

What's New?

ANNUAL BENEFITS OPEN ENROLLMENT GUIDE



2014-2015

MARICOPA COUNTY
EMPLOYEE BENEFITS PROGRAM

**Open Enrollment:
APRIL 14 - MAY 9**

Enroll at:

<https://portal.adp.com>

**Open Enrollment
Material Available
at:**

www.maricopa.gov/benefits
ebc.maricopa.gov/benefits



From Christopher Bradley, Director Department of Employee Benefits and Health

To our fellow employees:

Maricopa County Employee Benefits and Health is pleased to present your employee benefit plans for 2014-15. Maricopa County continues to recognize the value of your benefits as part of your total compensation package, as you will see when you learn more about what the County is providing for next year.

With all the changes going on in health care, many people are concerned about the kind of benefits they will have in the future, and what they will have to pay for them. You will therefore be pleased to learn that the County is continuing to offer you comprehensive and affordable benefit plans for next year that are as good as or better than our current plans.

The same medical plan options are available for 2014-15: an HMO, a PPO, and a High-deductible Health Plan with a Health Savings Account (HDHP with H.S.A.). These three clear, distinct options allow you the flexibility to choose the type of medical plan that best meets your needs. While there is a lot of continuity, there is one big change in medical benefits: You will now be able to choose from two different vendors, Cigna and UnitedHealthcare.

Since 1997, all of the County's medical benefit plans have been administered by Cigna. Many other large employers offer a choice between two or more companies. In recent years, employees have expressed a desire for such choice in Maricopa County benefits, and we are now able to satisfy it. Cigna will continue to administer the HMO plan, centered on the Cigna Medical Group Health Care centers and providers. The PPO and HDHP with H.S.A. will be administered by UnitedHealthcare.

You will not see a lot of change in what you pay for benefits. Where there are increases, they are modest; for some plans, premiums are actually going down. You will continue to have the opportunity to reduce your health premiums if you complete a biometric screening and health assessment, and if you and your covered dependents do not use tobacco.

Keeping ourselves healthy is an important way to continue to hold down costs. That's why we continue to focus on encouraging preventive health care. Covered employees and their dependents can get their well exams and many other screenings with no out-of-pocket cost.

We want you to fully understand your benefits options and make good choices. Along with this updated What's New? publication, we are offering group presentations and benefits fairs, where you will be able to speak to representatives of some of our main benefit vendors. For additional information regarding your benefits, please visit the Employee Benefits Home Page at: www.maricopa.gov/benefits.

My thanks to our excellent benefits team, who have prepared these communications and resources for you, and who are there to assist you as necessary. Please do not hesitate to contact us if you have any questions.

Sincerely,



Table of Contents

Overview

Executive Message.....	2
Helpful Tips for Completing Your Open Enrollment Elections	4
Open Enrollment Timeline.....	5
Open Enrollment is Passive	5
Definition of Part-Time Employee	5
New Hires During Open Enrollment	5
Why Should I Participate in Open Enrollment?	6
What Happens if I Don't Participate in Open Enrollment?	6
New Medical Vendor	7

What's New: Plan Design Changes

Medical Plan	8-14
Pharmacy Plan.....	15
Behavioral Health Plan.....	15
Flexible Spending Accounts	15
Life Insurance Plan.....	15
Wellness Program.....	15
Administrative	15
Dependent Verification Process	16

Rate Sheets

Medical/Pharmacy/Behavioral Health Plans	18
Vision Plan.....	19
Dental Plan	19
Life Insurance Plan.....	20
Short-Term Disability Plan	21
Group Legal Plan	21

Resources

Available Tools and Resources	23
Will I Receive a New ID Card?	23
Online Enrollment Process	24

Notifications

Notifications	25
---------------------	----

Contact Information

Contact Information.....	26
--------------------------	----

Helpful Tips for Completing Your Open Enrollment Elections

Prior to Open Enrollment:

- Complete the Worksheet mailed to your home. Use it as a guide for your online enrollment.
- To receive a reduction in your medical premium, complete your wellness screenings: saliva test for the detection of nicotine presence (only if you have not previously taken and passed the saliva test), biometric screening, and health assessment.
- Compare benefit options to decide which medical plan is best for you. Review information such as covered services, deductibles, co-pays, coinsurance, annual maximums, provider networks, and per paycheck premiums.
- If enrolling in the **Cigna HMO**, select a Primary Care Physician (PCP) prior to making your benefit elections.
RESOURCE: www.cignamedicalgroup.com
- If enrolling in the UnitedHealthcare HDHP with H.S.A. you will need to open a bank account. You may open a bank account in one of two ways:
 1. When completing your Open Enrollment elections in the ADP portal, grant permission to have a bank account opened for you.
OR
 2. Go to www.optumbank.com. Click on "Open an HSA" and complete the application process. Enter 901632 for group number.
You cannot:
 - Use a P.O. Box number for your address; the bank requires a street address
 - Use an Alternate ID Number
 - Have other health insurance, other than what the IRS allows
- If enrolling in the Cigna Pre-Paid Dental Plan, select a Primary Care Dentist (PCD) prior to making your benefit elections.
RESOURCE: www.cigna.com

While in the Benefit Enrollment System at <https://portal.adp.com>:

- If adding an eligible dependent to coverage, place a check mark in the box next to their name for each benefit option. If you have properly added them to coverage, you will see their name listed next to each benefit option on the Benefits Summary Page which appears once you submit your elections.
- If adding a dependent age 45 or older, you must provide his/her Social Security Number.
- If you and/or any covered dependent is enrolled in Medicare, you must provide a HICN (Health Insurance Claim Number).
- Review and update your list of beneficiaries.
- Make sure you click the "Submit" button to process your elections.
- Print the Benefits Summary page for your records.

After You Complete Open Enrollment:

- If required, submit Evidence of Insurability for life insurance to ReliaStar Life Insurance Company.
- Review the Confirmation Statement you receive in the mail to know which benefits you elected for Plan Year 2014-2015.
- If you added dependents to coverage, respond by the due date to the Dependent Verification Letter you receive in the mail. Submit proof of your dependent's eligibility for coverage using the Cover Sheet provided.



Open Enrollment Timeline

February 18 – March 28:
Biometric Screening, Health Assessment and Saliva Testing

March 25 - April 4:
“What’s New With Your Benefits?” meetings
(Sign up through Pathlore to attend.)

April 8 - 11:
Benefits Fairs

April 8:
Open Enrollment Worksheets mailed to employees’ home address

April 14:
Open Enrollment begins at 8:00 a.m.

May 9:
Open Enrollment ends at 5:00 p.m.

May 14:
Confirmation Statements mailed to employees’ home address

July 1:
New benefit plans become effective

July 5 – August 3:
Dependent Verification Audit takes place confirming dependent eligibility for coverage

Open Enrollment is Passive

Open Enrollment for 2014-2015 will be “Passive,” meaning most current benefit elections will automatically roll over to the new Plan Year if employees take no action. There are exceptions. See page 6.

Definition of Part-Time Employee

For benefits purposes, a part-time employee is now defined as a “regular employee scheduled to work 19-29.99 hours per week.” Part-time employees who enroll in benefits pay higher premiums for their coverage.

New Hires During Open Enrollment

New Hires making their New Hire elections before April 14, 2014:

- Access the ADP portal at <https://portal.adp.com>
- Complete “New Hire” benefit elections which end June 30, 2014
- Go back into the system on or after April 14, 2014 to make Open Enrollment benefit elections for Plan Year 2014-2015

New Hires making their New Hire elections on or after April 14, 2014:

- Access the ADP portal at <https://portal.adp.com>
- Complete “New Hire” benefit elections which end June 30, 2014
- Click “Submit” and pass the Rollover screen
- Click “Continue” to complete Plan Year 2014-2015 Open Enrollment benefit elections at the same time

TIP:

Make your benefit decisions carefully. The elections you make are irrevocable and will remain in place for the entire Plan Year 2014-2015, unless you experience a Qualifying Event.



Why Should I Participate in Open Enrollment?

Open Enrollment begins on Monday, April 14, and ends on Friday, May 9. You must access the Benefit Enrollment System at <https://portal.adp.com> if you wish to:

- Make new benefit elections or change your current ones
- Add or drop dependents
- Elect the Flexible Spending Accounts
- Designate payroll contributions to a Health Savings Account
- Update your biometric screening, health assessment and tobacco use status
- Add or update your beneficiaries for life insurance

What Happens If I Don't Participate in Open Enrollment?

Open Enrollment for Plan Year 2014-2015 will be 'Passive.' With a few exceptions, if you do not complete your Open Enrollment elections you will automatically be re-enrolled in the benefit plans you have for the current Plan Year, 2013-2014. With the addition of new vendor UnitedHealthcare, your medical plan coverage will map as follows:

Coverage for 2013-14		Coverage for 2014-2015
• Cigna HMO	—————>	• Cigna HMO
• Cigna PPO	—————>	• UnitedHealthcare PPO
• Cigna Choice Fund with H.S.A.	—————>	• UnitedHealthcare HDHP with H.S.A.

You must actively re-enroll in the flexible spending accounts and elect contributions to a health savings account each year. If you currently waive benefits you will continue to have your benefits waived if you take no action during Open Enrollment.

All benefit elections are irrevocable, whether you waive coverage, complete your Open Enrollment elections, or allow your current coverage to roll over. Changes cannot be made until July 1, 2015 unless you experience a Qualifying Event. The applicable benefit premiums for benefits coverage will be deducted from each paycheck.

Additionally, to continue to receive the medical plan premium reductions, you should complete the biometric screening and health assessment. If you previously completed and passed the saliva test (for the detection of nicotine presence) you do not need to retake this screening.

TIP:

It is important that you take the time to study all the medical plans being offered to make sure you enroll in the plan that's right for you and your family.

Additional benefits information may be found at www.maricopa.gov/benefits/oe1415.html.



New Medical Vendor

With the intent of giving employees more choice, the County has contracted with a new medical carrier to complement the continued partnership we have with Cigna. UnitedHealthcare is the new vendor, and they will administer the UnitedHealthcare PPO (Preferred Provider Organization), and the UnitedHealthcare HDHP (High Deductible Health Plan) beginning July 1, 2014.

UnitedHealthcare is dedicated to helping people live healthier lives. The company administers plans such as those at Maricopa County that offer a full spectrum of health benefits and programs. In Arizona, UnitedHealthcare contracts directly with 13,800 physicians and other health care professionals and 77 hospitals and other care facilities. Founded in 1977, UnitedHealthcare serves more than 45 million people in health benefits nationwide and is an operating division of UnitedHealth Group, the largest single health carrier in the United States.

UnitedHealthcare has a variety of tools available to help you research and decide which health plan would be best for you and your family. The website welcometouhc.com/maricopa will provide you with information on how to find a doctor/hospital, figure out what your health costs might be for the year, things to consider before you choose a plan, and educational programs, tools and services to help you maintain or improve your family's well-being.

TIP:

If you are enrolling in the UnitedHealthcare HDHP with H.S.A. you will need to open a bank account. Remember to add your beneficiary to your bank account.



What's New: Plan Design Changes | Medical



Medical Plan Changes (The following benefits changes are effective July 1, 2014.)

The County will continue to offer three distinct plan options:

- **HMO** - managed by Cigna, with Catamaran for pharmacy benefits and Magellan for EAP and behavioral health services
- **PPO** - managed by UnitedHealthcare, with Catamaran for pharmacy benefits and Magellan for EAP and behavioral health services
- **HDHP** - managed by UnitedHealthcare, with OptumRx for pharmacy, United Behavioral Health for behavioral health services, and EAP through Magellan

HMO Health Maintenance Organization

An HMO is managed care directed by a primary care physician (PCP), where the PCP 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.

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.

TIP:

Make sure to add your dependents as you make your benefit elections.

Also make sure to add your beneficiaries for life and accident insurance.



Cigna HMO Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- **Out of Pocket (OOP) Maximum** includes:
 - All medical co-pays, deductibles, and coinsurance in medical plan, but does not include those related to pharmacy and behavioral health services
- Increase in **Out of Pocket (OOP) Maximum:**
 - From \$1,000 to \$1,600 (employee only)
 - From \$2,000 to \$3,200 (family)
- The maximum benefit for hearing aids has been removed

TIP:

Choosing a benefits plan based solely on a provider can result in being enrolled in the wrong plan.



UnitedHealthcare PPO Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- **Out-of-Pocket (OOP) Maximum** includes:
 - All medical co-pays, deductibles, and coinsurance in medical plan, but does not include those related to pharmacy and behavioral health services
- Increase in **In-Network Out-of-Pocket (OOP) Maximum:**
 - From \$2,000 to \$3,000 (employee only)
 - From \$4,000 to \$6,000 (family)
- Increase in **Out-of-Network Out-of-Pocket (OOP) Maximum:**
 - From \$4,000 to \$6,000 (employee only)
 - From \$8,000 to \$12,000 (family)
- The \$1,000 per admit maximum after deductible for In-Patient Facility and In-Patient Professional Services has been eliminated
- The pre-existing condition exclusion for adults has been eliminated
- The maximum benefit for hearing aids has been removed
- The Cigna Medical Group Health Care Centers will no longer be In-Network providers

TIP:

When you are ready to finalize your benefit elections in the ADP Portal make sure you click on the **“SUBMIT”** button to complete the Open Enrollment process.



UnitedHealthcare HDHP with H.S.A. Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- Increase in **Out-of-Network Deductibles:**
 - From \$1,250 to \$2,500 (employee only)
 - From \$2,500 to \$5,000 (family)
- Increase in **Out-of-Network, Out-of-Pocket (OOP) Maximum:**
 - From \$2,000 to \$4,000 (employee only)
 - From \$4,000 to \$8,000 (family)
- **Higher** Health Savings Account annual contribution limits:
 - From \$3,250 to \$3,300 (employee only)
 - From \$6,450 to \$6,550 (family)
- The pre-existing condition exclusion for adults has been eliminated
- The maximum benefit for hearing aids has been removed
- The Cigna Medical Group Health Care Centers will no longer be In-Network providers

Health Savings Account (H.S.A.) Changes

- **Optum Bank** is the new bank for the Health Savings Account (H.S.A.)
 - **There are two options available to open a new H.S.A.:**
 1. Provide consent during the Open Enrollment process to open bank account by completing the Affirmation Statement
 2. Go to www.optumbank.com. Click on "Open an H.S.A." Complete the application process. Enter 901632 for group number
 - County contributions will be deposited during the first week of July, provided the bank account has been opened
- **There are two options available to transfer existing JPMorgan Chase H.S.A. funds to Optum Bank:**
 1. During Open Enrollment: sign and return a "Request to Close and Transfer Health Savings Account" form to the Employee Benefits Office
 2. Individually: contact JPMorgan Chase and/or Optum Bank

TIP:

If you experience a Qualifying Event (such as birth, marriage, divorce, etc.) between April 14 and June 30, 2014 and you complete a Family Status Change in the ADP portal, remember to also complete the "Rollover Event" in the portal to update your Open Enrollment elections for Plan Year 2014-2015.

You have only **30 days** from your Qualifying Event effective date to do this.

Contact the Employee Benefits Office for assistance.

Medical Co-Pay/Out-of-Pocket Costs

Cigna HMO

Benefit Provision	HMO In-Network Coverage Only
Plan Deductible Applies to certain inpatient/out-patient facilities only. Individual and family deductibles aggregate.	Single: \$350 Facility Deductible Family: \$700 Facility Deductible
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum****	Single: \$1,600 Family: \$3,200
Pre-Existing Condition Limitation	None
Preventive Care	\$0 (FREE)
Primary Care Physician	\$30
Convenience Care Clinic Visit	\$20
Specialty Care Physician - CCN/Non-CCN	\$45* / \$70**
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day***
Allergy Injections - PCP/CCN; Non-CCN	\$13* / \$28**
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	\$125 after deductible
Pre- & Post-natal Exams (after pregnancy has been determined)	\$30/\$45*/\$70**, 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 (co-pay applies to each item)	\$75 DME; \$0 consumable supplies
External Prosthetics	\$0
Chiropractic Services; 24 visits/year	\$30
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year	\$45
Cardiac Rehab; 36 visits/year	\$45
Alternative Medicine; 20 visits/year \$60 credit for supplies/products if prescribed by an Alternative Medicine Provider	\$30
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 co-pay after deductible; in addition to Inpatient Hospital Facility Services

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

* You pay lower co-pays when you use a specialist with the Cigna Care Network (CCN) designation.

** You pay higher co-pays when you use a specialist without the CCN designation. Not all specialties are included in the CCN. When the specialty is not included in the CCN, the higher Non-CCN co-pay applies.

*** Does not apply to inpatient facility services; subject to applicable place of service & plan deductible; associated ancillary charges are subject to the applicable place of service & deductible.

**** Out-of-pocket maximum **INCLUDES** all medical co-pays and deductibles, and **EXCLUDES** those for pharmacy and behavioral health.

Medical Co-Pay/Coinsurance/Out-of-Pocket Costs

UnitedHealthcare PPO

Benefit Provision	PPO	
	In-Network	Out-of-Network
Plan Deductible One way accumulation only of out-of-network to in-network deductibles. Individual and family deductibles aggregate.	Single: \$350 Annual Deductible	Single: \$700 (one way accumulation)
	Family: \$700 Annual Deductible	Family: \$1,400 (one way accumulation)
Standard Percent of Coinsurance	10%	30%
Out-of-Pocket Maximum**** One way accumulation only: out-of-network to in-network out-of-pocket maximum.	Single: \$3,000	Single: \$6,000
	Family: \$6,000	Family: \$12,000
Pre-Existing Condition Limitation	None	
Preventive Care	\$0 (FREE)	Covered in-network only
Primary Care Physician	\$40	30% after deductible
Convenience Care Clinic Visit	\$30	30% after deductible
Specialty Care Physician Services - Tier I	\$55* / \$70**	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% coinsurance	30% after deductible ***
Allergy Injections - Tier I	\$18* / \$33**	30% after deductible
Independent Lab and X-ray facility	\$0	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10%, after deductible	30% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10%, after deductible	30% after deductible
Outpatient Hospital Facility Services	10% after deductible	30% after deductible
Pre- & Post-natal Exams (after pregnancy has been determined)	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services	30% after deductible
Urgent Care	\$75; waived if admitted to hospital	\$75; waived if admitted to hospital
Emergency Room	\$200; waived if admitted to hospital	\$200; waived if admitted to hospital
Ambulance	10% after deductible	10% after deductible
Durable Medical Equipment/Medical Supplies - No annual limit	10% after deductible	30% after deductible
External Prosthetics	10% after deductible	30% after deductible
Chiropractic Services; 24 visits/year (combined in and out-of-network)	\$40	30% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined /year (combined in and out-of-network)	\$55	30% after deductible
Cardiac Rehab; 36 visits/year (combined in and out-of-network)	\$55	30% after deductible
Alternative Medicine; 20 visits/year \$60 credit for supplies/products if prescribed by an Alternative Medicine Provider	\$40	Covered in-network only
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 co-pay after deductible; in addition to inpatient Hospital Facility Services	Covered in-network only

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

* You pay lower co-pays when you use a specialist with the UnitedHealthcare Premium Tier 1 designation.

** You pay higher co-pays when you use a specialist who does not have the UnitedHealthcare Premium Tier 1 designation.

When the specialist does not have the UnitedHealthcare Premium Tier 1 designation, the higher Non-UnitedHealthcare Premium Tier 1 co-pay applies.

*** Does not apply to inpatient facility services; subject to applicable place of service coinsurance & plan deductible; associated ancillary charges are subject to the applicable place of service coinsurance & deductible.

**** Out-of-pocket maximum **INCLUDES** all medical co-pays and deductibles, and **EXCLUDES** those for pharmacy and behavioral health.

Medical Coinsurance/Out-of-Pocket Costs

UnitedHealthcare HDHP with H.S.A.

Benefit Provision	HDHP	
	In-Network	Out-of-Network
Plan Deductible Cross accumulation of in-network and out-of-network deductibles. Individual and families deductibles aggregate.	Single: \$1,250 (cross accumulation)	Single: \$2,500 (cross accumulation)
	Family: \$2,500 (cross accumulation)	Family: \$5,000 (cross accumulation)
Standard Percent of Coinsurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation of in-network and out-of-network services.	Single: \$2,000	Single: \$4,000
	Family: \$4,000	Family: \$8,000
Pre-Existing Condition Limitation	None	
Preventive Care	\$0 (FREE) no deductible	Covered in-network only
Primary Care Physician	10% after deductible	30% after deductible
Convenience Care Clinic Visit	10% after deductible	30% after deductible
Specialty Care Physician	10% after deductible	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	10% after deductible	30% after deductible
Allergy Injections	10% after deductible	30% after deductible
Independent Lab and X-ray facility	10% after deductible; \$0 (FREE) no deductible if preventive	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	30% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	30% after deductible
Outpatient Hospital Facility Services	10% after deductible	30% after deductible
Pre- & Post-natal Exams (after pregnancy has been determined)	10% after deductible	30% after deductible
Urgent Care	10% after deductible	10% after deductible
Emergency Room	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible
Durable Medical Equipment/Medical Supplies No annual limit	10% after deductible	30% after deductible
External Prosthetics	10% after deductible	30% after deductible
Chiropractic Services; 24 visits/year (combined in and out-of-network)	10% after deductible	30% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year (combined in and out-of-network)	10% after deductible	30% after deductible
Cardiac Rehab; 36 visits/year (combined in and out-of-network)	10% after deductible	30% after deductible
Alternative Medicine; 20 visits/year \$60 credit for supplies/products if prescribed by an Alternative Medicine Provider	10% after deductible	Covered in-network only
Bariatric Surgery (1 year waiting period from initial employment)	10% after deductible	Covered in-network only

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

What's New: Plan Design Changes | Pharmacy, Behavioral Health, Flexible Spending Accounts, Life Insurance, Wellness, and Administrative



Pharmacy Plan Changes

Catamaran Co-Insurance Pharmacy (for Cigna HMO, UnitedHealthcare PPO enrollees)

- Written statement required from member and/or healthcare provider requesting a one-time replacement of lost or forgotten prescriptions before request is reviewed and either **approved** or **denied**
- Mail order service is changing from Walgreens to Catamaran Home Delivery

OptumRx Pharmacy

- Transition from Cigna Pharmacy to OptumRx (for enrollees in UnitedHealthcare HDHP with H.S.A.)

Behavioral Health Change

- Co-pay increase for Outpatient Group Psychotherapy from \$10 to \$15

Flexible Spending Account Changes

- Minimum annual contribution limit set at \$240
- Payroll deductions reduced from 26 to 24 pay periods per plan year

Life Insurance Change

- Enrollees in Additional Life and/or Spouse Life Insurance coverage who move from one age bracket to another will not have their premium re-calculated mid plan year. Instead, rates will be based on age as of July 1, 2014

Wellness Changes

- Enrollees in the Quit Tobacco Program are only eligible for non-tobacco user premium reduction at point of initial enrollment in program
- Until June 30, 2014, enrollees in all three medical plans should complete the Health Assessment on mycigna.com. On or after July 1, 2014, the assessment may be completed at mycigna.com or myuhc.com, whichever is applicable based on medical plan election

Administrative Changes

- **Dependent Verification Process (audit)** - corrections due to non-compliance will only be considered **within 90 days of benefits effective date**
- **Health Savings Accounts** - Payroll deductions reduced from 26 pay periods to 24

TIP:

You must actively re-enroll in the flexible spending accounts and elect contributions to a health savings account each year.

Dependent Verification Process



Soon after the start of the new Plan Year, a dependent audit will be conducted to validate that all newly-added dependents enrolled in coverage are eligible to participate in the County's benefit plans. Employees will be sent a letter from the Maricopa County Dependent Verification Service Center, managed by ADP, requesting documentation of a dependent's eligibility.

To avoid having your dependent dropped from coverage, respond to the letter by following three simple steps to submit documentation:

1. Gather the documentation requested (as specified in the audit letter.)
2. Fax or mail it using the Cover Sheet provided.
3. Submit the documentation by the due date.

Failure to respond as directed will result in your dependent(s) being dropped from coverage retroactively. Payment of claims incurred during the dependent's ineligibility must be reimbursed to the County.

July 5, 2014:

Dependent Audit begins. Dependent Verification Letters mailed to employees.

July 22, 2014:

Reminder letters mailed to employees.

August 3, 2014:

Dependent Audit ends.

August 19, 2014:

Final outcome letters mailed to employees.

August 25, 2014:

Dependents dropped from coverage by ADP if employees fail to respond to the audit.

August 26, 2014:

Confirmation Statements mailed to employees showing dependents were dropped.

TIP:

If you add dependents during Open Enrollment, do not ignore the Dependent Verification Letter (audit letter) mailed to your home. If you do not respond to the audit, your dependents will be dropped from coverage.

Disclaimer:

The benefits described herein are summaries of the County's official plan documents and contracts that govern the Program. In the event of a discrepancy between the information in this booklet and the official documents, the official documents govern.



RATE SHEETS

2014-2015 Medical, Pharmacy, Behavioral Health

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium less Premium Reductions
Cigna HMO	Employee	78.70	18.70
	Employee + Spouse	140.26	80.26
	Employee + Child(ren)	115.00	55.00
	Employee + Family	192.40	132.40
UnitedHealthcare PPO	Employee	99.82	39.82
	Employee + Spouse	205.50	145.50
	Employee + Child(ren)	173.94	113.94
	Employee + Family	285.90	225.90
UnitedHealthcare HDHP with H.S.A.	Employee	60.00	0
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium less Premium Reductions
Cigna HMO	Employee	325.42	265.42
	Employee + Spouse	617.30	557.30
	Employee + Child(ren)	509.36	449.36
	Employee + Family	810.94	750.94
UnitedHealthcare PPO	Employee	346.54	286.54
	Employee + Spouse	682.54	622.54
	Employee + Child(ren)	568.30	508.30
	Employee + Family	904.44	844.44
UnitedHealthcare HDHP with H.S.A.	Employee	288.40	228.40
	Employee + Spouse	536.48	476.48
	Employee + Child(ren)	454.92	394.92
	Employee + Family	703.90	643.90

2014-2015 Vision Rates

Plan	Tier	Full-Time Active Monthly Employee Premium	Part-Time Active Monthly Employee Premium
Avesis	Employee	1.32	4.06
	Employee + Spouse	2.90	7.96
	Employee + Child(ren)	2.18	7.68
	Employee + Family	3.90	11.86

2014-2015 Dental Rates

Plan	Tier	Full-Time Active Monthly Employee Premium	Part-Time Active Monthly Employee Premium
Cigna Prepaid (DHMO)	Employee	4.56	6.28
	Employee + Spouse	8.58	11.04
	Employee + Child(ren)	11.18	14.96
	Employee + Family	12.88	17.46
Cigna (PPO)	Employee	14.94	23.82
	Employee + Spouse	32.86	52.46
	Employee + Child(ren)	35.60	56.76
	Employee + Family	45.78	72.92
Delta (PPO)	Employee	28.42	37.30
	Employee + Spouse	62.68	82.28
	Employee + Child(ren)	67.80	88.96
	Employee + Family	87.34	114.48

2014-2015 Life Insurance

Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Coverage Multipliers per \$1,000 or \$5,000 of Coverage		
Additional Accidental Death and Dismemberment - Employee; Coverage per \$1,000		0.020
Additional Accidental Death and Dismemberment - Family; Coverage per \$1,000		0.035
Dependent Child Life; Coverage per \$5,000		0.500
Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Additional Life / Spouse Life - Non-Tobacco Use		
Non-Tobacco	Under 25	0.032
Non-Tobacco	25-29	0.038
Non-Tobacco	30-34	0.050
Non-Tobacco	35-39	0.056
Non-Tobacco	40-44	0.074
Non-Tobacco	45-49	0.120
Non-Tobacco	50-54	0.184
Non-Tobacco	55-59	0.312
Non-Tobacco	60-64	0.528
Non-Tobacco	65-69	0.760
Non-Tobacco	70 and older	1.408
Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Additional Life / Spouse Life - Tobacco Use		
Tobacco User	Under 25	0.052
Tobacco User	25-29	0.056
Tobacco User	30-34	0.064
Tobacco User	35-39	0.109
Tobacco User	40-44	0.155
Tobacco User	45-49	0.308
Tobacco User	50-54	0.567
Tobacco User	55-59	0.578
Tobacco User	60-64	0.896
Tobacco User	65-69	1.096
Tobacco User	70 and older	1.800

2014-2015 Other Benefits

Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.28%
50%	0.44%
60%	0.74%

Examples:

Comparison of STD Premium at Various Salary Levels			
Annual Earnings	Bi-Weekly Premium Short-Term 60%	Bi-Weekly Premium Short-Term 50%	Bi-Weekly Premium Short-Term 40%
25,106	7.75	4.61	2.93
40,503	12.49	7.43	4.73
50,336	15.53	9.23	5.88
61,922	19.10	11.36	7.23
73,923	22.80	13.56	8.63
115,981	35.77	21.27	13.54

Group Legal

Other Services	Monthly Employee Premium
Hyatt Legal	15.74



RESOURCES

Available Tools and Resources

ADP Portal

<https://portal.adp.com>

ADP Password Resets

Maricopa County OET Customer Service Center
506-4357 (6HELP)

Benefits Websites, EBC Intranet and Internet

<http://ebc.maricopa.gov/benefits>
<http://www.maricopa.gov/benefits>

Cigna Medical/Claim Information

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

Cigna Pre-Enrollment Phone Line

(Available April 1)
Speak directly with a Cigna representative who can answer your questions about the Cigna HMO
800.564.7642

General Questions

Maricopa County Employee Benefits Division
602.506.1010

Review Cost of Medication and Lower Cost Alternatives

www.mycatamaranrx.com

Short-Term Disability Calculator

ebc.maricopa.gov/benefits/pdf/2014/Sedgwick/2014_stdcalculator.xls

Specific Benefit Questions

Contact vendors directly; see vendor listing on Contact Information page on last page of this booklet

UnitedHealthcare Pre-Enrollment Phone Line (Available April 1)

Speak directly with a UnitedHealthcare Health Advisor who can answer your questions about the UnitedHealthcare PPO and HDHP with H.S.A.

888.876.7098

www.welcometouhc.com/maricopa

(before July 1)

www.welcometouhc.com/maricopa

(after July 1)

Will I Receive A New ID Card?

Vendor	Issuing a New ID Card for 2014-2015	
	Yes	No
Avesis	X*	
Catamaran	X*	
Cigna Dental		X
Cigna Prepaid Dental HMO		X
Cigna Medical HMO	X	
Delta Dental	X*	
ReliaStar Life Insurance Company, a member of the ING family of companies		X
Magellan		X
Sedgwick		X
UnitedHealthcare PPO	X	
UnitedHealthcare HDHP with H.S.A.	X	

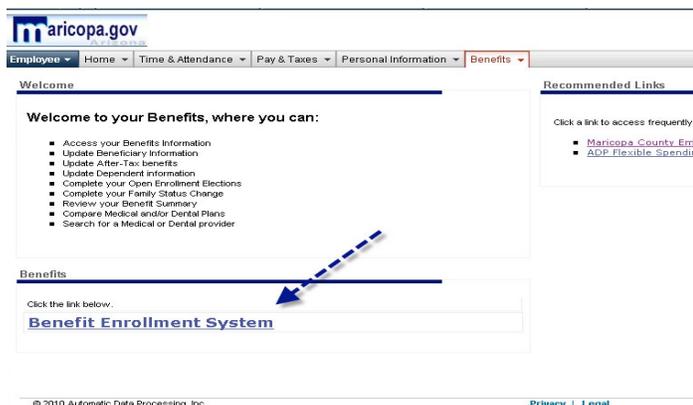
* New employees and dependents only

Online Enrollment Process

- ❑ 1. Refer to the Open Enrollment Worksheet that was mailed to your home address to assist you in making your online enrollment elections.
- ❑ 2. Log on to the ADP portal between April 14 and May 9, 2014.
Log in is through <https://portal.adp.com>.
 - For help with User ID or Password, click on the links titled:
 - Forgot your User ID
 - Forgot your Password



- If you experience login problems, call the Maricopa County Customer Service Center at (602) 506-HELP or e-mail: helpdesk@mail.maricopa.gov
- ❑ 3. Click on the 'Benefits' tab and then the 'Welcome' link on the drop-down menu.
- ❑ 4. Click on the 'Benefit Enrollment System' link.



- 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 go back and finish your elections by 8 PM MST on the same day.

- ❑ 5. Read the 'Welcome' page and press 'Continue.'
- ❑ 6. Click on the "Open Enrollment" link.
- ❑ 7. The Benefit Enrollment System is programmed to take you through each available election. Through this 'Top-Down' process you will need to:
 - a. Read the instructions (in the left-hand column) 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 later.
 - c. Update your beneficiaries for life and accident insurance coverage.
 - d. Review and update your benefit elections. Make sure that dependents are enrolled by checking the box next to their names.
 - e. Enter an annual contribution goal (for flexible spending accounts and/or health savings account.) Annual re-enrollment is required for these benefits.
 - f. Click on the 'Submit' button on the '2014-2015 Benefit Summary' page to save your elections.
 - g. Read and respond to the 'Certification Statement.' Enter your email address to receive an email acknowledgement that you completed Open Enrollment or click 'Cancel' to skip this question.
 - h. Print your 2014-2015 'Confirmation Page' for your records.
 - i. When you see the 'Thank You' page, your enrollment has been completed.
- ❑ 8. A final Confirmation Statement will be mailed to you on May 14th.

Notifications

“Important Notices” regarding the Maricopa County Employee Benefits Program may be found under the “Notices” tab on the Employee Benefits home page located on the EBC and Internet at:

- EBC: <http://ebc.maricopa.gov/benefits>
- Internet: <http://www.maricopa.gov/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 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

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/benefits
<http://ebc.maricopa.gov/benefits>
BenefitsService@mail.maricopa.gov

Maricopa County Wellness Works

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

Medical Plans

Cigna

Group #3205496

Customer Service (800) 244-6224
Pre-Enrollment Questions (800) 564-7642
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.cigna.com
www.mycigna.com
www.cigna.com/cm gaz

UnitedHealthcare

Group #901632

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

Pharmacy Plans

Catamaran Pharmacy Plan

Group #512229

Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Catamaran Home Delivery (888) 637-5121
Briova Rx Specialty Pharmacy (866) 325-1783
Medication Therapy Mgt. (866) 352-5310
Walgreens Onsite Pharmacy (602) 283-9925
www.mycatamaranrx.com

OptumRx Plan

(UnitedHealthcare HDHP with H.S.A.)

Group #901632

(888) 876-7098
www.myuhc.com

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

United Behavioral Health

(UnitedHealthcare HDHP with H.S.A. only)

Group #901632

(888) 876-7098
www.myuhc.com

Vision

Avesis

Group #1079-15

(888) 211-4012

www.avesis.com/maricopa

Dental

Cigna Pre-Paid Dental

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

ReliaStar Life Insurance Company, a member of the ING family of companies

Policy #67444-3

(855) 369-9500

www.ingemployeebenefits-us.com

Short / Long-Term Disability

Sedgwick

Group #43500

Short-Term Disability (800) 599-7797
Long-Term Disability (800) 495-9301
www.sedgwick.com/calabastas

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000
Outside Phoenix (800) 621-3778
www.azasrs.gov/web/index.do

Public Safety Retirement System

(602) 255-5575
www.psprs.com

Nationwide Retirement Solutions: Deferred Compensation

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

www.maricopadc.com

Other

Automatic Data Processing, Inc. (ADP)

Flexible Spending Accounts

(800) 654-6695

Claims & Substantiation

Fax: (866) 392-4090

Activate Debit Card: (877) 368-7517

www.flexdirect.adp.com

Maricopa County Dependent Verification Service Center

ADP - DVS

PO Box 2338

Alpharetta, GA 30023-2338

(800) 847-8531 6AM - 6PM MST

Fax: (866) 400-1686

COBRA Administrator

(855) 219-5022

Call for applicable fax number

<https://www.benedirect.adp.com>

Initial enrollment forms:

ADP COBRA Services

PO Box 2968

Alpharetta, GA 30023-2968

Initial and ongoing payments:

COBRA Benefit Services

PO Box 7247-0367

Philadelphia, PA 19170-0367

MetLaw® Hyatt Legal Plans

Plan 150 / Group #0518

(800) 821-6400

<http://info.legalplans.com>

(password - 1500518)