality employees**
- **Maintain competitive benefits package**
- **Offer choice while managing costs**
- **Focus on preventive care and core benefits**
- **Provide benefits required by the Affordable Care Act**
- **Communicate benefit options effectively**



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Factors to Consider

Consider these factors when making plan elections:

- Personal Needs versus Plan Coverage
- Per Paycheck Premium
- Deductibles, Co-pays, and Coinsurance
- Out-of-Pocket Maximum
- Network of Providers

**ARE YOU
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Cigna HMO

- HMO plan
- Default Plan for all eligible active employees
- In-network managed care only (services must be received within Maricopa County except for emergencies)
- Broad Geographic Locations
 - 23 Health Care Centers with 180+ PCPs & Clinicians
 - One-Stop Shop- Pharmacy, Lab, & Radiology
 - 4,865 Specialists
 - 37 Hospitals
- Requires Primary Care Physician (PCP) selection from a Cigna Medical Group (CMG) Health Care Center
- Specialist Care
 - Requires referral by CMG PCP
 - Most provided at CMG Health Care Center
- Specialty care office visit has lower co-pay when provider has the Cigna Care Network (CCN) designation

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Cigna Care Network

- Specialty care office visit has lower co-pay 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 Cigna Care Designation symbol



**ARE YOU
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Cigna HMO

Service	Co-pay
Single/Family Facility Deductible	\$350 / \$700
Out-of-Pocket Maximum Single/Family *	\$1,600 / \$3,200
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$30
Convenience Care Clinic	\$20
Specialty Care Office Visit	\$45 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	\$250 / admit, after deductible
Outpatient Surgery	\$125 / visit, after deductible

* Out-of-Pocket Maximum includes out-of-pocket expenses (such as co-pays) for medical and behavioral health services. It does not include prescription services.

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Cigna HMO

- Deductibles apply to inpatient and outpatient facility-based services. Examples of these types of services are listed below:

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Hospice	<ul style="list-style-type: none">• Outpatient Hospital Surgical Center• Advanced Radiological Imaging at an Outpatient Hospital Facility for MRI, MRA, CT and PET Scans

- Individual and family deductible amounts aggregate. All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.

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UnitedHealthcare PPO

- Consists of co-pays, deductible and co-insurance
- Nationwide network of providers using the Choice Plus Network
- In and out-of-network coverage
- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- Specialty care office visit has lower co-pay when provider has the UnitedHealth Premium Tier 1 designation  UnitedHealth Premium® Tier 1

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UnitedHealthcare PPO (In-Network Services)

In-Network Services	Cost
Single / Family Annual Deductible	\$350 / \$700
Out-of-Pocket Maximum Single / Family *	\$3,000 / \$6,000
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$40
Convenience Care Clinic	\$30
Specialty Care Office Visit	\$55 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	Deductible applies, 10% co-insurance
Advanced Radiological Imaging at an Outpatient Facility (MRI, MRA, CAT & PET Scans)	Deductible applies, \$100 per scan plus 10% coinsurance

* Out-of-Pocket Maximum includes out-of-pocket expenses (such as co-pays) for medical and behavioral health services. It does not include prescription services.

**ARE YOU
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UnitedHealthcare PPO

- Deductible and co-insurance apply to all services listed below:

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Physician Consults and Visits• Hospice	<ul style="list-style-type: none">• Outpatient Hospital Surgical Center• Home Health Care Services• Durable Medical Equipment• External Prosthetic Appliances• Hearing Aids• Consumable Supplies



**ARE YOU
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UnitedHealthcare HDHP with H.S.A.

HDHP (High Deductible Health Plan)

- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- In- and out-of-network coverage
- Deductible must be met before the plan pays
 - In-network preventive services are free
- After annual deductible is met
 - 10% co-insurance for in-network services
 - 50% co-insurance for out-of-network services
- Offers a Health Savings Account

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UnitedHealthcare HDHP with H.S.A.

In-Network Services	Deductible/Co-Insurance
Deductible Individual/Family	\$1,500 / \$3,000
Out-of-Pocket Maximum *	\$3,000 / \$6,000
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

* Out-of-Pocket Maximum includes out-of-pocket expenses (such as deductible and co-insurance) for in-network medical, prescription, and behavioral health services.



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UnitedHealthcare HDHP with H.S.A.

Prescription Plan - OptumRx

- Preventive medications
 - Tier 1 – No cost (deductible does not apply)
 - Tier 2 – No cost (deductible does not apply)
 - Tier 3 - 50% co-insurance (deductible does not apply)
- Cost of prescription drugs (in-network pharmacies only)
 - Tier 1 - 30% after deductible
 - Tier 2 - 40% after deductible
 - Tier 3 - 50% after deductible

Behavioral Health – United Behavioral Health

- 10% after deductible in-network / 50% out-of-network
 - (except intensive outpatient programs which cost 50% after deductible)



**ARE YOU
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UnitedHealthcare HDHP with H.S.A.

Deductible and Out-of-Pocket Maximums

- Apply to most services (including medical, prescription and behavioral health)
 - Except in-network preventive care
 - Except preventive medication on the drug list
 - Tier 1
 - Tier 2
 - Tier 3
- Set at the Individual level if you elect Individual coverage or Family level if you elect Family coverage
- Family amounts are collective
 - All members contribute to the deductible and out-of-pocket maximum
 - One person could meet the entire family deductible and out-of-pocket maximum
- In-Network and Out-of-Network Cross-Accumulate



**ARE YOU
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Health Savings Accounts (H.S.A.)

- A Health Savings Account (H.S.A.) is a bank account you own and can deposit money into
- Contributions are tax free, your savings grows tax free, and you do not pay taxes when using the funds on qualified health care expenses
- The money is there when you need it and is yours to keep
- Savings can grow from year to year (there is no “use it or lose it” rule), can be invested, and can be used into retirement



**ARE YOU
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Health Savings Accounts (H.S.A.)

Who is Eligible to Open a Health Savings Account?

- You must be covered under an eligible High Deductible Health Plan (HDHP)
- You are not enrolled in any other health insurance unless it is permissible coverage (like vision or dental)
- You are not enrolled in Medicare
- You are not actively using benefits through Veterans Affairs (VA)
- You cannot be claimed as a dependent on someone else's tax return



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Health Savings Accounts (H.S.A.)

Opening a Health Savings Account allows individuals to set aside money to pay for out-of-pocket costs associated with the High Deductible Health Plan.

To Open an H.S.A.

1. Employee must provide consent during the enrollment process for County to open an account on their behalf - Affirmation Statement
- OR**

2. Go to www.optumbank.com. Click on “Open an HSA” and complete the application process. Enter 901632 for the group number



**ARE YOU
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Health Savings Account (H.S.A.) Contributions

What Happens if Employees Don't Open a Bank Account?

- County contribution can't be deposited
- Employee contributions can't be deposited

County Contributes to Your HSA:

- \$500 for individual coverage*
- \$1,000 for family coverage*

* Pro-rated by the number of days remaining in the plan year if a new hire or newly benefits-eligible



**ARE YOU
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Health Savings Accounts (H.S.A.)

- Can contribute:
 - Up to \$3,350 for individual coverage*
 - Up to \$6,650 for family coverage*
 - Plus \$1,000 catch-up if 55 or older*

- * Minus County contribution to your account

- Investment allocations available with \$2,000 account balance

- Fully portable if you are no longer employed with the County

- Unused funds remain in your account indefinitely



Prescription Plans



**ARE YOU
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Catamaran Co-Insurance Prescription Plan

Prescription Plan Administered by Catamaran for the HMO and PPO Medical Plans

- Co-insurance based, multi-tier prescription plan
 - Uses a preferred medication list
 - Certain preventive medications offered at zero cost
 - Prior Authorizations may be required
- Short-Term and Long-Term needs
 - Up to a 30-day supply from participating pharmacies
 - 90-day supply required for all maintenance medication after two 30-day fills

**ARE YOU
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Catamaran Home Delivery

- Long-term prescription needs include mail order option through Catamaran Home Delivery
 - Convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication
 - Delivers to your home, office, or location of your choosing
 - Minimize trips to the pharmacy and save money on your prescriptions

**ARE YOU
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Co-Insurance Prescription Plan

Annual Out-of-Pocket Maximum \$1,500 Single / \$3,000 Family				
Type of Medication	Co-Insurance %	\$ Maximum Retail 30	\$ Maximum Retail 90	\$ Maximum Mail Order 90
Generic Retail	25%	\$18	\$54	\$42
Preferred Brand	25%	\$60	\$180	\$105
Non-Preferred Brand with No Equivalent	50%	\$110	\$330	\$275
Non-Preferred Brand with Generic Equivalent	50% + Difference between brand & generic cost	\$110	\$330	\$275

Type of Medication	Co-Insurance	\$ Maximum
Preferred Specialty Mail Order 30	25%	\$105
Non-Preferred Specialty Mail Order 30	50%	\$275



**ARE YOU
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Opportunities to Save

Preferred Medication List

- Maximize your benefit while minimizing overall prescription costs for you and Maricopa County
- Designated into generic, preferred brand-name and non-preferred brand name based on the clinical efficacy and safety of the drug
 - Brand-name medications that are covered have a higher member out-of-pocket cost

Quantity and Age Limitations

- Limits the age or amount of medication covered at one time
 - Based on FDA and manufacturer dosing recommendations
 - Ensures safety and appropriate use of medications
 - Coverage of age restrictions or quantities in excess of the established limits require Prior Authorization
 - Employee pays 100% of cost without prior approval

**ARE YOU
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Maricopa County Onsite Walgreens Pharmacy

Walgreens Pharmacy

- Convenient Filling of Prescriptions
- Pharmacist Consultations
- Prescription Transfers, 90-day Supplies, Auto Refills
- Over the Counter (OTC) Items
- Immunization (Flu, Pneumonia, Shingles, Tetanus, Whooping Cough, etc.)
- Health Testing (Blood Pressure, Blood Glucose, etc.)
- Prescription Drop Off Box

Pharmacy Manager

Virginia Boomershine
PharmD, BCACP

Location & Phone

301 W. Jefferson St. (2nd floor)
602.283.9925

Hours of Operation:

Mon – Fri:
7:30 AM – 4:00 PM
Closed for Lunch:
1:00 – 1:30 PM

Covered dependents welcome!

Quality Care. Priority Access. Privacy Guaranteed.

**ARE YOU
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Premise Health Onsite Health Center

Health Center Services

- Acute Medical Care
- Lab Services
- Minor Surgical Procedures
- Immunizations and Vaccines
- Urgent “Walk-In” Care
- Blood Draws
- Gastrointestinal Care
- Urinary
- Respiratory
- Eye

Health Center Supervisor & Nurse Practitioner

Ruth Stedwell, MS, RN, FNP-C

Location & Phone

301 W. Jefferson St . (2nd floor)
480.347.4791

Hours of Operation:

Mon – Fri: 7:30 AM – 4:00 PM
Closed for lunch: 1:00 – 1:30 PM
Last morning appt. at 12:30 PM
Last afternoon appt. at 3:00 PM
(Appointments encouraged)

Quality Care. Priority Access. Privacy Guaranteed.



**Behavioral
Health Plans**



**ARE YOU
COVERED?**

Employee Assistance Program (EAP)

- **Provided by Magellan Health Services**
- **Free Short-Term Confidential Counseling**
 - For you and your dependents
 - Available regardless if benefits-eligible
 - Up to 8 sessions/person/problem/year
 - In-person or over the phone
 - Requires pre-authorization
- **Free Legal Consultation and Financial Counseling**



ARE YOU
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Behavioral Health and Substance Abuse Services

- **Magellan Health Services**
 - Vendor for Cigna HMO and UnitedHealthcare PPO medical plans

- **United Behavioral Health**
 - Vendor for UnitedHealthcare HDHP with H.S.A.

- **Both Vendors Provide:**
 - Confidential counseling and therapy for Mental Health and Substance Abuse needs
 - In-Network and Out-of-Network services
 - Prior authorization required for some services

**ARE YOU
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Magellan for HMO and PPO

Level of Care	In-Network Benefit	Out-of-Network Benefit
Outpatient Therapy (individual, family, and medication evaluation)	\$25 co-pay per visit	Plan pays \$25 per visit, all other costs after plan payment are member's responsibility
Outpatient Group Therapy	\$15 co-pay per visit	Plan pays \$15 per visit, all other costs after plan payment are member's responsibility
Ongoing Medication Management	\$10 co-pay per visit	Plan pays \$25 per visit, all other costs after plan payment are member's responsibility
Inpatient Hospitalization	\$20 co-pay per day; 30 partial hospitalization days per year	\$250 deductible; Plan pays \$125 per day after Deductible, all costs after plan payment are member's responsibility; 30 partial hospitalization days per year
Intensive Outpatient (IOP)	\$100 co-pay per program; 45 IOP visits per year	Plan pays \$40 per visit, all other costs after plan payment are member's responsibility; 45 IOP visits per year

**ARE YOU
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United Behavioral Health for HDHP with H.S.A.

Level of Care	In-Network Benefit	Out-of-Network Benefit
Outpatient Therapy (individual, family, and medication evaluation)	10% after deductible	50% after deductible
Outpatient Group Therapy	10% after deductible	50% after deductible
Ongoing Medication Management	10% after deductible	50% after deductible
Inpatient Hospitalization	10% after deductible; 60 hospitalization days per year	50% after deductible; 60 hospitalization days per year
Intensive Outpatient (IOP)	50% after deductible	50% after deductible



Vision Plan



**ARE YOU
COVERED?**

Avesis Vision Plan

- In- and Out-of-Network Coverage
- Provides annual coverage
 - For eye exams, glasses or contacts
- Coverage does not require enrollment in a medical plan
- Treatment of eye injuries and medical conditions such as glaucoma or diabetes (except refraction) must be received through your medical plan benefit and medical provider

**ARE YOU
COVERED?**

Avesis Vision Plan

Eye Exam

- \$10 co-pay

Glasses

- \$10 co-pay Standard lenses
- Frame allowance is \$130 retail
 - Wal-Mart frame allowance is \$68
 - Costco frame allowance is \$75
- Additional co-pays for Standard Progressive, UV Coating, Tints, Scratch Resistance, Polycarbonate, Anti-Reflective Coating, etc.
- **Refer to Vision tab on the Benefits Home Page for details on Out-of-Network coverage**

Contacts

- Up to \$40 co-pay Fitting and Exam for Standard Contact lenses
- Elective Contact Lens benefit is \$130 allowance

LASIK Surgery

- At least 80% of preferred provider charge less lifetime allowance of \$150 per eye



Dental Plans



**ARE YOU
COVERED?**

Cigna Pre-Paid Dental Plan

- **No annual per person maximum**
- **No deductible**
- **You and your family select a Primary Care Dentist from the Cigna Dental Care Network (DHMO); each member can have their own dentist**
- **Co-pay amounts are described in the Patient Charge Schedule**
- **Low or no co-pays for preventive services**
- **Specialty care provided at a discount**
- **Orthodontic treatment is paid as described in the Patient Charge Schedule**

**ARE YOU
COVERED?**

Cigna PPO Dental Plan

- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage (DPPO Advantage)
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- DPPO In-Network and Out-of-network coverage *
 - 80% for preventive care
 - 60% for basic restorative services
 - 50% for major restorative services
- * Out-of-Network based on reasonable and customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - No age limit
- Seeing a DPPO Advantage dentist provides a better benefit level with greater savings

ARE YOU COVERED?

Progressive/Regressive Feature

Year 1 - Base Plan	DPPO Advantage In-Network		DPPO In-Network and Out-of Network	
	Plan	Employee	Plan	Employee
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	80%	20%	60%	40%
Major Restorative Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Year 2 - Base Plan				
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	85%	15%	65%	35%
Major Restorative Care	55%	45%	55%	45%
Orthodontia	50%	50%	50%	50%
Year 3 - Base Plan				
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	90%	10%	70%	30%
Major Restorative Care	60%	40%	60%	40%
Orthodontia	50%	50%	50%	50%

ARE YOU COVERED?

Delta Dental

Delta Dental offers two dental networks. Both save you money.



Delta Dental PPO Dentists
(Accept reduced fees – saving you the most money)



Delta Dental Premier Dentists
(Accept reduced fees, but not as low as PPO dentists)



Out-of-Network
(No agreed-upon discounts)



**ARE YOU
COVERED?**

Delta PPO 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 as in-
network
- * Based on reasonable and
customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be age 8 or older

**ARE YOU
COVERED?**

Progressive/Regressive Feature

Year 1 - Base Plan (In-Network & Out-of-Network)

	Plan	Employee
Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	80%	20%
Major Restorative Care	50%	50%
Orthodontia	50%	50%

Year 2 - Base Plan (In-Network & Out-of-Network)

Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	85%	15%
Major Restorative Care	55%	45%
Orthodontia	50%	50%

Year 3 - Base Plan (In-Network & Out-of-Network)

Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	90%	10%
Major Restorative Care	60%	40%
Orthodontia	50%	50%



Other Benefits

**ARE YOU
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Life Insurance

- Provided by ReliaStar Life Insurance Company, a member of the Voya family of companies
- Basic Life and Basic Accidental Death & Dismemberment (AD&D) Insurance
 - 1 x Annual Base Salary
 - Paid 100% by Maricopa County
- Additional Term Life
 - Lower rates for non-tobacco users
 - Up to 5 times Annual Base Salary or \$750,000 maximum without Evidence of Insurability (EOI) if you enroll as a new hire
- AD&D Insurance
 - Employee only or Employee plus Family
 - Up to 5 times Annual Base Salary
- Dependent Spouse & Child Life Insurance
 - \$100,000 for Spouse Life
 - Available without EOI up to guaranteed limit if you enroll as a new hire
 - \$20,000 for Child Life

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Short-Term Disability Plan

- **Administered By Sedgwick**
 - Select 40%, 50%, or 60% Salary Replacement Options
 - \$2,000 benefit maximum per week
 - Premium is calculated on your Annual Base Salary

- **Waiting Period**
 - 2-week waiting period
 - Or first day of hospitalization

- **Policy Has A Pre-existing Exclusion**
 - 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 only be changed at Open Enrollment
 - Cannot be added or dropped with a Qualifying Event



**ARE YOU
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Flexible Spending Accounts (FSA)

- **Health Care FSA**
 - Medical
 - Prescription
 - Over-the-counter medication with a prescription
 - Dental
 - Vision
 - \$240 Plan Year minimum
 - \$2,550 Plan Year maximum
- **Limited Scope FSA**
 - If enrolled in the UnitedHealthcare HDHP with H.S.A.
 - Only for dental or vision expenses
 - \$240 Plan Year minimum
 - \$2,550 Plan Year maximum
- **Dependent Care FSA**
 - For child care expenses for child up to age 13
 - For adult care expenses
 - Follow IRS guidelines
 - \$240 Plan Year minimum
 - \$5,000 Plan Year maximum

Make your annual election for the amount you want withheld for the remainder of the Plan Year which ends June 30.

Any money not used will be forfeited.

**ARE YOU
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MetLaw Group Legal Plan

Hyatt Legal Services

- A plan that provides legal representation and services for a wide range of personal legal matters through plan attorneys

- Estate Planning
- Money Matters
- Real Estate Matters
- Elder Law Matters
- Family Law
- Document Preparation
- Immigration Assistance
- Traffic Offenses
 - Defense of Traffic Tickets (excludes DUI)
 - Driving Privileges Restoration
- Juvenile Matters
- Consumer Protection
- Defense of Civil Lawsuits
- Personal Property Protection

**ARE YOU
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Retirement

- **Arizona State Retirement System – (602) 240-2000**

Current ASRS Defined Benefit Plan Rates			
	Pension & Health Insurance	Long-Term Disability	TOTAL
Employee	11.35%	0.12%	11.47%
Employer	11.35%	0.12%	11.47%

- **Public Safety Personnel Retirement System – (602) 255-5575**
 - The Public Safety Personnel Retirement System is a special retirement system for certain full-time certified peace officers, correction officers and elected officials



Benefit Rates

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Monthly Medical Plan Rates 2015-16

Bundled with Prescription & Behavioral Health
Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Premium With Premium Reductions
Cigna HMO	Employee	80.28	20.28
	Employee + Spouse	149.46	89.46
	Employee + Child(ren)	120.60	60.60
	Employee + Family	205.50	145.50
UnitedHealthcare PPO	Employee	103.00	43.00
	Employee + Spouse	219.28	159.28
	Employee + Child(ren)	183.62	123.62
	Employee + Family	305.50	245.50
UnitedHealthcare HDHP with H.S.A.	Employee	65.46	5.46
	Employee + Spouse	85.38	25.38
	Employee + Child(ren)	76.48	16.48
	Employee + Family	112.82	52.82

**ARE YOU
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Monthly Vision Plan Rates 2015-16

Full-Time Active Employees

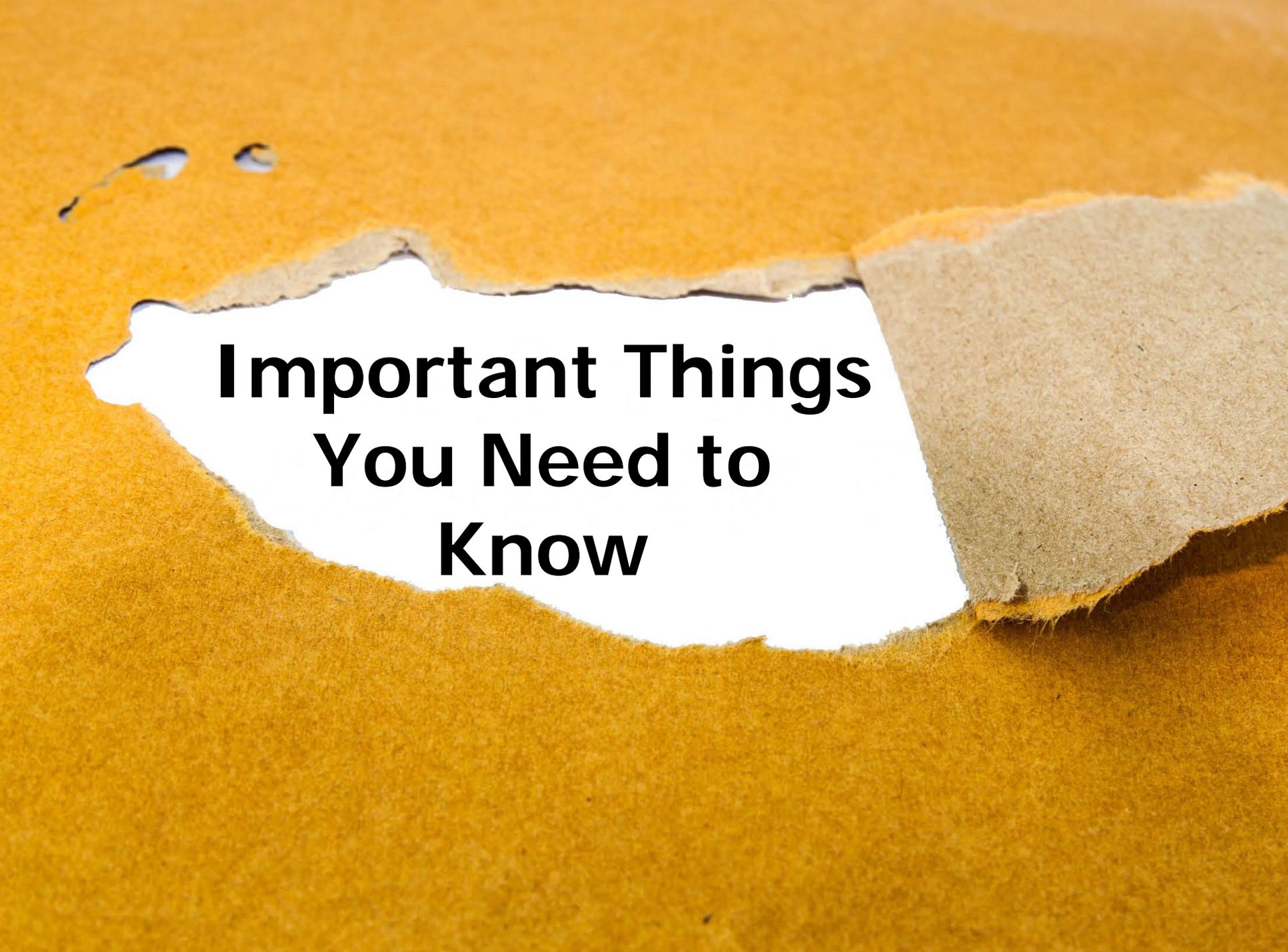
Plan	Tier	Monthly Employee Premium
Avesis	Employee	1.32
	Employee + Spouse	2.90
	Employee + Child(ren)	2.18
	Employee + Family	3.90

**ARE YOU
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Monthly Dental Plan Rates 2015-16

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium
Cigna Prepaid DHMO	Employee	4.56
	Employee + Spouse	8.58
	Employee + Child(ren)	11.18
	Employee + Family	12.88
Cigna PPO	Employee	14.94
	Employee + Spouse	32.86
	Employee + Child(ren)	35.60
	Employee + Family	45.78
Delta PPO	Employee	23.24
	Employee + Spouse	51.18
	Employee + Child(ren)	55.40
	Employee + Family	71.38



**Important Things
You Need to
Know**



**ARE YOU
COVERED?**

What Employees Must Do

- **Review Benefits Material**
- **Access ADP Portal during New Hire Window and complete elections within 30 calendar days**
 - **Changes can be made as many times as necessary within 30 day window; last change on record will be final**
- **Submit Evidence of Insurability (EOI) for life insurance if applicable**
- **Review confirmation statement mailed to home address**
- **Verify correct premium deductions are being taken on your paycheck**
- **Respond to the Dependent Verification Audit**

**ARE YOU
COVERED?**

Qualifying Events

Event Examples

- Marriage
 - Birth
 - Adoption
 - Legal Guardianship
 - Divorce
 - Death
 - Gain/Loss of Other Coverage
- Can add or drop dependents as consistent with the change
 - Cannot change plan elections
 - You must report a Qualifying Event within 30 calendar days of the effective date of the change
- Record Qualifying Events via the ADP Benefit Enrollment System
 - Dependent Verification Service Center will mail letter requesting required documentation

ARE YOU
COVERED?

Important Information

Benefits via Work or Home

- ebc.maricopa.gov/benefits/ (Intranet only available via the Maricopa County network)
- www.maricopa.gov/benefits

Employee Benefits Division

M-F 8am - 5pm
602-506-1010
BenefitsService@
mail.maricopa.gov

OET Customer Service Center

602-506-HELP (4357)

Benefits Website Includes:

- Enrollment Instructions
- Medical Plan Summaries and SPDs
- New Employee Tab
- Medical Plan Comparison Chart
- How to Search For A Provider
- About the UnitedHealthcare HDHP with H.S.A. Plan
- Formularies for Prescription Plans
- Dental Plan Comparison Chart
- Short Term Disability Calculator
- Summary Plan Documents
- Premium Reduction Information (Biometric Screening, Health Assessment & Non-Tobacco User)