



Employee Benefits Program

Plan Year July 1, 2013 – June 30, 2014

New Employee Orientation



Eligible For Benefits?

- Yes, if you are a regular employee scheduled to work at least 20 hours per week.
- No, if you are a temporary employee or an employee working less than 20 hours per week.
- Contract employees may be eligible based on the terms of their contract.
- Your dependents listed below are eligible:
 - 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



Benefit Vendors



- Cigna HealthCare of AZ
- Catamaran
- Magellan Health Services
- Avesis
- Cigna Dental/Cigna Prepaid Dental
- Delta Dental
- ReliaStar Life Insurance Company, a member of the ING family of companies
- Sedgwick
- Automatic Data Processing, Inc. (ADP)





Medical Plans



Medical Plans



- **Cigna Medical Group (HMO)**
 - (HMO) Health Maintenance Organization
 - In-network managed care only
 - Services must be received within Maricopa County except for emergencies
 - Default plan for all eligible active employees
- **Open Access Plus (PPO)**
 - PPO (Preferred Provider Organization)
 - Flexibility to use in- or out-of-network providers
 - Services available nationally
- **Choice Fund Medical with Health Savings Account (HDHP)**
 - High Deductible Health Plan (HDHP)
 - Broadest network of providers in- or out-of-network
 - Offers a health savings account



Cigna Care Network



- Applies to in-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
- Does not apply to Choice Fund Medical plan



Cigna Medical Group (HMO)



- HMO plan
 - Requires PCP selection
 - PCPs must be in CMG Healthcare Center
- Specialist Care
 - Requires referral by CMG PCP
 - Most provided at CMG Healthcare Center
- Out-of-Network Coverage
 - Not available
- Broad Geographic Locations
 - 25 Health Care Centers
 - One-Stop Shop-Pharmacy, Lab, & Radiology
 - 230+ Clinicians & Primary Care Physicians (PCPs)
 - 4,865 Specialists
 - 37 Hospitals
- After Hours Urgent Care at 3 CMGs
- 2 Care Today Convenience Care Clinics
 - No appointments required



Stapley CMG
Phoenix Central CMG
Paseo CMG



HMO Plan



Service	Copay
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
Chiropractor	\$30 (limit 24 visits per yr)
Single/Family Facility Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family***	\$1,000 / \$2,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist. **NO OUT-OF-NETWORK COVERAGE.**

*Cigna Care Network designation

** You pay higher co-pays when you use a specialist without the CCN designation

***Includes Inpatient Facility co-pays, Outpatient Facility co-pays & Advanced Radiological Imaging co-pays only.



Facility Deductibles - HMO Plan



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, CAT 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.



Open Access Plus (PPO)



- PPO
 - Co-pays
 - 10% co-insurance for in-network
- National Network of Providers
- Primary Care Physician (PCP) not required
- Specialist referral not required from PCP
- In- and Out-of-network Coverage
 - 5,176 Primary Care Physicians
 - 18,609 Specialists
 - 125 Hospitals
 - 25 Cigna Medical Group HealthCare Centers
 - 2 Care Today Convenience Care Clinics
 - No appointments required



OAP Plan (In-Network Services)



In-Network Services	Co-pay
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 with a \$1,000/admit maximum
Advanced Radiological Imaging at an Outpatient Facility (MRI, MRA, CAT & PET Scans)	Deductible applies, \$100 per scan plus 10% coinsurance
Chiropractor	\$40 (limit 24 visits per year)
Single / Family Annual Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family ***	\$2,000/\$4,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$700/\$1,400 deductible).

*Cigna Care Network designation

** You pay higher co-pays when you use a specialist without the CCN designation

***Includes Inpatient Facility co-pays, Outpatient Facility co-pays & Advanced Radiological Imaging co-pays only.



Annual Deductibles & Co-Insurance PPO Plan

Apply to all services except those received in a physician's office, Convenience Care Clinic, Urgent Care or Emergency Room. **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

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.



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



- HDHP (High Deductible Health Plan)
- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- In- and Out-of-network coverage
- Largest national provider network of all plans
- 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 service
 - 30% co-insurance for out-of-network service



Choice Fund Medical Plan



In-Network Services	Deductible/Co-insurance
Deductible Individual/Family	\$1,250 / \$2,500
Out-of-pocket maximum	\$2,000 / \$4,000
Primary Care Office Visit	10% after deductible
Specialty Care Office Visit	10% after deductible
Preventive Care	Free
Urgent Care	10% after deductible
Emergency Room	10% after deductible
Inpatient Hospital	10% after deductible
Outpatient Surgery	10% after deductible
Chiropractor Visits	10% after deductible (limit 24 visits/year)
Cigna Behavioral Health	10% after deductible (except intensive outpatient programs which cost 50% after deductible)
Cigna Pharmacy Free preventive generic & preferred-brand drugs Deductible does not apply to any preventive drug	30% generic after deductible 40% preferred-brand after deductible 50% non-preferred-brand after deductible



Choice Fund Medical Plan

Deductible & Out-of-Pocket Maximum



- Apply To Most Services
 - Except in-network preventive care
 - Except preventive medication on the drug list
 - Generic
 - Preferred
 - Non-preferred brand
- 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 & out-of-pocket maximum
 - One person could meet the entire family deductible & out-of-pocket maximum
- In-Network & Out-of-Network Cross-Accumulate
 - Only one deductible and out-of-pocket maximum for both your in and out-of-network coverage



Health Savings Accounts (HSA)

- To Open an HSA:
 - Not enrolled in any other medical insurance, other than another HDHP, including Medicare
 - Not claimed as a tax dependent on someone else's tax return
 - Requires completion of bank application
 - Social Security Number required
- 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
- HSAs Provide Triple Tax-savings
 - Tax deductions when contributing via payroll
 - Tax-free earnings on funds through investments
 - Tax-free withdrawals for qualified expenses



Health Savings Accounts (HSA)

- JP Morgan Chase
 - Verifies enrollment in HDHP with Cigna
 - Provides debit card for qualified purchases
- Can contribute:
 - Up to \$3,250 for individual coverage
 - Up to \$6,450 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





Pharmacy Plans



Co-Insurance Pharmacy Plan



- Pharmacy plan for Cigna CMG & OAP Medical
 - Co-insurance based, multi-tier pharmacy plan
 - Uses a preferred medication list
 - Prior Authorization may be required
 - Certain drugs are excluded:
 - PPIs for reflux
 - Infertility
 - NSAIDS
 - Oral non-sedating antihistamines
 - Annual Out-of-Pocket Maximum
 - \$1,500 for an individual
 - \$3,000 for family
- Choice Fund Medical Plan uses Cigna Pharmacy Plan



Co-insurance Pharmacy Plan



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

COST

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\$12 Max	\$40 Max	No Max	No Max	
25% Co-insurance	30% Co-insurance	50% Co-insurance + Difference between Brand & Generic cost	50% Co-insurance	\$100 Copay
\$5 Min	\$10 Min	\$50 Min	\$50 Min	
Generic	Preferred Brand	Non-Preferred Brand with Generic Equivalent	Non-Preferred Brand	Non-Preferred Brand Specialty Drugs



Prescription Needs



Short-Term

- Up to a 30-day supply from participating retail pharmacies
 - Walgreens
 - Safeway
 - Albertson's
 - Bashas'
 - Fry's
 - Costco
 - Kmart
 - CVS
 - Target
 - Sam's Club
 - Wal-Mart
 - Other independent pharmacies
 - Cigna CMG pharmacies

Long Term

- 3-month (84-91 day) supply**
Required for all maintenance medication after two 30-day fills
- Advantage90™ Retail Pharmacies**
Walgreens, Bashas', Albertson's, Fry's, Kmart, Safeway, Sam's Club, Target, Wal-Mart, CVS, and more
- Mail Order Service**

Programs to \$ave You Dollar\$

Formulary Advantage Program

- Cost savings program
- Designed to move members to preferred alternatives in the same therapeutic drug class
- Approval requirement for certain medications
 - Employee pays 100% of cost w/o prior approval

Quantity Limit Program

- Limits the amount of medication covered at one time
 - Based on FDA & manufacturer dosing recommendations
 - Ensures safety & appropriate use of medications
- Coverage of quantities in excess of the established limits require Prior Authorization

You will be contacted by Catamaran to take advantage of each opportunity



Purchasing Diabetic Supplies

- Convenient Access to Essential Testing Supplies
 - 90-day supply at retail pharmacies within the Catamaran network
 - Free convenient home delivery through Walgreens Mail Service
 - Walgreens On-Site Pharmacy at 301 W. Jefferson
- Covered & Available Supplies
 - Free Blood Glucose Meter
 - Blood Glucose Test Strips
 - Lancets
 - Spring-Powered Device for Lancets
 - Syringes

To obtain most diabetic supplies and medications at no cost, you may participate in Maricopa County's Diabetes Management Program
www.maricopa.gov/benefits/wellness/diabetes_program.html



Maricopa County Onsite Walgreens Pharmacy

Lower coinsurance, minimums, and maximums than other pharmacies!

Walgreens Pharmacy

- Convenient Filling of Prescriptions
- Direction and Connection with Existing Benefits
- 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

Spouses & dependents welcome!

Quality Care. Priority Access. Privacy Guaranteed.



Maricopa County Take Care Health Center

Expanded Laboratory Services Available!

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.





Vision Benefits

Avesis Vision Plan

Avesis

A National Vision, Dental and Hearing Company

- In- and Out-of-Network Coverage
- Provides annual coverage
 - For vision exams, glasses or contacts
- Lasik vision correction benefit
- Elect coverage with or without Medical
- 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



Avesis Vision Plan In-Network Options*

Glasses

- \$10 co-pay Eye Exam
- \$10 co-pay Standard lenses
- Frames allowance is \$130 retail
- Wal-Mart Frames allowance is \$68
- \$75 co-pay Standard Progressive
- \$75 co-pay, 80% of charge less \$120 allowance Premium Progressive
- \$15 co-pay each: UV Coating, Tints, Scratch Resistance
- \$0 co-pay Polycarbonate
- \$45 co-pay Anti-Reflective Coating

Contacts

- \$10 co-pay Eye Exam
- Up to \$40 co-pay Fitting and Exam for Standard Contact lenses
- 10% off retail Fitting and Exam for Premium 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

*Refer to Vision tab on the Benefits Home Page for details on Out-of-network coverage





Behavioral Health Benefits



Employee Assistance Program (EAP)

- Provided by Magellan Health Services
- Confidential Counseling
 - For you & your dependents
 - Available regardless if benefits-eligible
- Free Short-term Counseling
 - Up to 8 sessions/person/problem/year
 - In-person or over the phone
- Counseling services require pre-authorization
 - Start by calling 888-213-5125
- Free Legal Consultation & Financial Counseling



Behavioral Health and Substance Abuse Services

- Magellan Health Services
 - Vendor for CMG and OAP Medical Plans medical plans
- Cigna Behavioral Health
 - Vendor for Choice Fund Medical Plan
- Both Vendors Provide:
 - Confidential counseling and therapy for behavioral health issues and drug or alcohol dependency
 - In-Network and Out-of-Network services



Magellan for CMG & OAP

In-Network

- All services require Prior Authorization
- Outpatient Individual Therapy
 - Co-pay \$25
- Outpatient Group Therapy
 - Co-pay \$10
- Medication Check Office Visit
 - Co-pay \$10
- Inpatient Hospital Care
 - Co-pay \$25 per day
 - Up to 30 days per year
 - In- and out-of-network days are combined
- Intensive Outpatient
 - Co-pay \$100 per program

Out-of-Network

- Outpatient Individual Therapy
 - Benefit pays \$25/visit & you pay the balance
- Outpatient Group Therapy
 - Benefit pays \$15/visit & you pay the balance
- Inpatient Hospitalization & Intensive Outpatient Programs
 - Require prior authorization
- Inpatient Hospitalization
 - \$500 Deductible
 - After Deductible then benefit pays \$250/day & you pay the balance
 - Up to 30 days/year
 - In- and Out-of-Network days are combined



Cigna Behavioral Health for Choice Fund Medical/HSA Plan

In-Network

- Only inpatient hospitalization requires prior authorization
- All other services are by self-referral
- Outpatient Therapy & Medication Checks
 - 10% after deductible
- Intensive Outpatient Program
 - 50% after deductible
 - Maximum up to 3 programs/ plan year
- Inpatient Hospitalization
 - 10% after deductible
 - 60 days combined maximum/ plan year

Out-of-Network

- All out-of-network services require prior authorization
- Outpatient Therapy & Medication Checks
 - 30% after deductible
- Intensive Outpatient Program
 - 50% after deductible
 - Maximum up to 3 programs/plan year
- Inpatient Hospitalization
 - 30% after deductible
 - 60 days combined maximum/ plan year





Dental Plans

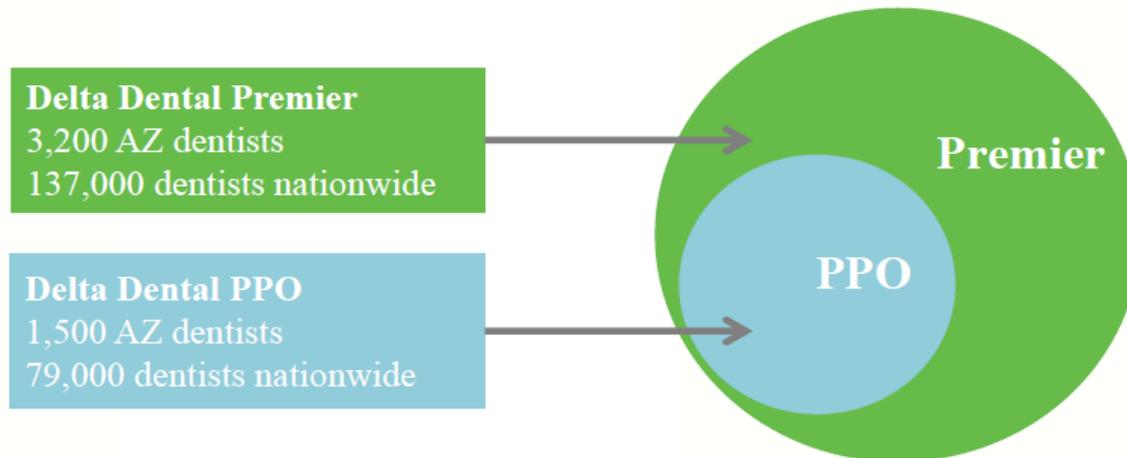


Delta Dental



Value in Networks

Delta Dental Premier and Delta Dental PPO: *A network within a network*



Every PPO dentist is a Premier dentist...
but not every Premier dentist is a PPO dentist.



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 (100%, 80%, or 50%) as in-network
 - * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be 8 or older



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%



Cigna 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 *
 - 80% for preventive care
 - 60% for basic restorative services
 - 50% for major restorative services
 - * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - No age limit



Progressive/Regressive Feature



Year 1 - Base Plan	In-Network		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%



Cigna Pre-paid Dental Plan*



- No annual per person maximums
- No deductibles
- 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 on the Patient Charge Schedule
- Low or no co-pays for preventive services
- Specialty care (such as pediatric dentistry) provided at a discount
- Orthodontic treatment is paid as described on the Patient Charge Schedule



Other Benefits



Life Insurance Plan



- Provided by ReliaStar Life Insurance Company,
 - a member of the ING 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 & Family
 - Up to 5 times Annual Base Salary
- Dependent Spouse & Child Life Insurance
 - \$100,000 for Spouse Life
 - Available without EOI up to guaranteed limits if you enroll as a new hire
 - \$20,000 for Child Life



Short-Term Disability Plan

- Administered By Sedgwick
 - Select 40%, 50%, or 60% Salary Replacement Options
 - \$2,000 benefit maximum per week
- 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 dropped even if you have a Qualifying Event
- Premium Is Calculated On Your Base Salary
 - The Benefit Enrollment System automatically calculates premiums



Flexible Spending Accounts (FSA)

- Health Care FSA
 - Medical
 - Pharmacy
 - Over-the-counter medication with a prescription
 - Dental
 - Vision
 - \$2,500 plan year maximum
 - Limited Scope FSA
 - If in Choice Fund Medical Plan with an HSA
 - Only for dental or vision expenses
 - \$2,500 plan year maximum
 - Dependent Care FSA
 - For child care expenses for child up to age 13
 - For adult care expenses
 - Follow IRS guidelines
 - \$5,000 calendar 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.**



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
 - Court appearances
 - Document review & preparation
 - Debt collection defense
 - Wills
 - Family Matters
 - Real Estate Matters
 - Traffic Ticket Defense (except DUI/DWI)
 - Adoption and Legitimization
 - Security Deposit Assistance
 - Elder Law Matters
 - Personal Property Protection



- MetLife provides a special group discount on your auto, home and renters insurance.
- You can pay premiums through payroll deduction.



Retirement

- Nationwide Retirement Solutions
 - Deferred Compensation Program
 - Eligible Participant
 - Save up to \$16,500 on a pre-tax basis for retirement
 - Save an additional \$5,500 if 50 or older
 - Available by Payroll Deduction
- \$10,000 Post Employment Health Plan (PEHP)
 - 1,000 Sick Leave Hours
 - Available to employees upon retirement



Retirement

- Public Safety Personnel Retirement System
- Arizona State Retirement System
 - Membership is required if you:
 - Work at least 20 hours/week
 - Work at least 20 weeks/year





Benefit Rates



Monthly Medical Plan Rates 2013-2014

Bundled with Pharmacy & Behavioral Health

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all 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 w/ Health Savings Account (HDHP)	Employee	60.00	-0-
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36



Monthly Medical Plan Rates 2013-2014

Bundled with Pharmacy & Behavioral Health

Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all 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 w/ Health Savings Account (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



Monthly Vision Plan Rates 2013-2014

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



Monthly Vision Plan Rates 2013-2014

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



Monthly Dental Plan Rates 2013-2014

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



Monthly Dental Plan Rates 2013-2014

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



Monthly Life Insurance Plan Rates 2013-14

Additional Life Insurance & Spouse Life Insurance		Monthly Employee Premium Per \$1000	Monthly Employee Premium Per \$1000
	Age Range	Non-Tobacco User	Tobacco User
<p>Example: $0.032 \times 20 =$ \$6.40 the monthly rate for \$20,000 Additional Life Insurance for a non-tobacco user under age 25</p>	Under 25	0.032	0.052
	25-29	0.038	0.056
	30-34	0.050	0.064
	35-39	0.056	0.109
	40-44	0.074	0.155
	45-49	0.120	0.308
	50-54	0.184	0.567
	55-59	0.312	0.578
	60-64	0.528	0.896
	65-69	0.760	1.096
	70 and older	1.408	1.800

Additional Accidental Death & Dismemberment (AD&D)		Monthly Employee Premium Multiplier
Coverage Multiplier per \$1000 Coverage		
Employee Only		0.020
Employee Plus Family		0.035
Child Life Insurance (Multiplier per \$5000 Coverage)		
Dependent Child Life		0.50



Rates - Other Benefit Plans 2013-14

Short Term Disability Coverage	Multiplier X Annual Base Salary ÷ 24 Pay Periods
40%	0.0027
50%	0.0038
60%	0.0059



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

Group Legal	Monthly Employee Premium
MetLaw Hyatt Legal Plans	15.74





Important Things You Need to Know



Automatic Enrollment in 30 Days

- Make elections within 30 calendar days from your hire date or benefit eligibility date
- OR you will be automatically enrolled for employee only coverage in:
 - Cigna Medical Group (CMG) Medical Plan
 - Co-Insurance Pharmacy Plan
 - Behavioral Health Plan
 - Basic Life Insurance and AD&D
 - Premiums will be deducted from your paychecks

Waiving Medical Coverage?

- Complete the Enrollment Process
- No compensation for waiving coverage
- Other benefit coverage options available for vision, dental, short-term disability, life insurance, flexible spending accounts & group legal



When Does Coverage Begin?

- 1st day of the 3rd pay period after your hire date, or date of benefits eligibility
 - Access this link to the [County Pay Schedule](#)
 - Find the pay period of your hire date, this is pay period #1
 - Count down to the 3rd pay period
 - The 3rd Pay Period “beginning date” is when your benefit Coverage begins
- Premium Deductions begin on the same date
- Coverage ends on the last day of the pay period in which you end employment.
- Elected Officials - access the Know Your Benefits booklet for details.

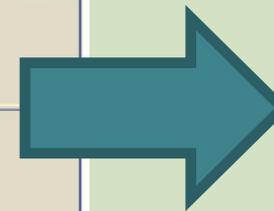
July 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	1 Jane Doe starts work	2	3	4 Independence Day	5	6	
7	8	9	10	11	12	13	
PAY PERIOD	14	15	16	17	18	19	20
21	22	23	24	25	26	27	
PAY PERIOD	28	29	30	31			
	Jane Don's benefit effective date						

New Hire Example

July 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 LAST Jane Doe starts work	2	3	4 Independence Day	5	6
7 PAY PERIOD	8	9	10	11	12	13
14	15	16	17	18	19	20
21 PAY PERIOD	22 Jane Doe's benefit effective date	23	24	25	26	27
28	29	30	31			



**30 DAYS
FROM DATE
OF HIRE TO
MAKE
ONLINE
ELECTIONS**

The Enrollment Process

- New Hire Event
 - Available on Thursday, the week following the data entry of your employment record in ADP system
- Complete the Worksheet
- Benefit Enrollment System
- Click on the “Submit” button
- No exceptions for late enrollment!
- Enter elections in the Benefit Enrollment System within 30 calendar days of hire date!



Confirm Your Enrollment

Print Your Confirmation Page

- Your Confirmation Number
- You've successfully completed enrollment online

Review the Confirmation Statement

- Mailed to your home address

Compare

- Printed Confirmation Page with Mailed Confirmation Statement

Changes During New Hire Event?

- Open up to 30 days from date of hire
- Changes can be made as many times as needed during the 30 days
- Each change submitted generates a Confirmation Statement
- Last change on record will be final
- New Hire Event closes & next available chance to change elections will be the next Open Enrollment

Check Your Online Paycheck Often

- Ensure correct premium deductions are being taken



Dependent Verification

- Validation required for all newly-added dependents upon initial enrollment or during a family status change. A letter will be sent to your home address requesting up to 3 forms of documentation of relationship and/or qualifying event.
- Four Simple Steps
 - Submit the documentation required
 - Follow the instructions to fax or mail to the address provided
 - Use the Cover Sheet provided
 - Comply by the deadline
- Failure to respond to the audit will result in dependents losing coverage retroactively and you becoming liable for the cost of any claims incurred during the period of ineligibility.



ID Cards

- Vendors mail ID cards to your home address
- Most vendor web sites allow you to print a temporary ID card

Benefit Plans

- Plan booklets are available on the Benefits Home page under the applicable benefit tab

Social Security Numbers

- Insurance Vendors Will Not Print Your Social Security Number (SSN) on ID Cards
 - SSN for identification purposes only
- Option To Request An Alternative ID Number
 - If under age 45 & not enrolled in Medicare
 - Submit request to Employee Benefits Division before completing enrollment online
- Use Of Your SSN Is Required If You Elect:
 - Choice Fund Medical Plan/Health Savings Account
 - Flexible Spending Accounts
 - Group Legal
 - Or If you or your spouse are 45 or older
- Medicare Health Insurance Claim Number (HICN)
 - Required if you or your dependents are enrolled in Medicare (Parts A, B or D)



Qualifying Events

Event Examples

- Marriage
- Birth
- Adoption
- Legal Guardianship
- Divorce
- Death
- Change in Employment Status

- Can add or drop dependents
 - Must be consistent with the change
- Cannot change plan elections
- You must report a Qualifying Event within 30 calendar days of the change

- Record Qualifying Events via the Benefit Enrollment System
- Dependent Verification Service will mail request for required documentation





Benefit Resources



Register online <https://portal.adp.com> and Access the Benefit Enrollment System

Benefits via Work or Home

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

Enrollment Instructions

- How to complete New Hire Enrollment step-by-step

Review Booklets

- [What's New?](#) Link
- [Know Your Benefits Link](#)
- Vendors listed on the last page to answer specific benefit plan questions

Frequently Asked Questions

- [Choice Fund H.S.A.](#)

Premium Reductions

Biometric Screening, Health Assessment & Non-Tobacco User

www.maricopa.gov/benefits/wellness/bsha.aspx

Search For A Provider

- <http://www.maricopa.gov/benefits/medical.aspx>
- Compare Medical Plans & Health Savings Account Application
- mycignaplans.com
ID: MaricopaCounty2013
Password: cigna

Review Medication Costs

- www.mycatamaranrx.com
- [Prescription Cost Estimator](#)
(requires MS Excel)

Short Term Disability Calculator

- http://ebc.maricopa.gov/ehi/pdf/2012/Sedgwick/2012_stdcalculator.xls

Employee Benefits Division
M-F, 8am - 5pm, 602-506-1010,
BenefitsService@mail.maricopa.gov
OET Customer Care Center
602-506-HELP (4357)

