



2009/2010 Benefits Enrollment Worksheet

ENROLLMENT DEADLINE

05/15/2009



SLEEPING BEAUTY
 123 HOLLYWOOD
 GILBERT, AZ 85233

MCYWTST
 T5FG 0001

Printed: 04/21/2009
Event: Open enrollment
Employee ID: 912234569

Enrollment Instructions:

1. Complete this Worksheet before you go online to make benefit changes.
2. Use the boxes on the left-hand side of the Worksheet to indicate the option code and cost for each benefit you select.
3. Enroll online at <http://portal.adp.com> by the enrollment deadline shown above.
4. If you do not have access to a computer, check with your department HR Liaison for computer resources that will be available for your use.
5. Paper enrollment or late enrollment will not be accepted. Contact 602-506-1010 if you have enrollment questions.
6. You must register at <http://portal.adp.com>.
Your registration pass code is MCAZ-PRISM09.
7. For information regarding the benefits offered, please visit www.maricopa.gov/benefits or the internal Intranet at <http://ebc.maricopa.gov/ehi>.
8. Review the Know Your Benefits booklet for the current plan year or the What's New booklet during the annual open enrollment period.
9. This Worksheet represents all of your available options. Based on your event you may not be able to make changes to all options.

Dependent Information

You are responsible for adding only eligible dependents and updating any incorrect or incomplete dependent information. The following list displays all individuals who are currently enrolled in benefits as your dependent.

No.	Name	Relationship*	Birth Date	Sex	Student	Disabled	Medical	Dental	Vision
0	SLEEPING BEAUTY	EE	01/01/1965	F			Y		Y

*Relationship codes are:

EE = Employee, SP = Spouse, CH = Child, SC = Step-Child, LG = Legal Guardian, CO = Court-order, BN = Beneficiary

Medical

Coverage Category/Cost Per Pay Period

Your Choice Option Code	Option Code	Option Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input type="text"/>	001	CIGNA Medical Group High *	\$36.68	\$55.03	\$43.74	\$73.24
<input type="text"/>	002	CIGNA Medical Group Low *	\$34.34	\$47.12	\$39.36	\$59.16
	003	Open Access Plus In-Network	\$45.79	\$102.93	\$82.03	\$138.16
	004	Open Access Plus High	\$46.73	\$103.87	\$82.90	\$139.65
	005	Open Access Plus Low	\$34.62	\$47.76	\$39.68	\$60.46
	006	Choice Fund - HSA	\$30.00	\$30.00	\$30.00	\$30.00
	000	Waived Medical Benefit Plan				

* You are required to provide the code for the Primary Care Provider at the time you enroll. Contact the plan to obtain the PCP code.

Biometric Screening Incentive

Coverage Category/Cost Per Pay Period

Employees (not including dependents) enrolled in a County-sponsored medical plan who participate in the annual Biometric Screening will save up to \$120 per plan year on their medical insurance premium. The biometric screening provided by CIGNA Onsite Health consists of completing a brief personal health history as well as having your measurements taken for height, weight, blood pressure, waist circumference, body fat composition, cholesterol, and glucose levels.



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Health Assessment Incentive

Coverage Category/Cost Per Pay Period

Employees (not including dependents) enrolled in a County-sponsored medical plan who participate in the annual Health Assessment will save up to \$120 per plan year on their medical insurance premium. The Health Assessment is available online through www.mycigna.com and consists of a series of questions about your health and lifestyle. Your confidential responses are then assessed by the online tool to determine your health risks.

Non-Tobacco User Incentive

Coverage Category/Cost Per Pay Period

When employees and all of their dependents enrolled in a County-sponsored medical plan do not use tobacco products (occasionally or regularly), they will save up to \$480 per plan year on their medical insurance premium. Tobacco use includes cigarettes, cigars, pipes, snuff, chewing tobacco and any other product containing tobacco during the last six consecutive months.

Health Savings Account

When you enroll in the Choice Fund Health Savings Account medical plan, you may contribute to your Health Savings Account on an annual basis. You can contribute up to \$3,000 (individual) or \$5,950 (family) to your account depending on the amount contributed by Maricopa County. Unused balances in your account rollover each plan year.

Pharmacy

Coverage Category/Cost Per Pay Period

Your Choice

Option Code

Cost

Option Code	Option Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
001	Co-insurance Prescription Benefit Plan	\$5.35	\$10.59	\$7.96	\$15.89
002	Consumer Choice Prescription Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00
003	Choice Fund HSA Prescription Plan	\$0.00	\$0.00	\$0.00	\$0.00
000	Waived Prescription				

Vision

Coverage Category/Cost Per Pay Period

Your Choice

Option Code

Cost

If you enroll in any County-sponsored medical plan, you must enroll in the vision plan (EyeMed with Med election). The County also offers this plan as a separate (stand-alone) vision plan for employees who choose to waive their medical benefits and wish to enroll in the vision plan (EyeMed no Med election). However, you may not enroll your dependents in a vision plan if they are not enrolled in your medical plan.

Option Code	Option Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
001	EyeMed (with Med election)	\$0.00	\$0.00	\$0.00	\$0.00
002	EyeMed (no Med election)	\$5.08	\$9.58	\$10.04	\$14.74
000	Waived Vision				

Behavioral Health Coverage

The behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan and is provided to you at minimal cost. Enrollment is mandatory.



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Dental

Coverage Category/Cost Per Pay Period

Your Choice

Option Code

Cost

Option Code	Option Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
001	Employers Dental Services *	\$2.16	\$4.10	\$5.38	\$6.18
002	CIGNA Dental	\$7.23	\$15.95	\$17.25	\$22.18
003	Delta Dental	\$11.92	\$26.31	\$28.44	\$36.57
000	Waived Dental				

* You are required to provide the code for the Primary Care Provider at the time you enroll. Contact the plan to obtain the PCP code.

Additional Life Insurance

Your Choice

Option Code

Cost

Basic Life Insurance of 1X Annual Base Salary is provided to you at no cost. You may elect additional coverage from the following options:

Option Code	Coverage Level	Non Tobacco User	Tobacco User
001	1X Annual Base Salary		
002	2X Annual Base Salary		
003	3X Annual Base Salary		
004	4X Annual Base Salary		
005	5X Annual Base Salary		
000	Waived Additional Life		

Your rates which are based on your base salary and your smoker status will display on your individualized worksheet

Additional Accidental Death and Dismemberment

Your Choice

Option Code

Cost

Basic Accidental Death and Dismemberment (AD&D) Insurance of 1X Annual Base Salary is provided to you at no cost. You may elect additional coverage from the following options:

Option Code	Coverage Level	Employee Only	Employee Plus Family
001	1X Annual Base Salary		
002	2X Annual Base Salary		
003	3X Annual Base Salary		
004	4X Annual Base Salary		
005	5X Annual Base Salary		
000	Waived Additional Life		

Your rates which are based on your based salary will display on your individualized worksheet.

Spouse Life Insurance

Your Choice

Option Code

Cost

If there is not a spouse listed on file, the rates on this worksheet will be based on the employee's age. Once your spouse is on file the rates will be adjusted based on the spouse's age. The rates on the confirmation statement will be the adjusted rate.

Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
001	\$10,000	<i>Rates which are based on your spouse's age at the beginning of the calendar year will display on your individualized worksheet if the spouse's information is on file.</i>	007	\$70,000*	<i>Rates which are based on your spouse's age at the beginning of the calendar year will display on your individualized worksheet if the spouse's information is on file.</i>
002	\$20,000		008	\$80,000*	
003	\$30,000		009	\$90,000*	
004	\$40,000		010	\$100,000*	
005	\$50,000		000	Waived Spouse Life	
006	\$60,000*				

* You must complete an Evidence of Insurability (EOI) form if you choose this Coverage Level. Please review enrollment information at <http://portal.adp.com> for details.



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Child Life Insurance

Your Choice Option Code	Option Code	Coverage Option	Cost Per Pay Period
<input type="text"/>	001	\$5,000	\$0.25
Cost	002	\$10,000	\$0.50
<input type="text"/>	003	\$15,000*	\$0.75
	004	\$20,000*	\$1.00
	000	Waived Child Life	

* You must complete an Evidence of Insurability (EOI) form if you choose this Coverage Level. Please review enrollment information at <http://portal.adp.com> for details.

Short Term Disability

Your Choice Option Code	Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
<input type="text"/>	001	40% STD Coverage	<i>Your rates which are calculated on your base salary will display on your individualized worksheet.</i>	004	70% STD Coverage	<i>Your rates which are calculated on your base salary will display on your individualized worksheet.</i>
Cost	002	50% STD Coverage		000	Waived STD Coverage	
<input type="text"/>	003	60% STD Coverage				

Health Care Flexible Spending Account

Annual Goal

(Pre-Tax Contribution)

When you enroll in the Health Care Spending Account, you may contribute from \$26.00 to \$5,200.00 for the plan year. The amount you elect will be divided by the number of pay periods in the plan year and taken from each paycheck.

You will default to no contribution if you do not make an election.

Dependent Care Flexible Spending Account

Annual Goal

(Pre-Tax Contribution)

When you enroll in the Dependent Care Spending Account, you may contribute from \$26.00 to \$5,000.00 for the plan year. The amount you elect will be divided by the number of pay periods in the plan year and taken from each paycheck.

You will default to no contribution if you do not make an election.

Employee Assistance Program

The Employee Assistance Program is provided to you at no cost.

Group Legal Services

Your Choice Option Code	Option Code	Coverage Option	Cost Per Pay Period
<input type="text"/>	001	METLAW Group Legal Services	\$7.87
Cost	000	Waived Group Legal	
<input type="text"/>			