

2013-2014

Maricopa County Employee Benefits Program



What's New?

Annual Benefits Open Enrollment Guide

Open Enrollment is April 15 - May 10, 2013

Open Enrollment Material Available at:

www.maricopa.gov/benefits

ebc.maricopa.gov/ehi

Make your Open Enrollment Elections at:

<https://portal.adp.com>



FROM CHRISTOPHER BRADLEY, DIRECTOR BUSINESS STRATEGIES AND HEALTH CARE PROGRAMS

Dear Employees:

The Employee Benefits team and I are pleased to present you with your benefits plans for 2013-2014. As in years past, Maricopa County continues to offer a comprehensive and affordable benefits package to all eligible employees. The same medical plan options are available: an HMO, a PPO, and a high-deductible health plan with a health savings account (HDHP). These three distinct options allow you the flexibility to choose the type of medical plan best suited to you and your family.

Maricopa County recognizes the value of your benefits as part of your total compensation package. Where premiums had to be increased this year, the impact was shared proportionately between you and your employer. As a result, where premiums are increasing, the increases are small. In some instances, premiums are not changing at all. For example, employee-paid premiums for the Choice Fund Medical Plan (regardless of tier level) remain the same. If you participate in a County-sponsored medical plan, you still have the opportunity to reduce your premium if you complete the biometric screening, health assessment, and if you and your covered dependents are tobacco-free.

The focus on preventive health care continues, and covered employees and their dependents are encouraged to get their well exams and other screenings. In-network, preventive services are provided at no cost, and serve three main purposes:

- Keep employees and their dependents healthy
- Identify potential health issues early
- Contain health care costs

In addition, the Patient Protection and Affordable Care Act (PPACA) requires that certain women's preventive services be covered with zero cost sharing, so this is another good reason for employees to get the care they need.

We are also pleased to tell you about two new benefit carriers that will provide you with some enhanced options for service. First, Avesis replaces EyeMed for vision coverage. With Avesis, Wal-Mart will be a covered provider for vision services. Secondly, Cigna Pre-Paid Dental replaces Employers Dental Services (EDS), and employees will benefit by having access to a broader provider network with no increase in premiums.

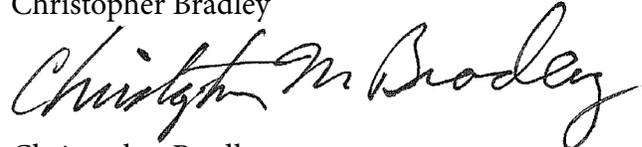
These are just a few of the benefits changes taking place for the 2013-2014 Plan Year. We want you to know what your options are so that you're able to make informed choices. This booklet is an overview of all benefits changes effective July 1, 2013. Information related to changes in Wellness programs is also included. For additional information regarding your benefits, visit the Employee Benefits Home Page at:

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

The benefits staff is ready to assist you. Please do not hesitate to contact us if you have any questions.

Sincerely,

Christopher Bradley



Christopher Bradley

Director, Business Strategies and Health Care Programs

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TOP 5

Things to Know About Open Enrollment

1. Starts on April 15 and ends on May 10, 2013.
2. Passive Enrollment - Open Enrollment for 2013-2014 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.
3. Make elections on ADP portal: <https://portal.adp.com>
4. Go to www.maricopa.gov/benefits or ebc.maricopa.gov/ehi for benefits information.
5. Make election decisions carefully. They cannot be changed until July 1, 2014, unless there is a Qualifying Event.

HELPFUL TIPS FOR COMPLETING YOUR OPEN ENROLLMENT ELECTIONS

Prior to Open Enrollment:

- Complete the Worksheet mailed to your home. It will assist you in finishing your online enrollment quickly.
- To receive a reduction on 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 your benefit options to decide which medical plan is best for you. Review information such as covered services, deductibles, co-pays, co-insurance, annual maximums, provider networks, and the premiums you will pay per paycheck.
RESOURCE: www.mycignaplans.com
Open Enrollment ID: MaricopaCounty2013
Open Enrollment Password: cigna
- If enrolling in the **Cigna Medical Group Plan, the HMO**, select a Primary Care Physician (PCP) prior to making your benefit elections.
RESOURCE: www.cignamedicalgroup.com
- If enrolling in the **Choice Fund Medical Plan, the High Deductible Health Plan with a Health Savings Account (HDHP)**, you will need to open a bank account. To open a bank account, access the online HSA bank application at: <https://preenroll.healthcare.cigna.com/health-care/preenroll/app/bank/login.do>

You must provide your:

- Social Security Number
- Date of Birth
- Mailing Address with Zip Code
- Open Enrollment ID: MaricopaCounty2013

You will also be asked:

- If you would like a check book
- If you would like to select the Automatic Claims Forwarding Option for medical claims only

You cannot:

- Use an Alternative ID Number
- Have other health insurance

- If enrolling in the **NEW 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 under **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 complete your elections.
- If adding a dependent age 45 or older, you must provide his/her Social Security Number.
- Review and update your list of beneficiaries.
- If you and/or any covered dependent is enrolled in Medicare, you must provide a Health Insurance Claim Number (HICN).
- Make sure you click the "Submit" button to process your elections.

After You Complete Open Enrollment:

- Submit Evidence of Insurability for Life Insurance, if needed, to ReliaStar Life Insurance Company.
- Review the Confirmation Statement you receive in the mail to confirm that your benefit elections were recorded correctly for Plan Year 2013-2014. You can make changes up through May 10, 2013.
- 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 25 – March 29:** Biometric Screening, Health Assessment and Saliva Testing
- **April 9:** Open Enrollment Worksheets mailed to employees' home address (effective as of March 26, 2013 in ADP)
- **April 10:** Open Enrollment websites open:
 - ebc.maricopa.gov/ehi
 - www.maricopa.gov/benefits
- **April 15:** Open Enrollment begins at 8:00 a.m.
- **April 29:** First of two Confirmation Statements mailed to employees' home address
- **May 10:** Open Enrollment ends at 5:00 p.m.
- **May 20:** Final Confirmation Statements mailed to employees' home address
- **July 1:** New benefit plans become effective
- **July 5 – August 2:** Dependent Verification Audit confirming dependent eligibility for coverage

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

The elections you make are irrevocable and will remain in place for the entire Plan Year 2013-2014, unless you experience a Qualifying Event.

Why Should I Participate in Open Enrollment?

Open Enrollment begins on Monday, April 15th, and ends on Friday, May 10th. You must access the Benefit Enrollment System 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 Enroll?

Open Enrollment for Plan Year 2013-2014 will be 'Passive'. With a few exceptions, if you do not complete your Open Enrollment elections you will automatically be re-enrolled in the benefits coverage you have for the current Plan Year, 2012-2013. The exceptions are the flexible spending accounts and contributions to a health savings account. You must actively re-enroll in these benefits 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 complete your Open Enrollment elections or allow your current coverage to roll over. Changes cannot be made until July 1, 2014 unless there is 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.

WHAT'S NEW: PLAN DESIGN CHANGES | MEDICAL

The following benefits changes are effective July 1, 2013.

MEDICAL PLAN CHANGES

The County will continue to offer three distinct plan options: an HMO, a PPO, and a High Deductible Health Plan with a Health Savings Account (HDHP). Cigna will continue to administer the medical plans.

Cigna Medical Group Plan (HMO)

- Change in co-pay for bariatric surgery from \$500 to \$1,000
- Certain women's preventive services available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

Open Access Plus Plan (PPO)

- Change in co-pay for bariatric surgery from \$500 to \$1,000
- Certain women's preventive services available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

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

- Increase in deductibles (required by IRS):
 - \$1,250/individual and \$2,500/family
- Increase in HSA contribution limits (required by IRS):
 - \$3,250/individual and \$6,450/family
- Certain women's preventive services at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

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.

Medical Copay/Co-Insurance/Out-of-Pocket Costs - Cigna Medical Group Plan (HMO)

Benefit Provision	Cigna Medical Group Plan (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 Co-insurance	N/A
Out-of-Pocket Maximum: Does not include deductible and most co-pays	Single: \$1,000 Family: \$2,000
Pre-Existing Condition Limitation	None
Preventive Care	\$0 (FREE)
Primary Care Physician Services	\$30
Convenience Care Clinic Visit	\$20
Specialty Care Physician Services - 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	\$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. Compare plans on www.mycignaplans.com.
User ID: MaricopaCounty2013 and Password: cigna

* 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 co-insurance & plan deductible; Associated ancillary charges are subject to the the applicable place of service co-insurance & deductible.

Medical Copay/Co-Insurance/Out-of-Pocket Costs - Open Access Plus Plan (PPO)

Benefit Provision	Open Access Plus Plan (PPO)	
	In-Network	Out-of-Network
Plan Deductible One way accumulation only of out-of-network to in-network deductibles. Individuals 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 Co-insurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Does not include deductible and most co-pays. One way accumulation only: out-of-network to in-network out-of-pocket maximum.	Single: \$2,000	Single: \$4,000
	Family: \$4,000	Family: \$8,000
Pre-Existing Condition Limitation	If 19 or older, 12 months if treatment was received in prior 90 days. Waived (on month by month basis) with Certificate of Creditable Coverage and for employees & dependents currently covered by a County medical plan for at least 12 months. Certificate of Creditable Coverage must be sent by the employee to Cigna.	
Preventive Care	\$0 (FREE)	Covered in-network only
Primary Care Physician Services	\$40	30% after deductible
Convenience Care Clinic Visit	\$30	30% after deductible
Specialty Care Physician Services - CCN/Non-CCN	\$40/\$55* / \$70**	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% co-insurance	30% after deductible ***
Allergy Injections - PCP/CCN;Non-CCN	\$18* / \$33**	30% after deductible
Independent Lab and X-ray facility	\$0	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10%, after deductible, \$1,000/ per admit maximum	30% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10%, after deductible, \$1,000/ per admit maximum	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	\$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. Compare plans on www.mycignaplans.com
User ID: MaricopaCounty2013 and Password: cigna

* 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 co-insurance & plan deductible; Associated ancillary charges are subject to the the applicable place of service co-insurance & deductible.

Medical Copay/Co-Insurance/Out-of-Pocket Costs - Choice Fund Medical Plan (HDHP)

Benefit Provision	Choice Fund Medical Plan (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 Up to \$500 contribution by Maricopa County to your HSA	
	Family: \$2,500 Up to \$1,000 contribution by Maricopa County to your HSA	
Standard Percent of Co-insurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation of in-network and out-of-network out-of-pocket maximums. Includes deductible and co-insurance.	Single: \$2,000	Single: \$2,000
	Family: \$4,000	Family: \$4,000
Pre-Existing Condition Limitation	If 19 or older, 12 months if treatment was received in prior 90 days. Waived (on month by month basis) with Certificate of Creditable Coverage and for employees & dependents currently covered by a County medical plan for at least 12 months. Certificate of Creditable Coverage must be sent by the employee to Cigna.	
Preventive Care	\$0 (FREE) no deductible	Covered in-network only
Primary Care Physician Services	10% after deductible	30% after deductible
Convenience Care Clinic Visit	10% after deductible	30% after deductible
Specialty Care Physician Services - CCN/Non-CCN	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 - PCP/CCN;Non-CCN	10% after deductible	30% after deductible
Independent Lab and X-ray facility	10% after deductible; \$0, 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	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. Compare plans on www.mycignaplans.com
User ID: MaricopaCounty2013 and Password: cigna

WHAT'S NEW: PLAN DESIGN CHANGES | PHARMACY, BEHAVIORAL HEALTH, VISION, DENTAL, BASIC AND ADDITIONAL LIFE AND AD & D, SHORT-TERM DISABILITY, WELLNESS

PHARMACY PLAN CHANGES

Catamaran Coinsurance Pharmacy (for HMO, PPO)

- Prior authorizations required on certain medications
- Certain women's preventive medications available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

Cigna Pharmacy (for HDHP)

- Step therapy on certain medications
- Mandatory 90-day fills on maintenance medications
- Coverage eliminated for Proton Pump Inhibitors (PPI's), non-sedating antihistamines, naproxen, and ibuprofen
- Enhanced clinical modules implemented: specialty drugs in 30-day fills, *Dispense as Written* program, etc.
- Certain women's preventive medications available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

BEHAVIORAL HEALTH CHANGES

Magellan

- Change in co-pay from \$20 to \$25 for outpatient therapy
- Change in co-pay from \$5 to \$10 for outpatient group psychotherapy

VISION PLAN CHANGES

- Avesis is the new vision vendor
- Wal-Mart has been added to the provider network

DENTAL PLAN CHANGES

- Cigna is the new pre-paid dental vendor

BASIC AND ADDITIONAL LIFE AND AD&D INSURANCE CHANGES

- No changes

SHORT-TERM DISABILITY PLAN CHANGES

- Waiting period to receive benefits reduced from three to two weeks

WELLNESS CHANGES

- Employees still have the opportunity to save up to \$720 annually on their medical premiums, but participation in the three wellness initiatives will be incentivized equally - \$20 per month each for the Biometric Screening, Health Assessment, and for being a non-tobacco user
- Employees who previously completed and passed the saliva test for the detection of nicotine presence do not need to re-test in 2013 to receive the premium reduction (up to \$240 annually.) They will need to answer the question about tobacco status.
- New employees who have not taken the saliva test or those who have quit smoking will still need to complete this screening.
- The Passport to Wellness program is being discontinued due to minimal participation.

WHAT'S NEW: PLAN DESIGN CHANGES | OTHER CHANGES, PATIENT PROTECTION AND AFFORDABLE CARE ACT

OTHER CHANGES

- **COBRA**
 - The Employee Assistance Program (EAP) is available through COBRA
 - No plan changes are allowed during initial COBRA enrollment
- **Retirees**
 - The County's Retiree Plans and the Cigna Medicare Select Plus Rx Plan (made available through the County) will be closed to new retirees effective July 1, 2013
 - Dental and vision coverage will also be closed to new retirees
 - The County may consider discontinuing retiree plans altogether after 2013-2014

PATIENT PROTECTION AND AFFORDABLE CARE ACT

- **Provisions Implemented January 1, 2013:**
 - Value of benefits on W2 forms
 - Medical
 - Pharmacy
 - Behavioral Health
 - Higher Medicare payroll tax on earnings of: \$200,000 or > (individual), \$250,000 or > (couple)
- **Provisions to be Implemented July 1, 2013:**
 - Uniform Summary of Benefits and Coverage (SBCs)
 - Certain women's preventive services at zero cost share

New Hires During Open Enrollment

New Hires making their New Hire elections before April 15, 2013:

- Access the ADP portal at <https://portal.adp.com>
- Complete "New Hire" benefits elections which end June 30, 2013
- Go back into the system on or **after April 15, 2013** to make Open Enrollment benefits elections for Plan Year 2013-2014

New Hires making their New Hire elections on or after April 15, 2013:

- Access the ADP portal at <https://portal.adp.com>
- Complete "New Hire" benefits elections which end June 30, 2013
- Click "Submit"
- Click "Continue" to complete Plan Year 2013-2014 Open Enrollment benefits elections at the same time

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 benefits 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, 2013:**
Dependent Audit begins. Dependent Verification Letters mailed to employees.
- **July 20, 2013:**
Reminder letters mailed to employees.
- **August 2, 2013:**
Dependent Audit ends.
- **August 8, 2013:**
Final outcome letters mailed to employees.
- **August 26, 2013:**
Dependents dropped from coverage by ADP if employees fail to respond to the audit.
- **August 26, 2013:**
Confirmation Statements mailed to employees showing dependents were dropped.

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

2013-2014 MEDICAL, PHARMACY, BEHAVIORAL HEALTH RATES

FULL-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium less Premium Reductions
Cigna Medical Group Plan (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
Open Access Plus Plan (PPO)	Employee	108.74	48.74
	Employee + Spouse	223.60	163.60
	Employee + Child(ren)	188.88	128.88
	Employee + Family	310.10	250.10
Choice Fund Medical Plan with HSA (HDHP)	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 Medical Group Plan (HMO)	Employee	326.30	266.30
	Employee + Spouse	619.50	559.50
	Employee + Child(ren)	510.96	450.96
	Employee + Family	813.60	753.60
Open Access Plus Plan (PPO)	Employee	356.34	296.34
	Employee + Spouse	702.84	642.84
	Employee + Child(ren)	584.84	524.84
	Employee + Family	931.30	871.30
Choice Fund Medical Plan with HSA (HDHP)	Employee	288.40	228.40
	Employee + Spouse	536.48	476.48
	Employee + Child(ren)	454.92	394.92
	Employee + Family	705.40	645.40

2013-2014 VISION RATES

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

PART-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Avesis	Employee	4.06
	Employee + Spouse	7.96
	Employee + Child(ren)	7.68
	Employee + Family	11.86

2013-2014 DENTAL RATES

FULL-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Cigna (PPO)	Employee	16.02
	Employee + Spouse	35.24
	Employee + Child(ren)	38.16
	Employee + Family	49.08
Delta (PPO)	Employee	24.76
	Employee + Spouse	54.52
	Employee + Child(ren)	59.00
	Employee + Family	76.04
Cigna Prepaid	Employee	4.56
	Employee + Spouse	8.58
	Employee + Child(ren)	11.18
	Employee + Family	12.88

PART-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Cigna (PPO)	Employee	25.54
	Employee + Spouse	56.24
	Employee + Child(ren)	60.86
	Employee + Family	78.18
Delta (PPO)	Employee	34.28
	Employee + Spouse	75.52
	Employee + Child(ren)	81.70
	Employee + Family	105.14
Cigna Prepaid	Employee	6.28
	Employee + Spouse	11.04
	Employee + Child(ren)	14.96
	Employee + Family	17.46

2013-2014 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

2013-2014 OTHER BENEFITS

Short Term Disability

Short Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0027
50%	0.0038
60%	0.0059

Examples:

Comparison of STD Premium at Various Salary Levels				
Annual Earnings	Bi-Weekly Earnings	Bi-Weekly Premium Short Term 60%	Bi-Weekly Premium Short Term 50%	Bi-Weekly Premium Short Term 40%
\$25,106	\$966	\$6.18	\$3.96	\$2.80
\$40,503	\$1,558	\$8.87	\$5.68	\$4.02
\$50,336	\$1,936	\$12.39	\$7.94	\$5.61
\$61,922	\$2,382	\$15.24	\$9.76	\$6.91
\$73,923	\$2,843	\$18.20	\$11.66	\$8.25
\$115,981	\$4,461	\$28.55	\$18.29	\$12.94

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 Care Center
506-4357 (6HELP)
- **Benefits Websites, EBC Intranet and Internet**
<http://ebc.maricopa.gov/ehi>
<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**
Speak directly with a Cigna representative who can answer your questions about the various health plan options
800.401.4041
- **Compare Medical Plans**
Mycignaplans.com
Open Enrollment ID: MaricopaCounty2013
Open Enrollment Password: cigna
- **General Questions**
Maricopa County Employee Benefits Division
602.506.1010; press 2 and then press 2 again
- **Review Cost of Medication and Lower Cost Alternatives**
www.mycatamaranrx.com
- **Short Term Disability Calculator**
ebc.maricopa.gov/ehi/pdf/2013/Sedgwick/2013_stdcalculator.xls
- **Specific Benefit Questions**
Contact vendors directly; see vendor listing on Contact Information page on last page of this booklet

WILL I RECEIVE A NEW ID CARD?

Vendor	Issuing a New ID Card for 2013-2014	
	Yes	No
Avesis	✓	
Catamaran	✓	
Cigna Dental		✓
Cigna Prepaid Dental	✓	
Cigna Medical	✓	
Delta Dental	✓*	
ReliaStar Life Insurance Company, a member of the ING family of companies		✓
Magellan		✓
Sedgwick		✓
* <i>New employees only</i>		

ONLINE ENROLLMENT PROCESS

- ❑ 1. Reference your 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 15 and May 10, 2013.

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 Care Center at (602) 506-HELP or e-mail: helpdesk@mail.maricopa.gov

- r 3. Click on the 'Benefits' tab and then the 'Welcome' link on the drop-down menu.
- r 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 '2013-2014 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 2013-2014 'Confirmation Page' for your records.
 - i. When you see the 'Thank You' page, your enrollment has been completed.

- ❑ 8. The first of two 'Confirmation Statements' will be mailed to your home address on April 29th.
- ❑ 9. Compare the 'Confirmation Page' you printed in step 7h. above with the 'Confirmation Statement' you receive in the mail.
- ❑ 10. If the information on the 'Confirmation Statement' does not match your printed 'Confirmation Page,' log back on to the ADP portal and make your changes in the Benefit Enrollment System by no later than 5 p.m. on May 10, 2013.
- ❑ 11. A final Confirmation Statement will be mailed to you on May 20th.

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/ehi>
- 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),
- Obtaining a Certificate of Creditable Coverage Under This Plan
- General Notice of the Plan’s Pre-Existing Condition Exclusion
- 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
- Medicare Part D Creditable Coverage Notice

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
TTY: (602) 506-1908

www.maricopa.gov/benefits
<http://ebc.maricopa.gov/ehi>
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) 401-4041
24-Hour Health Information Line (800) 564-8982
HSA Banking Unit
Customer Service Line (866) 524-2483
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.mycignaplans.com
(username: MaricopaCounty2013
password:cigna)
www.cigna.com/cm gaz

Pharmacy Plans

Catamaran Pharmacy Plan Group #512229

Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Walgreens Mail Plan
Member Services (888) 265-1953
Mail Service Refills (800) 797-3345
Briova Rx Specialty Pharmacy (866) 325-1783
Medication Therapy Management (866) 352-5310
Walgreens Onsite Pharmacy (602) 283-9925
Diabetic Sense (877) 852-3512

www.mycatamaranrx.com

Cigna Pharmacy Plan (Choice Fund Medical Plan only)

Group #3205496
(800) 244-6224

Cigna Tel-Drug Mail Service:
(800) TEL-DRUG

Employee Assistance Program (EAP)

Magellan Health Services

Group# N/A
(888) 213-5125

www.magellanhealth.com

Behavioral Health

Magellan Health Services

Group# N/A
(888) 213-5125

www.magellanhealth.com

Cigna Behavioral Health

(Choice Fund Medical Plan only)

Group #3205496
(800) 244-6224

www.cignabehavioral.com

Vision

Avesis

Group #1079-15

Customer Service (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-Term and Long-Term Disability

Sedgwick Group# 43500

Short Term Disability (800) 599-7797
Long-Term Disability (800) 495-9301

www.sedgwick.com/calabasas

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 Benefits Services

PO Box 2968

Alpharetta, GA 30023-2968

Initial and ongoing payments:

ADP Benefit Services

PO Box 7247-0367

Philadelphia, PA 19170-0367

MetLife

Auto, Home and Renters Insurance

(800) 438-6388

MetLaw® Hyatt Legal Plans

Plan 150 / Group #0518

(800) 821-6400

<http://info.legalplans.com>

(password - 1500518)

Health Assessment Technical Assistance

(800) 853-2713

www.mycigna.com