

Employee Benefits Program

Plan Year July 1, 2014 – June 30, 2015

New Employee Orientation



Benefits Eligibility



- Regular employees scheduled to work 19 or more 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



- **Social Security Number required for each covered member (employees and dependents)**
 - Vendors will not print Social Security Numbers on ID Cards or any other benefit materials
- **Dual coverage (for employees and dependents) not permitted on all County benefit plans**

Dependent Verification



- 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 or mail to the address provided
 3. Use the Cover Sheet provided
 4. Comply by the deadline
- Failure to respond to the audit will result in dependents being dropped from coverage retroactively and you becoming liable for the cost of any claims incurred during the period of ineligibility

Automatic Enrollment in 30 Days



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

Waiving Medical Coverage?

You must still complete the enrollment process in the ADP Benefit Enrollment System to waive coverage, otherwise you will automatically be enrolled in coverage.

When Does Coverage Begin?



- First day of the 3rd pay period after your hire date, or date of benefits eligibility
- Premium deductions begin on the same date

AUGUST 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10	11	12	13	14	15	16
17	JANE DOE STARTS WORK	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	JANE DOE BENEFITS EFFECTIVE DATE	16	17	18	19	20

The Enrollment Process



- Register online at <https://portal.adp.com> and access the ADP Benefit Enrollment System
- Use Worksheet as guide
- Enroll under Newly Eligible Event
- Follow ‘Top Down’ process to review and/or enroll in each benefit option
- Click on the “Submit” button
- Enter elections in the ADP Benefit Enrollment System within 30 calendar days of hire date!
- No exceptions for late enrollment!

Medical Plans



Factors to Consider



Consider these factors when making plan elections:

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



- HMO plan
 - Default Plan for all eligible active employees
 - In-network managed care only (services must be received within Maricopa County except for emergencies)
 - Broad Geographic Locations
 - 25 Health Care Centers with 230+ Clinicians & PCPs
 - One-Stop Shop-Pharmacy, Lab, & Radiology
 - 4,865 Specialists
 - 37 Hospitals
 - Requires Primary Care Physician (PCP) selection from a Cigna Medical Group (CMG) Healthcare Center
 - Specialist Care
 - Requires referral by CMG PCP
 - Most provided at CMG Healthcare Center
 - Specialty care office visit has lower co-pay when provider has the Cigna Care Network (CCN) designation
 - Out-of-Pocket Maximum includes all medical co-pays, deductibles, and co-insurance (excludes prescription and behavioral health)

Cigna Care Network



- Specialty care office visit has lower co-pay when provider has the CCN designation
 - Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery
- Providers identified by the Cigna Care Designation symbol 

Cigna HMO



Service	Co-pay
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$30
Convenience Care Clinic	\$20
Specialty Care Office Visit	\$45 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	\$250 / admit, after deductible
Outpatient Surgery	\$125 / visit, after deductible
Single/Family Facility Deductible	\$350 / \$700
Out-of-Pocket Maximum Single/Family	\$1,600 / \$3,200

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">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Hospice	<ul style="list-style-type: none">• Outpatient hospital surgical center• Advanced Radiological Imaging at an Outpatient Hospital Facility for MRI, MRA, CAT and PET Scans

Individual and family deductible amounts aggregate.

All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount



- Eligible in-network Mental Health and Substance Abuse out-of-pocket costs (copays and coinsurance) for covered services are included under the **Medical Out-of-Pocket Maximum**
- Transition current benefits for alternative medicine to discount programs available through health plans

UnitedHealthcare PPO



- Consists of 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
- Specialty care office visit has lower co-pay when provider has the UnitedHealth Premium Tier 1 designation
- Out-of- Pocket Maximum includes all medical co-pays, deductibles and co-insurance (excludes prescription and behavioral health)

UnitedHealth Premium® Tier 1 

UnitedHealthcare PPO (In-Network Services)



In-Network Services	Cost
Single / Family Annual Deductible	\$350 / \$700
Out-of-Pocket Maximum Single / Family	\$3,000 / \$6,000
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$40
Convenience Care Clinic	\$30
Specialty Care Office Visit	\$55 / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	Deductible applies, 10% co-insurance
Advanced Radiological Imaging at an Outpatient Facility (MRI, MRA, CAT & PET Scans)	Deductible applies, \$100 per scan plus 10% coinsurance

UnitedHealthcare PPO



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

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



- Eligible in-network Mental Health and Substance Abuse out-of-pocket costs (copays and coinsurance) for covered services are included under the **Medical** Out-of-Pocket Maximum
- Transition current benefits for alternative medicine to discount programs available through health plans
- Out-of-Network coinsurance percentage changes from 70/30 ***to*** 50/50



HDHP (High Deductible Health Plan)

- Primary Care Physician (PCP) not required
- Specialist referral from PCP not required
- In- and out-of-network coverage
- Deductible must be met before the plan pays
 - In-network preventive services are free
- After annual deductible is met
 - 10% co-insurance for in-network service
 - 30% co-insurance for out-of-network service
- Offers a Health Savings Account

UnitedHealthcare HDHP with H.S.A.



In-Network Services	Deductible/Co-Insurance
Deductible Individual/Family	\$1,250 / \$2,500
Out-of-pocket maximum	\$2,000 / \$4,000
Primary Care Office Visit	10% after deductible
Specialty Care Office Visit	10% after deductible
Preventive Care	Free
Urgent Care	10% after deductible
Emergency Room	10% after deductible
Inpatient Hospital	10% after deductible
Outpatient Surgery	10% after deductible



Prescription Plan - OptumRx

- Some free preventive Tier 1 and Tier 2 drugs
- Deductible does not apply to any preventive drugs
- Cost of drugs (in-network pharmacies only)
 - Tier 1 - 30% after deductible
 - Tier 2 - 40% after deductible
 - Tier 3 - 50% after deductible

Behavioral Health – United Behavioral Health

- 10% after deductible in-network / 30% out-of-network
 - Except intensive outpatient programs which cost 50% after deductible



Deductible and Out-of-Pocket Maximums

- Apply to most services (including medical, prescription and behavioral health)
 - Except in-network preventive care
 - Except preventive medication on the drug list
 - Tier 1
 - Tier 2
 - Tier 3
- 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 & Out-of-Network Cross-Accumulate

Health Savings Accounts (H.S.A.)



Opening a Health Savings Account allows individuals to set aside money to pay for out-of-pocket costs associated with the High Deductible Health Plan.

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. Click on “Open an HSA” and complete the application process. Enter 901632 for the group number



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 HSA:

- \$500 for individual coverage*
- \$1,000 for family coverage*

* Pro-rated by the number of days remaining in the plan year if a new hire or newly benefits-eligible

Health Savings Accounts (HSA)



- Can contribute:
 - Up to \$3,300 for individual coverage*
 - Up to \$6,550 for family coverage*
 - Plus \$1,000 catch-up if 55 or older*

* Minus County contribution to your account

- Investment allocations available with \$2,000 account balance
- Fully portable if you are no longer employed with the County
- Unused funds remain in your account indefinitely



- Transition current benefits for alternative medicine to discount programs available through health plans
- Out-of-Network coinsurance percentage changes from 70/30 ***to*** 50/50
- Increase in Deductibles (**In-Network**)
 - From \$1,250 to \$1,500 (Individual)
 - From \$2,500 to \$3,000 (Family)
- Increase in Deductibles (**Out-of-Network**)
 - From \$2,500 to \$3,000 (Individual)
 - From \$5,000 to \$6,000 (Family)



- **Increase in Out-of-Pocket Maximum (In-Network)**
 - From \$2,000 to \$3,000 (Individual)
 - From \$4,000 to \$6,000 (Family)

- **Increase in Out-of-Pocket Maximum (Out-of-Network)**
 - From \$4,000 to \$6,000 (Individual)
 - From \$8,000 to \$12,000 (Family)

- **Increase in H.S.A. Contribution Limits**
 - From \$3,300 to \$3,350 (Individual)
 - From \$6,550 to \$6,650 (Family)



- **Annual Formulary change occurs**
- **Smoking cessation products covered**

Prescription Plans





Prescription Plan for the HMO & PPO Medical Plans Administered by Catamaran

- Co-insurance based, multi-tier prescription plan
 - Uses a preferred medication list
 - Prior Authorization may be required
 - Certain drugs are excluded
- 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
 - Long-term needs include mail order option through Catamaran Home Delivery

Co-Insurance Prescription Plan



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

Type of Medication	\$ Minimum	Co-Insurance %	\$ Maximum
Generic	\$5	25%	\$12
Preferred Brand	\$10	30%	\$40
Non- Preferred Brand with Generic Equivalent	\$50	50% + *Difference between brand & generic cost	No Maximum
Non-Preferred Brand	\$50	50%	No Maximum
Non-Preferred Brand Specialty Drugs	\$100 Copay Applies to All		

Programs to Save You Dollar\$



Formulary Advantage Program

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

Quantity Limit Program

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

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



Walgreens Pharmacy

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

Pharmacy Manager

Virginia Boomershine
PharmD, BCACP

Location & Phone

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

Hours of Operation:

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

Spouses & dependents welcome!

Quality Care. Priority Access. Privacy Guaranteed.

Premise Health Onsite Health Center



Health Center Services

- Acute Medical Care
- Lab Services
- Minor Surgical Procedures
- Immunizations and Vaccines
- Urgent “Walk-In” Care
- Blood Draws
- Gastrointestinal Care
- Urinary
- Respiratory
- Eye

Health Center Supervisor & Nurse Practitioner

Ruth Stedwell, MS, RN, FNP-C

Location & Phone

301 W. Jefferson St . (2nd floor)
480.347.4791

Hours of Operation:

Mon – Fri: 7:30 AM – 4:00 PM
Closed for lunch: 1:00 – 1:30 PM
Last morning appt. at 12:30 PM
Last afternoon appt. at 3:00 PM
(Appointments encouraged)

Quality Care. Priority Access. Privacy Guaranteed.

Catamaran Co-Insurance Prescription Plan Changes PY 2015-2016



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

Catamaran Co-Insurance Prescription Plan Changes PY 2015-2016



Change Coinsurance percentages 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%

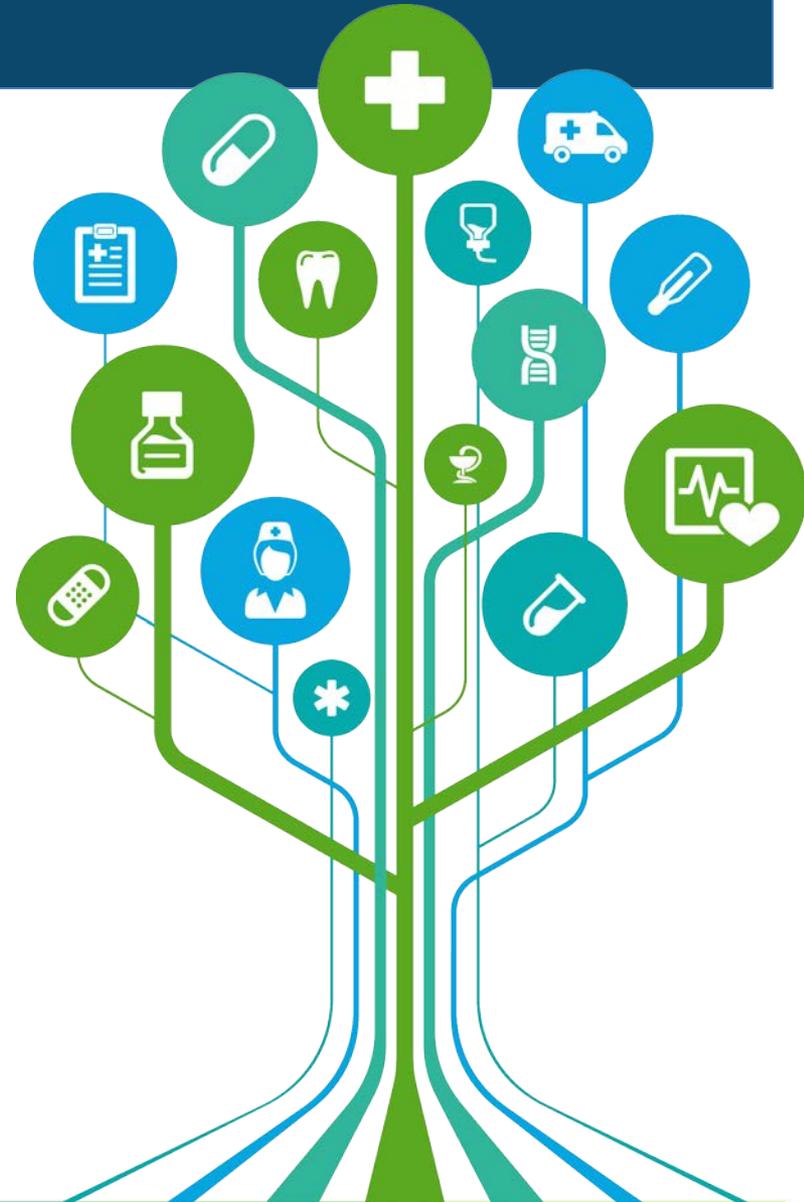
Catamaran Co-Insurance Prescription Plan Changes PY 2015-2016



Increase Cap on Coinsurance Amount 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

Behavioral Health Plans



Employee Assistance Program (EAP)



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



- **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



In-Network

- Outpatient Individual Therapy
 - Co-pay \$25
- Outpatient Group Therapy
 - Co-pay \$15
- Medication Check Office Visit
 - Co-pay \$10
- Inpatient Hospital Care
 - Co-pay \$25 per day
 - Up to 30 days per year
 - In- and out-of-network days are combined
- Intensive Outpatient
 - Co-pay \$100 per program

Out-of-Network

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



In-Network

Only inpatient hospitalization requires prior authorization; all other services are by self-referral

- Outpatient Therapy & Medication Checks
 - 10% after deductible
- Intensive Outpatient Program
 - 50% after deductible
 - Maximum up to 3 programs/Plan Year
- Inpatient Hospitalization
 - 10% after deductible
 - 60 days combined maximum/Plan Year

Out-of-Network

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



Magellan Health Services

- Counseling for bariatric surgery will be provided through medical plan
- Eligible in-network Mental Health and Substance Abuse out-of-pocket costs (copays, coinsurance) are included under the **Medical** Out-of-Pocket Maximum

United Behavioral Health Plan

- Coverage for autism spectrum disorder along with the Applied Behavioral Analysis (ABA) provided

Avesis Vision Plan



- In- and Out-of-Network Coverage
- Provides annual coverage
 - For eye exams, 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

Avesis Vision Plan



Eye Exam

- \$10 co-pay

Glasses

- \$10 co-pay Standard lenses
- Frame allowance is \$130 retail (Wal-Mart frame allowance is \$68)
- 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

- At least 80% of preferred provider charge less lifetime allowance of \$150 per eye

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

Dental Plans



Cigna Pre-Paid Dental Plan



- 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 (such as pediatric dentistry) provided at a discount
- Orthodontic treatment is paid as described in the Patient Charge Schedule

Cigna PPO Dental Plan



- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - 80% for preventive care
 - 60% for basic restorative services
 - 50% for major restorative services
 - * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - No age limit

Progressive/Regressive Feature



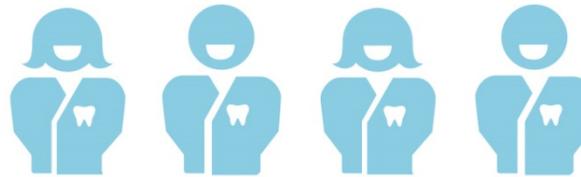
Year 1 - Base Plan	In-Network		Out-of Network	
	Plan	Employee	Plan	Employee
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	80%	20%	60%	40%
Major Restorative Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Year 2 - Base Plan				
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic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



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



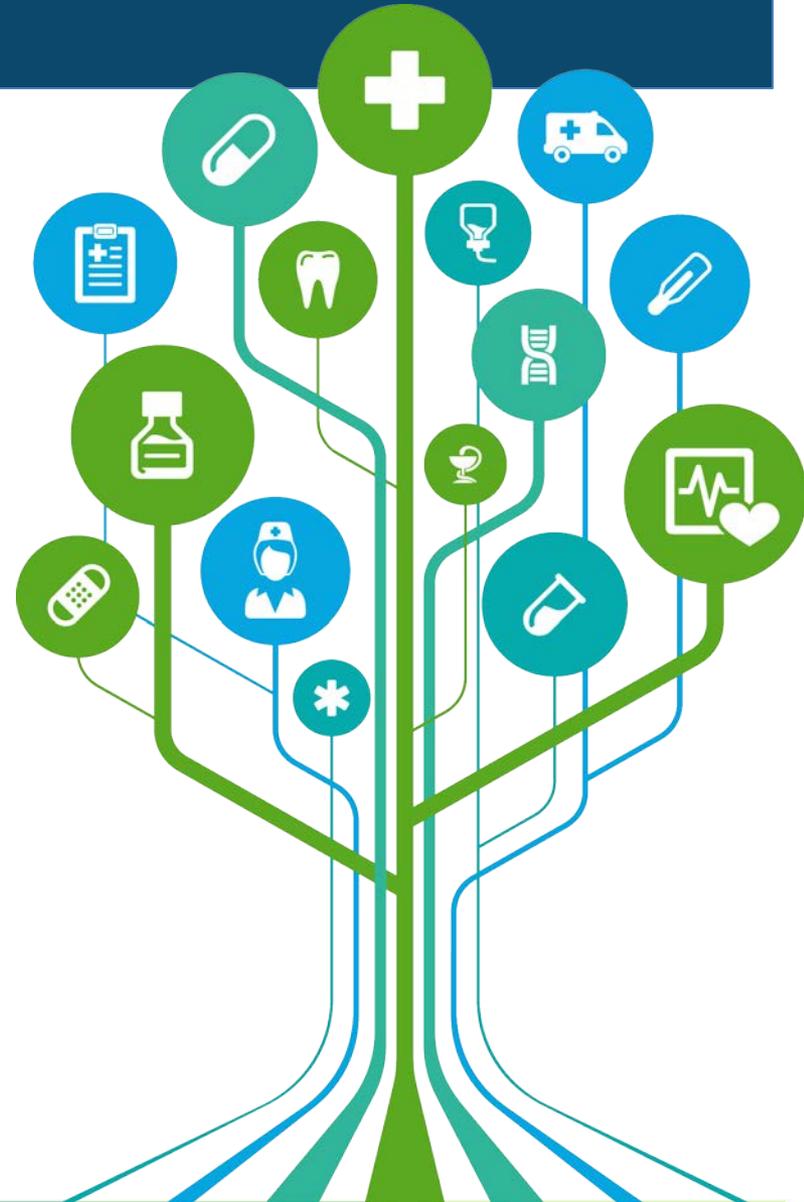
- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - Claims paid at same percentage (100%, 80%, or 50%) as in-network
 - *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

Other Benefits



Life Insurance



- 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 & Child Life Insurance
 - \$100,000 for Spouse Life
 - Available without EOI up to guaranteed limits if you enroll as a new hire
 - \$20,000 for Child Life

Short-Term Disability Plan



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



- **Disallow donations of vacation leave (to be used for sick leave purposes) once an employee is on short-term disability**
- **Cover veterans for disability benefits for injuries/illnesses that “result from war or act of war” if they are not otherwise receiving other income including disability benefits through the military**

Flexible Spending Accounts (FSA)



Health Care FSA

- Medical
- Pharmacy
- Over-the-counter medication with a prescription
- Dental
- Vision
- \$240 Plan Year minimum
- \$2,500 Plan Year maximum

Limited Scope FSA

- If enrolled in the UnitedHealthcare HDHP with HSA
- Only for dental or vision expenses
- \$240 Plan Year minimum
- \$2,500 Plan Year maximum

Dependent Care FSA

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

Make your annual election for the amount you want withheld for the remainder of the plan year which ends June 30.
Any money not used will be forfeited.



Health Care Flexible Spending Account

- Annual dollar employee contribution limit increasing from \$2,500 to \$2,550

Limited Scope Flexible Spending Account

- Annual dollar employee contribution limit increasing from \$2,500 to \$2,550



Hyatt Legal Services

- A plan that provides legal representation and services for a wide range of personal legal matters through plan attorneys
 - Court appearances
 - Document review & preparation
 - Debt collection defense
 - Wills
 - Family matters
 - Real estate matters
 - Traffic ticket defense (except DUI/DWI)
 - Adoption and legitimization
 - Security deposit assistance
 - Elder law matters
 - Personal property protection

Retirement

- **Arizona State Retirement System**

Current ASRS Defined Benefit Plan Rates			
	Pension & Health Insurance	Long-Term Disability	TOTAL
Employee	11.48%	0.12%	11.60%
Employer	11.48%	0.12%	11.60%

- **Public Safety Personnel Retirement System**

- The Public Safety Personnel Retirement System is a special retirement system for certain full-time certified peace officers, correction officers and elected officials

Monthly Medical Plan Rates 2014-2015

Bundled with Prescription & Behavioral Health

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions
Cigna HMO	Employee	78.70	18.70
	Employee + Spouse	140.26	80.26
	Employee + Child(ren)	115.00	55.00
	Employee + Family	192.40	132.40
UnitedHealthcare PPO	Employee	99.82	39.82
	Employee + Spouse	205.50	145.50
	Employee + Child(ren)	173.94	113.94
	Employee + Family	285.90	225.90
UnitedHealthcare HDHP with H.S.A.	Employee	60.00	-0-
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

Monthly Vision Plan Rates 2014-2015

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium (Full-Time)
Avesis	Employee	1.32
	Employee + Spouse	2.90
	Employee + Child(ren)	2.18
	Employee + Family	3.90

Monthly Dental Plan Rates 2014-2015

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium (Full-Time)
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	28.42
	Employee + Spouse	62.68
	Employee + Child(ren)	67.80
	Employee + Family	87.34

Important Things You Need to Know



“ACTIVE” Open Enrollment



New Hires Making Elections Before April 13th

- Complete New Hire elections which end June 30, 2015
- Must go back into the ADP Benefits Enrollment System on or after April 13, 2015 but before May 8, 2015 to make Open Enrollment benefit elections for Plan Year 2015-2016

New Hires Making Elections After April 13th

- Complete New Hire elections which end June 30, 2015
- Click “Submit”
- Must complete the rollover process by clicking “Continue” to complete Plan Year 2015-2016 Open Enrollment benefit elections at the same time
- If no action is taken, employees will be enrolled in the default coverage

Confirm Your Enrollment



Review the Confirmation Statement

- Mailed to your home address

ID Cards

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

Verify your Premium Deductions on your Paycheck

- Ensure correct premium deductions are being taken

Changes During New Hire Event?

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

Qualifying Events



Event Examples

- Marriage
 - Birth
 - Adoption
 - Legal Guardianship
 - Divorce
 - Death
 - Gain/Loss of Other Coverage
- Can add or drop dependents as 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 will mail request for required documentation

Important Information



Benefits via Work or Home

- ebc.maricopa.gov/benefits/
(Intranet only available via the Maricopa County network)
- 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
- New Employee Tab
- Medical Plan Comparison Chart
- How to Search For A Provider
- H.S.A. Frequently Asked Questions
- Formulary for Prescription Plans
- Dental Plan Comparison Chart
- Short Term Disability Calculator
- Summary Plan Documents
- Premium Reduction Information (Biometric Screening, Health Assessment & Non-Tobacco User)