



# [ BENEFITS ]

**Employee Benefits Program**  
Plan Year July 1, 2016 – June 30, 2017

# Benefits Eligibility

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- Regular employees scheduled to work:
  - Full-time (30 or more hours per week)
  - Part-time (19 – 29.99 hours per week)
- Contract employees may be eligible based on the terms of their contract
- Eligible dependents include:
  - Legal spouse (does not include domestic partners)
  - Child or young adult up to age 26
  - Disabled child of any age, if disability began prior to age 26

# Benefits Eligibility

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- Social Security Number required for each covered member (employees and dependents)
  - Vendors will not print Social Security Numbers on ID Cards
  - Ensure accuracy of 1095-C forms
  
- Attestation of Dependent Eligibility
  - Required to attest that dependent(s) enrolled in medical, vision and/or dental coverage meet the eligibility requirements for coverage
  
- Dual coverage (for employees and dependents) not permitted on any County benefit plans

# Dependent Verification

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

## **Four Simple Steps**

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

- Failure to respond to the audit within 60 days from the benefit's effective date will result in dependents being dropped from coverage retroactively and you being financially responsible for any claims incurred during the period of ineligibility



# Automatic Enrollment in 30 Days

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

## **Waiving Medical Coverage?**

You must still complete the enrollment process in the ADP Benefit Enrollment System to waive coverage, otherwise you will be automatically enrolled in coverage. All elections, including default enrollment are irrevocable for the duration of the Plan Year.



# When Does Coverage Begin?

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- **First day of the month following your hire date, or date of benefits eligibility**
  - Example: Your hire date with the County is September 15<sup>th</sup>. Benefits begin October 1<sup>st</sup>.
  - Example: Your hire date with the County is October 1<sup>st</sup>. Benefits begin November 1<sup>st</sup>.
  
- **Outside your Newly Eligible event you may change your benefit elections once per year during Open Enrollment**
  - Elections made during Open Enrollment take effect each year on July 1st

# The Enrollment Process

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- Register online at <https://portal.adp.com> and access the ADP Benefit Enrollment System
  - Contact your HR Liaison or Employee Benefits to obtain the registration code
- Use Worksheet as guide
- Enroll under “*Newly Eligible*” Event
- Follow ‘Top Down’ process to review and/or enroll in each benefit option (medical, vision, dental)
  - Add your dependents to each benefit option
- Click on the “Submit” button
- Print a copy of your confirmation page or confirmation number for your records
- Enter elections in the ADP Benefit Enrollment System within 30 calendar days of hire date!
- No exceptions for late enrollment!
  - Next opportunity to make changes will be during the next Open Enrollment period



# [ BENEFITS ]

## Medical Plans

# Goals

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- Attract and retain quality employees
- Maintain a competitive benefits package as part of total compensation
- Offer meaningful choices
- Contain long-term costs
- Simplify plan design and administration
- Communicate benefit options effectively

# Factors to Consider

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Consider these factors when making plan elections:

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

# Cigna HMO

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- Default Plan for all eligible active employees
- In-network managed care only (services must be received within Maricopa County except for emergencies)
- Requires Primary Care Physician (PCP) selection from a Cigna Medical Group (CMG) Health Care Center
  - In most cases you must receive primary care at a Cigna Health Care Center
  - 20 Health Care Centers throughout Maricopa County
  - Serve as a “One-Stop Shop” and include pharmacy, lab and radiology all in one location
- Specialty Care
  - Requires referral by a CMG PCP
  - Some provided at a CMG Health Care Center
  - Specialty care office visit has lower co-pay when provider is Cigna Care Designated (CCD)
- Prescription benefit carved out to OptumRx and behavioral health carved out to Magellan Health Services

# Additional Benefits

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- Specialty care office visit has lower co-pay when provider is Cigna Care Designated (CCD)
- Providers identified by the Cigna Care Designated symbol 
  - 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
- Diabetes Management Program
  - Free diabetes medications and related supplies
- Healthy Pregnancies, Healthy Babies Program
  - \$500 incentive if enrolled by the end of the first trimester
  - \$250 incentive if enrolled by the end of the second trimester

# Cigna HMO

Service	Amount
Single/Family Facility Deductible	\$350 / \$700
Out-of-Pocket Maximum Single/Family *	\$1,600 / \$3,200
Preventive Care	\$0
Convenience Care Clinic	\$10
Primary Care (PCP) Office Visit	\$30
Specialty Care Office Visit	\$45 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	\$250 / admit, after deductible
Outpatient Surgery	\$125 / visit, after deductible

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

# Cigna HMO

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

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

- 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.

# UnitedHealthcare PPO

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- Plan offers in and out-of-network coverage
- Has co-pays, deductible and co-insurance
- Nationwide network of providers using the Choice Plus Network
- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- Prescription benefit carved out to OptumRx and behavioral health carved out to Magellan Health Services

# Additional Benefits

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- Specialty care office visit has lower co-pay when provider has the UnitedHealth Premium Tier 1 designation
  - UnitedHealth Premium® Tier 1 
- Diabetes Management Program
  - Free diabetes medications and related supplies
- Healthy Pregnancy Program
  - \$500 incentive if enrolled by the end of the first trimester
  - \$250 incentive if enrolled by the end of the second trimester



# UnitedHealthcare PPO (In-Network Services)

In-Network Services	Amount
Single / Family Annual Deductible	\$750 / \$1500
Out-of-Pocket Maximum Single / Family *	\$3,500 / \$7,000
Preventive Care	\$0
Convenience Care Clinic	\$20
Primary Care (PCP) Office Visit	\$40
Specialty Care Office Visit	\$55 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	10% after deductible
Advanced Radiological Imaging at an Outpatient Facility (MRI, MRA, CAT & PET Scans)	\$100 per scan plus 10% after deductible

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



# UnitedHealthcare PPO

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

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

# UnitedHealthcare HDHP with H.S.A.

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## **HDHP (High Deductible Health Plan)**

- In- and out-of-network coverage
- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- Deductible must be met before the plan pays
  - In-network preventive services are free
- After annual deductible is met
  - 15% co-insurance for in-network services
  - 50% co-insurance for out-of-network services
- Offers a Health Savings Account
- Prescription and behavioral health included in plan

# UnitedHealthcare HDHP with H.S.A.

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In-Network Services	Deductible/Co-Insurance
Deductible Individual/Family	\$1,500 / \$3,000
Out-of-Pocket Maximum *	\$3,275 / \$6,550
Primary Care Office Visit	15% after deductible
Specialty Care Office Visit	15% after deductible
Preventive Care	\$0
Urgent Care	15% after deductible
Emergency Room	15% after deductible
Inpatient Hospital	15% after deductible
Outpatient Surgery	15% after deductible

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

# UnitedHealthcare HDHP with H.S.A.

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## **Deductible and Out-of-Pocket Maximums**

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

# UnitedHealthcare HDHP with H.S.A.

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## **OptumRx HDHP Prescription Plan**

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

## **United Behavioral Health**

- 15% after deductible in-network / 50% out-of-network
  - (except intensive outpatient programs which cost 50% after deductible)

# Health Savings Accounts (H.S.A.)

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

# Health Savings Accounts (H.S.A.)

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## Who is Eligible to Open a Health Savings Account?

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

# Health Savings Accounts (H.S.A.)

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Opening a Health Savings Account allows individuals enrolled in a High Deductible Health Plan to set aside pre-tax money to pay for eligible out-of-pocket healthcare costs.

## To Open an H.S.A.

1. Employee must provide consent during the enrollment process for County to open an account on their behalf - Affirmation Statement
- OR
2. Go to [www.optumbank.com](http://www.optumbank.com). Click on “Open an HSA” and complete the application process. Enter 901632 for the group number

# Health Savings Account (H.S.A.) Contributions

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- **What Happens if Employees Don't Open a Bank Account?**
    - County contribution can't be deposited
    - Employee contributions can't be deposited
  
  - **County Contributes to Your H.S.A.**
    - \$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

# Health Savings Accounts (H.S.A.)

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- Can contribute:
  - Up to \$3,350 for individual coverage\*
  - Up to \$6,750 for family coverage\*
  - Plus \$1,000 catch-up if age 55 or older
- \* Minus County contribution to your account
  
- Annual minimum employee contribution to H.S.A. is \$240
  
- 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



# [ BENEFITS ]

## Prescription Plans



# **OptumRx Co-Insurance Prescription Plan**

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## **Prescription Plan Administered by OptumRx for the HMO and PPO Medical Plans**

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

# Home Delivery Option

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



# OptumRx Co-Insurance Prescription Plan

Annual Out-of-Pocket Maximum \$1,500 Single / \$3,000 Family				
Type of Medication	Co-Insurance %	\$ Maximum Retail 30	\$ Maximum Retail 90	\$ Maximum Mail Order 90
Generic Retail	25%	\$18	\$54	\$42
Preferred Brand	25%	\$80	\$240	\$160
Non-Preferred Brand with No Generic Equivalent	50%	\$120	\$360	\$300
Non-Preferred Brand with Generic Equivalent	50% + difference between brand & generic cost	\$120	\$360	\$300

Type of Medication	Co-Insurance	\$ Maximum
Preferred Specialty Mail Order 30	25%	\$125
Non-Preferred Specialty Mail Order 30	50%	\$300

# Opportunities to Save

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## **Premium Formulary**

- Maximize your benefit while minimizing overall prescription costs for you and Maricopa County
- Excludes coverage for certain Brand-name drugs that offer no clear clinical advantage over less costly Brand or Generic Drugs

## **Quantity and Age Limitations**

- Age limits set on certain medications; amount of medication that can be dispensed at one time set on certain medications
  - Based on FDA and manufacturer dosing recommendations
  - Ensures safety and appropriate use of medications
  - Prior Authorization required if age restrictions or quantities in excess of the established limits prescribed
    - Employee pays 100% of cost without prior approval

## **ePrescribing**

- Physician access to your medication history
- Physician access to your formulary
- Physician can send prescription directly to your pharmacy



# Maricopa County Onsite Walgreens Pharmacy

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Open to Maricopa County and State of Arizona Employees

## Walgreens Pharmacy

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

### Location & Phone

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

### Hours of Operation:

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

Covered dependents  
welcome!

**Quality Care. Priority Access. Privacy Guaranteed.**

# Premise Health Onsite Health Center

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**Open to Maricopa County and State of Arizona Employees**

## **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 Care

## **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.**



# [ BENEFITS ]

## **Behavioral Health Plans**

# Employee Assistance Program (EAP)

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



# Behavioral Health and Substance Abuse Services

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- **Magellan Health Services**
  - Vendor for Cigna HMO and UnitedHealthcare PPO medical plans
  
- **United Behavioral Health**
  - Vendor for UnitedHealthcare HDHP with H.S.A.
  
- **Both Vendors Provide:**
  - Confidential counseling and therapy for Mental Health and Substance Abuse needs
  - In-Network and Out-of-Network services
  - Prior authorization required for some services

# Magellan for HMO and PPO

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



# United Behavioral Health for HDHP with H.S.A.

Level of Care	In-Network Benefit	Out-of-Network Benefit
Outpatient Therapy (individual, family, and medication evaluation)	15% after deductible	50% after deductible
Outpatient Group Therapy	15% after deductible	50% after deductible
Ongoing Medication Management	15% after deductible	50% after deductible
Inpatient Hospitalization	15% after deductible; 60 hospitalization days per year	50% after deductible; 60 hospitalization days per year
Intensive Outpatient (IOP)	50% after deductible	50% after deductible



# [ BENEFITS ]

## **Vision Plan**

# EyeMed Vision Plan

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- In- and Out-of-Network Coverage
- Provides annual eye exam with dilation as necessary
- Annual benefit for glasses **or** contacts
- Coverage does not require enrollment in a medical plan
- Treatment of eye injuries and medical conditions such as glaucoma or diabetes (except refraction) must be received through your medical plan benefit and medical provider

# EyeMed Vision Plan

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## Eye Exam

- \$10 co-pay

## Glasses

- \$10 co-pay Standard lenses
- Retail frame allowance is \$130
- Additional co-pays for Standard Progressive, UV Coating, Tints, Scratch Resistance, Polycarbonate, Anti-Reflective Coating, etc.

## Contacts

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

## LASIK Surgery

- Lifetime allowance of \$150 per eye

- **Refer to Vision tab on the Benefits Home Page at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits) for details on Out-of-Network coverage**



# [ BENEFITS ]

## Dental Plans

# Cigna Pre-Paid Dental Plan

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

# Cigna PPO Dental Plan

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



# Progressive/Regressive Feature

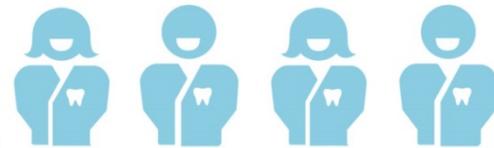
Year 1 - Base Plan	DPPO Advantage In-Network		DPPO In-Network and Out-of Network	
	Plan	Employee	Plan	Employee
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	80%	20%	60%	40%
Major Restorative Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Year 2 - Base Plan				
Preventive & Diagnostic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

# Delta Dental

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



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



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



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

# Delta PPO Dental Plan

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- \$2,000 max/person/year
- Deductible
  - \$50 individual
  - \$100 family
- In-network coverage:
  - 100% for preventive care
  - 80% for basic restorative services
  - 50% for major restorative services
- Out-of-network coverage \*
  - Claims paid at same percentage as in-network
- \* Based on reasonable and customary charges
- Orthodontic services
  - \$3,000 lifetime limit
  - 50% coverage
  - Must be age 8 or older



# 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%



# [ BENEFITS ]

## Other Benefits

# Life Insurance

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

# Short-Term Disability Plan

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- **Administered By Sedgwick**
  - Select 40%, 50%, or 60% Salary Replacement Options
  - \$2,000 benefit maximum per week
  - Premium calculated based on your Annual Base Salary
  
- **Waiting Period**
  - 2-week waiting period
  - Or first day of hospitalization
  
- **Policy Has A Pre-Existing Condition Exclusion**
  - Treatment or diagnosis 90 days before coverage effective date
  - Benefits are not payable for that condition until treatment-free for 3 months or covered by the plan for 12 months
  
- **Enrollment Is Locked In For The Plan Year**
  - Can only be changed at Open Enrollment
  - Cannot be added or dropped with a Qualifying Event



# Flexible Spending Accounts (FSA)

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- Flexible Spending Accounts offer employees the opportunity to set aside pre-tax dollars to use for reimbursement of qualified expenses.

## Health Care FSA

- Medical
- Prescription
- Over-the-counter medication with a prescription
- Dental
- Vision
- \$240 Plan Year minimum
- \$2,550 Plan Year maximum

## Limited Scope FSA

- If enrolled in the UnitedHealthcare HDHP with H.S.A.
- Only for dental or vision expenses
- \$240 Plan Year minimum
- \$2,550 Plan Year maximum

## Dependent Care FSA

- For child care expenses for child up to age 13
- For certain adult care expenses
- Follow IRS guidelines
- \$240 Plan Year minimum
- \$5,000 Plan Year maximum



# Flexible Spending Accounts (FSA)

- 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.**
- Grace period and claims run out period for FSAs:

Health Care FSA/Limited Scope FSA		
	Incur Claims by	Submit Claims for Reimbursement by
Active Employees	September 15	November 30
Terminated Employees	Benefits Termination Date	60 Days From Benefits Termination Date
Dependent Care FSA		
	Incur Claims by	Submit Claims for Reimbursement by
Active Employees	June 30	August 31
Terminated Employees	Benefits Termination Date	60 Days From Benefits Termination Date

# MetLaw Group Legal Plan

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## Hyatt Legal Services

- A plan that provides legal representation and services for a wide range of personal legal matters through plan attorneys
- Estate Planning
- Money Matters
- Real Estate Matters
- Elder Law Matters
- Family Law
- Document Preparation
- Immigration Assistance
- Traffic Offenses
  - Defense of Traffic Tickets (excludes DUI)
  - Driving Privileges Restoration
- Juvenile Matters
- Consumer Protection
- Defense of Civil Lawsuits
- Personal Property Protection

# Retirement

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

Current ASRS Defined Benefit Plan Rates			
	Pension & Health Insurance	Long-Term Disability	TOTAL
<b>Employee</b>	11.34%	0.14%	11.48%
<b>Employer</b>	11.34%	0.14%	11.48%

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



# [ BENEFITS ]

## Benefit Rates



# Monthly Medical Plan Rates 2016-17

*Bundled with Prescription & Behavioral Health*

## Full-Time Active Employees

Plan	Tier	Monthly Employee Premium
Cigna HMO	Employee	80.78
	Employee + Spouse	155.48
	Employee + Child(ren)	123.70
	Employee + Family	212.82
UnitedHealthcare PPO	Employee	103.58
	Employee + Spouse	225.60
	Employee + Child(ren)	187.02
	Employee + Family	313.28
UnitedHealthcare HDHP with H.S.A.	Employee	65.58
	Employee + Spouse	86.20
	Employee + Child(ren)	76.98
	Employee + Family	114.64



[ BENEFITS ]

# Monthly Vision Plan Rates 2016-17

## Full-Time Active Employees

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



# Monthly Dental Plan Rates 2016-17

## Full-Time Active Employees

Plan	Tier	Monthly Employee Premium
Cigna Prepaid DHMO	Employee	4.56
	Employee + Spouse	8.58
	Employee + Child(ren)	11.18
	Employee + Family	12.88
Cigna PPO	Employee	14.94
	Employee + Spouse	32.86
	Employee + Child(ren)	35.60
	Employee + Family	45.78
Delta PPO	Employee	23.90
	Employee + Spouse	52.66
	Employee + Child(ren)	57.02
	Employee + Family	73.46



# [ BENEFITS ]

**Important Things  
You Need to Know**

# What Employees Must Do

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- Review Benefits Material
- Access ADP Portal during New Hire Window and complete elections within 30 calendar days
  - Contact your HR Liaison or Employee Benefits to obtain the registration code
  - Changes can be made as many times as necessary within 30 day window; last change on record will be final
- Print a copy of your Confirmation Page with your confirmation number
- Verify correct premium deductions are being taken on your paycheck
- Submit Evidence of Insurability (EOI) for life insurance if applicable
- Respond to the Dependent Verification Audit

# Qualifying Events

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## Event Examples

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

# Important Information

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## Benefits via Work or Home

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

### Employee Benefits Division

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

### OET Customer Service Center

602-506-HELP (4357)

## Benefits Website Includes:

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