

**ARE YOU
COVERED?**

COBRA WHAT'S NEW?

2015-16
MARICOPA COUNTY
EMPLOYEE BENEFITS PROGRAM



For Additional Resources:
www.maricopa.gov/benefits

What's New: Plan Design Changes Medical

The County will continue to offer three distinct plan options:

Administered by	Type of Plan	Prescription	Behavioral Health
Cigna	HMO	Catamaran	Magellan
UnitedHealthcare	PPO	Catamaran	Magellan
UnitedHealthcare	HDHP	OptumRx	United Behavioral Health

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.

What's New: Plan Design Changes Medical (cont.)

Medical Plan Changes

Cigna HMO Changes

- Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services will be included in the Medical Plan Out-of-Pocket Maximum
- Alternative medicine benefits will transition to discount programs available through the health plans

UnitedHealthcare PPO Changes

- Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services will be included in the Medical Plan Out-of-Pocket Maximum
- Alternative medicine benefits will transition to discount programs available through the health plans
- Out-of-Network coinsurance percentage will change from 70/30 to 50/50

UnitedHealthcare HDHP Changes

- Alternative medicine benefits will transition to discount programs available through the health plans
- Out-of-Network coinsurance percentage will change from 70/30 to 50/50
- Deductibles (**In-Network**) will increase:
 - From \$1,250 to \$1,500 (Individual)
 - From \$2,500 to \$3,000 (Family)
- Deductibles (**Out-of-Network**) will increase:
 - From \$2,500 to \$3,000 (Individual)
 - From \$5,000 to \$6,000 (Family)
- Out-of-Pocket Maximum (**In-Network**) will increase:
 - From \$2,000 to \$3,000 (Individual)
 - From \$4,000 to \$6,000 (Family)
- Out-of-Pocket Maximum (**Out-of-Network**) will increase:
 - From \$4,000 to \$6,000 (Individual)
 - From \$8,000 to \$12,000 (Family)

Medical Copay/Out-of-Pocket Costs

Cigna HMO

Benefit Provision	HMO In-Network Coverage Only
Plan Deductible Applies to certain inpatient/outpatient facilities only. Individual and family deductibles aggregate.	\$350 Individual \$700 Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum****	\$1,600 Individual \$3,200 Family
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 (copay applies to each item)	\$75 DME; \$0 consumable supplies
External Prosthetics	\$0
Chiropractic Services; 24 days/year	\$30
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 days combined/year	\$45
Cardiac Rehab; 36 days/year	\$45
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 copay 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 copays when you use a specialist with the Cigna Care Network (CCN) designation.

** You pay higher copays 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 copay applies.

*** Does not apply to inpatient facility services. Subject to applicable place of service and plan deductible. Associated ancillary charges are subject to the applicable place of service and deductible.

**** Out-of-Pocket Maximum **INCLUDES** medical copays and deductibles. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** out-of-pocket prescription costs.

Medical Copay/Coinsurance/Out-of-Pocket Costs UnitedHealthcare PPO

Benefit Provision	PPO	
	In-Network	Out-of-Network
Plan Deductible One way accumulation only; Out-of-Network to In-Network. Individual and family deductibles aggregate.	\$350 Individual	\$700 Individual
	\$700 Family	\$1,400 Family
Standard Percent of Coinsurance	10%	50%
Out-of-Pocket Maximum**** One way accumulation only; Out-of-Network to In-Network.	\$3,000 Individual	\$6,000 Individual
	\$6,000 Family	\$12,000 Family
Preventive Care	\$0 (FREE)	Covered In-Network only
Primary Care Physician	\$40	50% after deductible
Convenience Care Clinic Visit	\$30	50% after deductible
Specialty Care Physician Services - Tier 1 / Non-Tier 1	\$55* / \$70**	50% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% coinsurance	50% after deductible ***
Allergy Injections - Tier 1 / Non-Tier 1	\$18* / \$33**	50% after deductible
Independent Lab and X-Ray Facility	\$0	50% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	50% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	50% after deductible
Outpatient Hospital Facility Services	10% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services	50% 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	50% after deductible
External Prosthetics	10% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out-of-Network)	\$40	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined /year (combined In and Out-of-Network)	\$55	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of-Network)	\$55	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 copay 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 copays when you use a specialist with the UnitedHealthcare Premium Tier 1 designation.

** You pay higher copays 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 copay applies.

*** Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible. Associated ancillary charges are subject to the applicable place of service coinsurance and deductible.

**** Out-of-Pocket Maximum **INCLUDES** all medical copays, deductibles, and coinsurance. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** Out-of-Pocket prescription costs.

Medical Coinsurance/Out-of-Pocket Costs

UnitedHealthcare HDHP

Benefit Provision	HDHP	
	In-Network	Out-of-Network
Plan Deductible Cross accumulation; In-Network and Out-of-Network. Individual and families deductibles aggregate.	\$1,500 Individual	\$3,000 Individual
	\$3,000 Family	\$6,000 Family
Standard Percent of Coinsurance	10%	50% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation; In-Network and Out-of-Network.	\$3,000 Individual	\$6,000 Individual
	\$6,000 Family	\$12,000 Family
Preventive Care	\$0 (FREE) no deductible	Covered In-Network only
Primary Care Physician	10% after deductible	50% after deductible
Convenience Care Clinic Visit	10% after deductible	50% after deductible
Specialty Care Physician	10% after deductible	50% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	10% after deductible	50% after deductible
Allergy Injections	10% after deductible	50% after deductible
Independent Lab and X-Ray Facility	10% after deductible; \$0 (FREE) no deductible if preventive	50% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	50% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	50% after deductible
Outpatient Hospital Facility Services	10% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	10% after deductible	50% 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	50% after deductible
External Prosthetics	10% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out- of-Network)	10% after deductible	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year (combined In and Out-of-Network)	10% after deductible	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of- Network)	10% after deductible	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)	10% after deductible	Covered In-Network only

What's New: Plan Design Changes Behavioral Health Prescription Plan

Behavioral Health

United Behavioral Health Plan

- Coverage will be provided for Autism Spectrum Disorder along with the Applied Behavioral Analysis (ABA)
- The County will continue to 'Opt Out' of Mental Health Parity

Magellan Health Services

- Coaching/counseling for bariatric surgery will be provided through the medical plan and will no longer be available through the behavioral health benefit
- Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services will be included under the Medical Plan Out-of-Pocket Maximum
- The County will continue to 'Opt Out' of Mental Health Parity

Prescription Plan Changes

OptumRx Prescription Plan

- Annual Formulary change will be implemented
- Smoking cessation products will be covered

Catamaran Coinsurance Prescription Plan

- Annual Formulary change will be implemented
- Smoking cessation products will be covered
- Minimum coinsurance on applicable prescription tier levels will be eliminated
- \$100 copay on Specialty Preferred and Non-Preferred Brand (30-day) will be changed to coinsurance

Catamaran Coinsurance Prescription Plan

Coinsurance percentages are changing as follows:

TIER	FROM	TO
Generic Mail Order 90	15%	25%
Preferred Brand Retail 30	30%	25%
Preferred Brand Retail 90	30%	25%
Specialty Preferred Brand Mail Order 30	\$100 copay	25%
Specialty Non-Preferred Brand Mail Order 30	\$100 copay	50%

Catamaran Coinsurance Prescription Plan

The cap on coinsurance is increasing for all tiers:

TIER	FROM	TO
Generic Retail 30	\$12	\$18
Generic Retail 90	\$36	\$54
Generic Mail Order 90	\$28	\$42
Preferred Brand Retail 30	\$40	\$60
Preferred Brand Retail 90	\$120	\$180
Preferred Brand Mail Order 90	\$70	\$105
Non-Preferred Brand Retail 30	No Max	\$110
Non-Preferred Brand Retail 90	No Max	\$330
Non-Preferred Brand Mail Order 90	No Max	\$275
Specialty Preferred Brand Mail Order 30	\$100 copay	\$105
Specialty Non-Preferred Brand Mail Order 30	\$100 copay	\$275

COBRA 2015-16 Rates (Monthly)

Prescription and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in prescription and behavioral health coverage. There is one combined rate for all three plans.

2015-16 Combined Medical, Prescription, Behavioral Health COBRA

Plan	Tier	Monthly Total Premium Non-Smoker	Monthly Total Premium Smoker
Cigna HMO	Beneficiary	567.30	587.70
	Beneficiary + Spouse	1148.11	1168.51
	Beneficiary + Child(ren)	935.48	955.88
	Beneficiary + Family	1518.74	1539.14
UnitedHealthcare PPO	Beneficiary	590.48	610.88
	Beneficiary + Spouse	1219.33	1239.73
	Beneficiary + Child(ren)	999.76	1020.16
	Beneficiary + Family	1620.74	1641.14
UnitedHealthcare HDHP	Beneficiary	509.68	530.08
	Beneficiary + Spouse	997.75	1018.15
	Beneficiary + Child(ren)	805.48	825.88
	Beneficiary + Family	1339.21	1359.61

2015-16 Vision Rates COBRA

Plan	Tier	Monthly Total Premium
Avesis	Beneficiary	6.94
	Beneficiary + Spouse	13.28
	Beneficiary + Child(ren)	13.44
	Beneficiary + Family	20.22

2015-16 Dental Rates COBRA

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	8.16
	Beneficiary + Spouse	13.77
	Beneficiary + Child(ren)	19.11
	Beneficiary + Family	22.48
Cigna (PPO)	Beneficiary	33.35
	Beneficiary + Spouse	73.48
	Beneficiary + Child(ren)	79.50
	Beneficiary + Family	102.06
Delta (PPO)	Beneficiary	41.82
	Beneficiary + Spouse	92.17
	Beneficiary + Child(ren)	99.69
	Beneficiary + Family	128.17

2015-16 Other Services COBRA

Other Services	Monthly Total Premium
Employee Assistance Program (EAP)	2.63

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
BenefitsService@mail.maricopa.gov

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.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.myuhc.com

Prescription Plans

Catamaran Prescription 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)

Group #901632

(888) 876-7098
www.myuhc.com

Behavioral Health

Magellan Health Services

Group #N/A

(888) 213-5125
www.magellanhealth.com

United Behavioral Health

(UnitedHealthcare HDHP)

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 VOYA family of companies

Policy #67444-3

(855) 369-9500

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000
Outside Phoenix (800) 621-3778
www.azasrs.gov

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

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