

**ARE YOU
COVERED?**

**EMPLOYEE BENEFITS
OPEN ENROLLMENT**
APRIL 13 - MAY 8, 2015

2015-16
MARICOPA COUNTY
EMPLOYEE BENEFITS PROGRAM



WHAT'S NEW?

Annual Benefits Open Enrollment Guide



Enroll at:

<https://portal.adp.com>

Open Enrollment Material Available at:

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

A Message From Christopher Bradley, Director, Department of Employee Benefits and Health

To our fellow employees:

Maricopa County Employee Benefits and Health is pleased to present your benefit plans for 2015-16. As you will see in the following pages, these plans continue the County's commitment to a total compensation package strongly supported by good, competitive core benefits.

The first thing you should know is that we will have an active Open Enrollment this year. This is necessary to gather information for new federal reporting requirements. You will need to access the Benefit Enrollment System to confirm your benefit elections, which will not automatically carry over from this plan year to next. Regardless, it's always best if you review your benefit choices every year.

The County continues to offer you meaningful benefit choices, including three different medical plans (an HMO, a PPO and a High Deductible Health Plan

with Health Savings Account). You also can choose from three different dental plans.

After several years of little or no increase, costs for medical and prescription benefits are increasing this year. Unfortunately, this means that we have to increase premiums; however, your employer is sharing the increase proportionately. We have also had to adjust deductibles and out-of-pocket maximums in the High Deductible Health Plan to better manage costs and align with comparable employers. Still, some premiums will go down; employee premiums for the Delta Dental Plan are reduced next year.

We continue to look for ways to simplify plans so that they are easier for you to manage. For employees who enroll in the HMO or PPO medical plans, in-network, out-of-pocket costs for covered services under the Magellan behavioral health plan will count toward the medical out-of-pocket maximums. Also, the Catamaran Coinsurance Prescription Plan has been simplified by eliminating the coinsurance minimums.

Employee wellness is as important as ever. You will continue to have the opportunity to reduce your medical premiums if you complete a Biometric Screening and Health Assessment, and if you and your covered dependents do not use tobacco. There will be some changes, however. First, you will need to complete both the Biometric Screening and Health Assessment to receive a combined medical premium

reduction of \$20 per pay period (up to \$40 per month), and the medical premium reduction for non-tobacco use is contingent on qualifying for the premium reduction for the Biometric Screening and Health Assessment.

These and other incentives will be administered by the County's new wellness vendor, StayWell. With this change, the annual wellness screenings will be offered starting in July. In the meantime, you will have an opportunity to continue receiving your premium reductions for a certain period while you complete wellness requirements for the 2015-16 plan year.

We strive to inform you about your benefit options so that you can make good choices. You should thoroughly review this updated *What's New?* publication as well as information posted on the Employee Benefits website at: <http://ebc.maricopa.gov/benefits> or www.maricopa.gov/benefits.

In closing, I would like to thank the Employee Benefits staff for the dedication, diligence and thoughtfulness they bring to helping their fellow employees through the benefit enrollment process. They are ready to assist you, so please do not hesitate to contact them if you have any questions.

Sincerely,



Christopher Bradley

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TIP:

Open Enrollment for Plan Year 2015-16 is **ACTIVE!**

Benefits-eligible employees must access the ADP Benefit Enrollment System to elect benefits for Plan Year 2015-16 or to waive coverage. If no action is taken, employees will be automatically enrolled in employee-only coverage in the Cigna HMO.

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Checklist for Completing Your Open Enrollment Elections

Prior to Open Enrollment:

- Complete the Worksheet mailed to your home. Use it as a guide for online enrollment.
- Visit www.maricopa.gov/benefits for benefits information.
- Compare benefit options to decide which medical plan is best for you. Review information such as covered services, deductibles, copays, coinsurance, annual maximums, provider networks, and per paycheck premiums.
- Call the Employee Benefits Division at 602.506.1010 if you have questions about your benefit options.
- If enrolling in the Cigna HMO, select a Primary Care Physician (PCP) prior to making your benefit elections.
RESOURCE: <http://www.cigna.com/cm gaz/doctor/>
- If enrolling in the Cigna Pre-Paid Dental Plan, select a Primary Care Dentist (PCD) before making your benefit elections.
RESOURCE: www.cigna.com

During Open Enrollment:

- Access the ADP Benefit Enrollment System at <https://portal.adp.com>.
- Complete your elections by the due date: **May 8, 2015 at 5:00 pm.**
- Add each of your dependents to coverage.
- Provide a valid Social Security Number for each covered dependent age one and older.
- If adding eligible dependents to coverage, place a check mark in the box next to their name for each benefit option. If you have properly added them to coverage, you will see their name listed next to each benefit option on the Benefits Summary Page which appears once you submit your elections.
- Review and update your list of beneficiaries.
- Provide consent to have personal identifying information sent to StayWell to allow for the administration of wellness programs.
- Click the "**SUBMIT**" button to process your elections.
- Print the Benefits Summary Page for your records.

After Open Enrollment:

- If required, submit an Evidence of Insurability form for life insurance to ReliaStar Life Insurance Company.
- Review the Confirmation Statement you receive in the mail to know which benefits you elected for Plan Year 2015-16.
- If you added new dependents to coverage, respond by the due date to the Dependent Verification Letter you receive in the mail. Submit proof of your dependents' eligibility for coverage using the Cover Sheet provided.
- Present your new ID Card or group numbers to your physicians or other healthcare providers.
- Complete your Wellness Screenings.
- Check your benefit deductions on the July 15, 2015 paycheck to make sure they are correct.

Overview

This guide describes the changes in benefits and benefits administration effective July 1, 2015. For more detailed information about your benefits and wellness programs, visit www.maricopa.gov/benefits.

Open Enrollment is ACTIVE

Open Enrollment begins on Monday, April 13 at 8:00 am, and ends on Friday, May 8 at 5:00 pm. It is an “Active” Open Enrollment which means that all benefits-eligible employees will be required to access the ADP Benefit Enrollment System at <https://portal.adp.com> to elect benefits for Plan Year 2015-16 or to waive coverage.

During Open Enrollment you can:

- Make new benefit elections, change your current ones, or waive coverage
- Add or drop dependents
- Elect the Flexible Spending Accounts
- Designate payroll contributions to a Health Savings Account
- Add or update your beneficiaries for life insurance

TIP:

Make your benefit decisions carefully. The elections you make are irrevocable and will remain in place for the entire Plan Year 2015-16, unless you experience a Qualifying Event.

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

If you do not take action and access the ADP Benefit Enrollment System to actively complete and submit your elections, or to waive coverage, you will be automatically enrolled in **Employee-Only** coverage in these plans:

- Cigna HMO Plan
- Catamaran Co-Insurance Prescription Plan
- Magellan Behavioral Health Plan

You will not be enrolled in vision, dental, or the flexible spending accounts. The only benefit elections that will carry over from this year to next are life insurance, short-term disability, and group legal.

All benefit elections are irrevocable, whether you waive coverage or complete your Open Enrollment elections. Changes cannot be made until the next Open Enrollment period unless you experience a Qualifying Event. The applicable benefit premiums for benefits coverage will be deducted from each paycheck.

Open Enrollment Timeline

April 8:

Open Enrollment Worksheets mailed to employees' home address

April 13:

Open Enrollment begins at 8:00 a.m.

May 8:

Open Enrollment ends at 5:00 p.m.

May 18:

Confirmation Statements mailed to employees' home address

July 1:

New benefit plans become effective

July 6 – August 5:

Dependent Verification Audit takes place confirming dependent eligibility for coverage

July 7 – August 28:

Biometric/Tobacco Use Screenings and Health Assessment take place

Overview

When Do Benefits Begin?

Benefits elected during Open Enrollment begin July 1, 2015. For new hires or newly benefits-eligible employees who make elections for the current plan year, benefits begin on the first day of the third pay period after date of hire or date of benefits eligibility.

When Do Benefits End?

Starting with Plan Year 2015-16, benefits will end on the last day of the month in which benefits ineligibility occurs.

Social Security Numbers

A valid Social Security Number is required for employees and each dependent age 1 and older who will be covered under a benefit plan.

TIP:

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

Definition of an Eligible Employee

An employee of Maricopa County or the Superior Court (whose compensation is paid by the County) is eligible for benefits coverage through the County's health and welfare plans if he or she works at least 19 hours per week on a regular basis, or is eligible for benefits pursuant to the terms of a contract with the County (including Intergovernmental Agreements.)

Temporary workers and independent contractors are ineligible to participate in the County's health and welfare plans.

Definition of an Eligible Dependent

A dependent eligible for coverage is an employee's legal spouse and an employee's dependent child(ren) and young adult(s) up to age 26 (regardless of marital, student, residency or tax dependency status.)

Child/young adult includes the employee's natural child, stepchild, legally adopted child, child placed with the employee by court order for adoption or child for whom the employee has been awarded legal guardianship.

Additionally, a child who is permanently and totally disabled is eligible for coverage at any age provided he/she was medically certified as being permanently and totally disabled prior to his or her 26th birthday.

Dual Coverage Not Allowed

If you are married to a Maricopa County employee, you are not eligible to have coverage through the County as both an employee and a dependent on any County benefit plan. Dependent children are also not eligible for dual enrollment.

New Hires During Open Enrollment

New Hires making their New Hire elections before April 13, 2015:

- Access the ADP portal at <https://portal.adp.com>
- Complete "New Hire" benefit elections for which coverage ends June 30, 2015
- Return to the ADP Portal on or after April 13, 2015 to complete Open Enrollment benefit elections for Plan Year 2015-16

New Hires making their New Hire elections on or after April 13, 2015:

- Access the ADP portal at <https://portal.adp.com>
- Complete "New Hire" benefit elections for which coverage ends June 30, 2015
- Click "**SUBMIT**" and go past the Rollover Screen
- Click "**CONTINUE**" to complete Open Enrollment benefit elections for Plan Year 2015-16
- Click "**SUBMIT**" again

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 | Employee Assistance Program |
|------------------|------------------|--------------|--------------------------|-----------------------------|
| Cigna | HMO | Catamaran | Magellan | Magellan |
| UnitedHealthcare | PPO | Catamaran | Magellan | Magellan |
| UnitedHealthcare | HDHP with H.S.A. | OptumRx | United Behavioral Health | Magellan |

HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), where the PCP issues referrals to specialists and other contracted health care professionals within a defined network of providers. The HMO is the most restrictive form of managed care, but generally has lower premiums and out-of-pocket costs.

PPO (Preferred Provider Organization)

A PPO offers access to a broad "preferred" provider network of physicians, specialists, and hospitals. Selection of a primary care physician (PCP) is not required, nor are referrals to see other providers within the network. These plans offer more flexibility but often at higher premiums and out-of-pocket costs. Both in and out-of-network coverage is available.

HDHP (High Deductible Health Plan)

An HDHP is a health insurance plan with lower premiums and a higher deductible than a traditional health plan. With an HDHP, the plan pays nothing toward health care services, except for in-network preventive care, until the deductible has been met. There is access to a broad range of in-network providers, and both in and out-of-network coverage is available. Under IRS regulations, a health savings account may be opened to set aside money to pay for eligible health care expenses.

TIP:

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

Additional benefits information may be found at www.maricopa.gov/benefits/oe1516.html.

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

TIP:

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

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 with H.S.A. 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)
- H.S.A. Contribution Limits will increase:
 - From \$3,300 to \$3,350 (Individual)
 - From \$6,550 to \$6,650 (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 with H.S.A.

| Benefit Provision | HDHP | |
|---|---|--------------------------------|
| | In-Network | Out-of-Network |
| Plan Deductible | \$1,500 Individual | \$3,000 Individual |
| Cross accumulation; In-Network and Out-of-Network. Individual and families deductibles aggregate. | \$3,000 Family | \$6,000 Family |
| Standard Percent of Coinsurance | 10% | 50% of max reimbursable charge |
| Out-of-Pocket Maximum | \$3,000 Individual | \$6,000 Individual |
| Cross accumulation; In-Network and Out-of-Network. | \$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

Prescription Plan

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% |

TIP:

If you experience a Qualifying Event (such as birth, marriage, divorce, etc.) between April 13 and June 30, 2015 and you complete a Family Status Change in the ADP portal, remember to also complete the "Rollover Event" in the portal to update your Open Enrollment elections for Plan Year 2015-16.

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

Contact the Employee Benefits Division for assistance at 602.506.1010.

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 |

What's New: Plan Design Changes

- Behavioral Health
- Flexible Spending Accounts
- Short-Term Disability Plan
- Other

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

TIP:

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

Flexible Spending Accounts

Health Care Flexible Spending Account

- The allowable annual employee contribution limit will increase from \$2,500 to \$2,550

Limited Scope Flexible Spending Account

- The allowable annual employee contribution limit will increase from \$2,500 to \$2,550

Short-Term Disability Plan

- Donations of vacation leave (to be used for sick leave purposes) will be disallowed once an employee is on short-term disability
- Disability benefits will be available for veterans who have an injury or illness that is a "result of war or act of war" (if the veterans are not otherwise receiving other income including disability benefits through the government)

Other

- Continuation of benefits will be available as follows while on approved unpaid leave:

| Leave Type | Maximum Period of Benefits Continuation with Employee Paying Only the Employee Portion of Premium * |
|------------|---|
| Military | 12 months |
| FMLA | FMLA period |
| Non-FMLA | 2 months |

* In a rolling 12-month period

What's New: Plan Design Changes

Wellness

Wellness Programs

- Incentive amounts for **Healthy Pregnancy Programs** will increase:
 - from **\$150** to **\$500** if participation starts during 1st trimester
 - from **\$75** to **\$250** if participation starts during 2nd trimester
- Provider visit copay reimbursement feature of the **Diabetes Management Program** will be eliminated

Wellness Screenings

- **Wellness Screenings** - Biometric and Tobacco Screenings will be held July 7 - August 28, 2015 at County worksite locations
- Employees participating in the wellness screenings must grant consent to have their personal identifying information sent to StayWell, the new wellness vendor. They may grant consent during Open Enrollment while electing their benefits in the ADP Benefit Enrollment System.
 - Providing consent will allow employees access to StayWell's on-line portal, which will house the Health Assessment and the scheduler for the mass Biometric Screening event
- Medical premium reductions will now be bundled:
 - To receive a premium reduction of up to \$40 per month, employees must complete **BOTH** the Health Assessment and Biometric Screening
 - To receive a premium reduction of up to \$60 per month, employees must complete the Health Assessment, Biometric Screening, **AND** must also complete and pass (if not previously completed and passed) the Tobacco Screening

TIP:

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

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

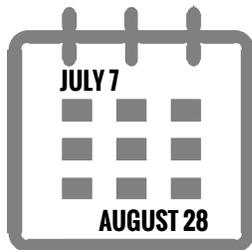
HOW YOUR MEDICAL PREMIUM REDUCTIONS WILL BE ADMINISTERED

Medical premium reductions for completion of the Biometric Screening, Health Assessment, and Tobacco Screening will be handled differently for Plan Year 2015-16. Review these three scenarios to determine how your reductions will be distributed.

SCENARIO #1

If you:

- receive the premium reductions during **Plan Year 2014-15, AND**
- enroll in a County-sponsored medical plan for **Plan Year 2015-16, AND**
- complete the screenings for Plan Year 2015-16 between July 7 - August 28, 2015



you will continue to receive your premium reductions without interruption.

SCENARIO #2

If you:

- do not receive the premium reductions during **Plan Year 2014-15, BUT**
- enroll in a County-sponsored medical plan for **Plan Year 2015-16, AND**
- complete the screenings for Plan Year 2015-16 between July 7 - August 28, 2015



you will receive your premium reductions on a prospective basis.

SCENARIO #3

If you:

- receive the premium reductions during **Plan Year 2014-15, AND**
- enroll in a County-sponsored medical plan for **Plan Year 2015-16, BUT**
- **do not** complete the screenings for Plan Year 2015-16 between July 7 - August 28, 2015



you will have your premium reductions discontinued. Your premium reductions can be earned on a prospective basis if you choose to participate at a later point.

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 benefits coverage are eligible to participate in the County's benefit plans. Employees will be sent a letter from the Maricopa County Dependent Verification Service Center, managed by ADP, requesting documentation of a dependent's eligibility.

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

1. Gather the documentation requested (as specified in the audit letter).
2. Fax, mail, or upload the documentation 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 6, 2015:

Dependent Audit begins. Dependent Verification Letters mailed to employees.

July 21, 2015:

Reminder letters mailed to employees.

August 5, 2015:

Dependent Audit ends.

August 12, 2015:

Final outcome letters mailed to employees.

August 25, 2015:

Confirmation Statements mailed to employees showing dependents were dropped.

TIP:

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

Note: Dependents who have previously been approved as eligible for coverage **AND** who had coverage (medical, vision, and/or dental) in Plan Year 2014-15 will not be re-audited.

Disclaimer:

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

RATE SHEETS

2015-16 Medical, Prescription, Behavioral Health Rates

Full-Time Active Employees

| Plan | Tier | Monthly Employee Premium | Monthly Employee Premium Less Premium Reductions |
|-----------------------------------|-----------------------|--------------------------|--|
| Cigna HMO | Employee | 80.28 | 20.28 |
| | Employee + Spouse | 149.46 | 89.46 |
| | Employee + Child(ren) | 120.60 | 60.60 |
| | Employee + Family | 205.50 | 145.50 |
| UnitedHealthcare PPO | Employee | 103.00 | 43.00 |
| | Employee + Spouse | 219.28 | 159.28 |
| | Employee + Child(ren) | 183.62 | 123.62 |
| | Employee + Family | 305.50 | 245.50 |
| UnitedHealthcare HDHP with H.S.A. | Employee | 65.46 | 5.46 |
| | Employee + Spouse | 85.38 | 25.38 |
| | Employee + Child(ren) | 76.48 | 16.48 |
| | Employee + Family | 112.82 | 52.82 |

Part-Time Active Employees

| Plan | Tier | Monthly Employee Premium | Monthly Employee Premium Less Premium Reductions |
|-----------------------------------|-----------------------|--------------------------|--|
| Cigna HMO | Employee | 348.22 | 288.22 |
| | Employee + Spouse | 667.52 | 607.52 |
| | Employee + Child(ren) | 548.86 | 488.86 |
| | Employee + Family | 877.22 | 817.22 |
| UnitedHealthcare PPO | Employee | 370.94 | 310.94 |
| | Employee + Spouse | 737.34 | 677.34 |
| | Employee + Child(ren) | 611.88 | 551.88 |
| | Employee + Family | 977.24 | 917.24 |
| UnitedHealthcare HDHP with H.S.A. | Employee | 333.40 | 273.40 |
| | Employee + Spouse | 603.44 | 543.44 |
| | Employee + Child(ren) | 504.74 | 444.74 |
| | Employee + Family | 784.54 | 724.54 |

2015-16 Vision Rates

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

2015-16 Dental Rates

| Plan | Tier | Full-Time Active Monthly Employee Premium | Part-Time Active Monthly Employee Premium |
|----------------------|-----------------------|---|---|
| Cigna Prepaid (DHMO) | Employee | 4.56 | 6.28 |
| | Employee + Spouse | 8.58 | 11.04 |
| | Employee + Child(ren) | 11.18 | 14.96 |
| | Employee + Family | 12.88 | 17.46 |
| Cigna (PPO) | Employee | 14.94 | 23.82 |
| | Employee + Spouse | 32.86 | 52.46 |
| | Employee + Child(ren) | 35.60 | 56.76 |
| | Employee + Family | 45.78 | 72.92 |
| Delta (PPO) | Employee | 23.24 | 32.12 |
| | Employee + Spouse | 51.18 | 70.78 |
| | Employee + Child(ren) | 55.40 | 76.56 |
| | Employee + Family | 71.38 | 98.52 |

2015-16 Life Insurance

| Life Insurance | | Monthly Employee Premium Per \$1,000/Salary |
|--|--------------|---|
| Coverage Multipliers per \$1,000 or \$5,000 Worth 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 |

2015-16 Other Benefits

Short-Term Disability

| Short-Term Disability Coverage - Employee Only | Multiplier x Annual Base Salary / 24 Pay Periods |
|--|--|
| 40% | 0.0028 |
| 50% | 0.0044 |
| 60% | 0.0084 |

Examples:

| Comparison of STD Premium at Various Salary Levels | | | |
|--|----------------------------------|----------------------------------|----------------------------------|
| Annual Earnings | Bi-Weekly Premium Short-Term 60% | Bi-Weekly Premium Short-Term 50% | Bi-Weekly Premium Short-Term 40% |
| 25,106 | 8.79 | 4.60 | 2.93 |
| 40,503 | 14.18 | 7.43 | 4.73 |
| 50,336 | 17.62 | 9.23 | 5.87 |
| 61,922 | 21.67 | 11.35 | 7.22 |
| 73,923 | 25.87 | 13.55 | 8.62 |
| 115,981 | 40.59 | 21.26 | 13.53 |

Group Legal

| Other Services | Monthly Employee Premium |
|----------------|--------------------------|
| Hyatt Legal | 15.74 |

RESOURCES

Available Tools and Resources

ADP Portal

<https://portal.adp.com>

ADP Password Resets

Maricopa County OET
Customer Service Center
602.506-4357 (6-HELP)

Benefits Websites, EBC Intranet and Internet

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

Cigna Medical/Claim Information

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

Cigna Pre-Enrollment Phone Line (Available April 1)

Speak directly with a Cigna

representative who can answer your questions about the Cigna HMO
800.564.7642

General Questions

Maricopa County Employee Benefits Division
602.506.1010

Review Cost of Medication and Lower Cost Alternatives

www.mycatamaranrx.com
(for enrollees in the Cigna HMO or UnitedHealthcare PPO only)

Short-Term Disability Calculator

www.maricopa.gov/benefits/pdf/2015/STD/2015_stdcalculator.xls

Specific Benefit Questions

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

UnitedHealthcare Pre-Enrollment Phone Line (Available April 1)

Speak directly with a UnitedHealthcare representative who can answer your questions about the UnitedHealthcare PPO and HDHP with H.S.A.
888.876.7098

www.welcometouhc.com/maricopa

TIP:

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

Will a New ID Card Be Issued?

| Vendor | Issuing a New ID Card for 2015-16 | |
|--|-----------------------------------|----|
| | Yes | No |
| Avesis Vision | X* | |
| Catamaran Rx | X* | |
| Cigna Dental PPO | X | |
| Cigna Prepaid Dental HMO | X* | |
| Cigna Medical HMO | X* | |
| Delta Dental | X | |
| ReliaStar Life Insurance Company, a member of the VOYA family of companies | | X |
| Magellan | | X |
| Sedgwick | | X |
| UnitedHealthcare PPO | X* | |
| UnitedHealthcare HDHP with H.S.A. | X* | |

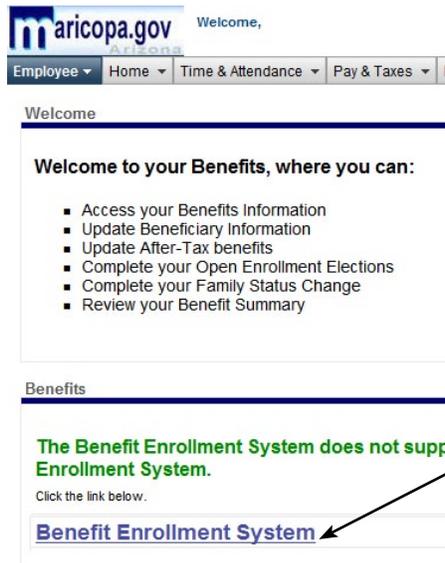
* New members only

Online Enrollment Process

- ❑ 1. Refer to the Open Enrollment Worksheet that was mailed to your home address to assist you in making your online enrollment elections.
- ❑ 2. Log on to the ADP portal between April 13 and May 8, 2015. Log in 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 OET Customer Service Center at 602.506-HELP or e-mail: helpdesk@mail.maricopa.gov
- ❑ 3. Click on the 'Benefits' tab and then the 'Welcome' link on the drop-down menu.



- ❑ 4. Click on the 'Benefit Enrollment System' link.
 - Please note that after 15 minutes of inactivity, you will be logged out of the Benefit Enrollment System. Your changes will be saved as long as you go back and finish your elections by 8 PM MST on the same day.
- ❑ 5. Read the 'Welcome' page and press 'Continue.'
- ❑ 6. Click on the "Open Enrollment" link.
- ❑ 7. The Benefit Enrollment System is programmed to take you through each available benefit option. 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. Provide consent to have personal identifying information sent to StayWell, to allow for the administration of wellness programs.
 - g. Click on the '**SUBMIT**' button on the '2015-2016 Benefit Summary' page to save your elections.
 - h. 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.
 - i. Print your 2015-16 'Confirmation Page' for your records.
 - j. When you see the 'Thank You' page, your enrollment has been completed.
- ❑ 8. A final Confirmation Statement will be mailed to you on May 18th.

Notifications

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

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

These Notices include:

- Maricopa County’s Group Health Plan Notice of Privacy Practices
- COBRA Initial Notification
- Women’s Health and Cancer Rights Act (WHCRA)
- Notice of Special Enrollment Rights
- Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Sect 111 of the Medicare, Medicaid, and Schip Extension Act of 2007
- Genetic Information Nondiscrimination Act (GINA)
- The Heroes Earning Assistant and Relief Tax Act (HEART)
- Notice of Medicaid or Children’s Health Insurance Program (CHIP) Offer of Free or Low Cost Health Coverage to Children and Families
- Mental Health Parity and Addiction Equity Act of 2008

TIP:

To reduce your healthcare costs, make sure all your providers are In-Network.

A Provider Network is a list of doctors, other health care providers, urgent care clinics, hospitals, and pharmacies that a plan has contracted with to provide healthcare to the plan’s members. These providers are called “In-Network providers.”

A provider that has not contracted with the plan is called an “Out-of-Network provider.”

Provider Contact Information

Maricopa County Employee Benefits Division

Maricopa County Administration Building
301 W. Jefferson St., Suite 3200
Phoenix, Arizona 85003-2143

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

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

Maricopa County Wellness Works

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

Medical Plans

Cigna

Group #3205496

Customer Service (800) 244-6224
Pre-Enrollment Questions (800) 564-7642
24-Hour Health

Information Line (800) 564-8982
Your Health First (855) 246-1873
Healthy Pregnancies,
Healthy Babies (800) 615-2906
Healthy Rewards (800) 870-3470

www.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 with H.S.A.)

Group #901632

(888) 876-7098

www.myuhc.com

Employee Assistance Program (EAP)

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

Behavioral Health

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com

United Behavioral Health

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

Group #901632

(888) 876-7098

www.myuhc.com

Vision

Avesis

Group #1079-15

(888) 211-4012

www.avesis.com/maricopa

Dental

Cigna Pre-Paid Dental

Group #2465354

(800) 244-6224

www.cigna.com

Cigna Dental

Group #2465354

(888) 336-8258

www.cigna.com

Delta Dental

Group #4500

(602) 938-3131 or (800) 352-6132

www.deltadentalaz.com

Life Insurance

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

Policy #67444-3

(855) 369-9500

Short / 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

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 6 AM - 6 PM MST

Fax: (866) 400-1686

www.adpdvs.com

COBRA Administrator

(855) 219-5022

Call for applicable fax number

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

Initial enrollment forms:

ADP COBRA Services

PO Box 2968

Alpharetta, GA 30023-2968

Initial and ongoing payments:

COBRA Benefit Services

PO Box 7247-0367

Philadelphia, PA 19170-0367

MetLaw® Hyatt Legal Plans

Plan 150 / Group #0518

(800) 821-6400

<http://info.legalplans.com>

(password - 1500518)

Optum Bank

(800) 791-9361

8 am to 8 pm EST, M-F

StayWell

(877) 678-8926

(Effective June 23, 2015)

Monday - Thursday: 8 AM - 8 PM MST

Friday: 8 AM - 6 PM MST

Saturday: 8 AM - 1 PM MST