Open Enrollment Kick-Off Meeting

April 14, 2009

July 1, 2009 to June 30, 2010
Employee Health Care Program

Welcome!

Mike Schaiberger
Director of Employee Health Initiatives
Administrator for Innovation

Guiding Principles

- Offer choices: “Right Plan” - “Right Person”
- Remove or reduce barriers to preventive care
- Encourage healthy behavior change through incentive-based lower premiums
- Improve employee health status through Wellness Initiatives
- Stay “Competitive” with “Market Place”
- Maintain high employee satisfaction rate

2009 Employee Health Benefit Satisfaction Highlights

Benefit	Score
Health Benefit	94%
Pharmacy Benefit	91%
Dental Benefit	89%
Overall **EMPLOYEE SATISFACTION** with the Health Benefit Program (includes health (medical), pharmacy, behavioral health, vision, etc.)	**98%**

Vendors

- Cigna
- Walgreens Health Initiatives
- Magellan
- Delta Dental
- CIGNA Dental
- EDS

Vendors cont'd.

- EyeMed Vision Care
- Sedgwick CMS
- The Standard

What's New for Open Enrollment FY 2009/2010

Pat Vancil
Employee Health Initiatives Manager

Medical

Medical Offerings

- Continuing to offer the **same** medical plans administered through CIGNA HealthCare:
  - HMO CMG (CIGNA Medical Group) High Option Plan
  - HMO CMG (CIGNA Medical Group) Low Option Plan
  - OAP (Open Access Plus) In-Network Plan
  - OAP (Open Access Plus) High Option Plan
  - OAP (Open Access Plus) Low Option Plan
  - Choice Fund HSA (Health Savings Account) Plan

General Medical Changes

- Implement a Convenience Care Visit Copay that is $10 less than your Primary Care Copay when accessing medical care at the CIGNA CareToday or at the Walgreens Take Care Clinics (including the onsite Take Care Clinic). This applies to all medical plans except the Choice Fund HSA plan.
- Reimburse the urgent care copay if an employee and/or dependent is referred directly to the emergency room for care.
- Implement a case management incentive. Case management involves you (or your dependents) with specific complex health care needs where a treatment plan is formulated and implemented by CIGNA to improve your health status. If you choose to disenroll or not participate in Case Management, you will be charged an additional $250 for related services.
- Add Cranial Banding (Cranial Orthotic Devices for Positional or Deformational Plagiocephaly) as a covered benefit when medically necessary.

General Medical Changes

- An annual **in-network** deductible has been added to the medical plans listed below:

Medical Plan	**Annual Deductible**	
	Single	Family
CMG (CIGNA Medical Group) High Option	$100	$200
CMG (CIGNA Medical Group) Low Option	$300	$600
OAPIN (Open Access Plus In-Network) Option	$100	$200
OAPIN (Open Access Plus) High Option	$100	$200
OAPIN (Open Access Plus) Low Option	$300	$600

Deductibles

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

Inpatient Facility	Outpatient Hospital Facility
• Hospital • Skilled Nursing • Rehabilitation • Sub-Acute Facilities	• Outpatient hospital surgical center • Advanced Radiological Imaging at an Outpatient Hospital Facility, i.e. MRI, MRA, CAT and PET Scans

Examples of Services where the Deductible DOES NOT Apply

Description of the Service* In-network only	Does my deductible apply?
Visit my primary care doctor for a routine visit	No
Visit a specialist physician	
Take Care Clinic located in a Walgreens Pharmacy (including the location on the 2nd Floor of the County Administration Building)	
CareToday Clinics	
Urgent Care Clinic	
Emergency Room	
Short-Term Rehabilitative Therapy	
Chiropractic Services	
Advanced Radiological Imaging (i.e. MRI, MRAs, CAT Scans, PET Scans) at a Independent Contracted Freestanding Facility	

**All providers who perform these services are contracted through CIGNA Health Care*

Examples of Services where the Deductible DOES Apply

Description of the Service* In-network only	Does my deductible apply?
Hospital Stay	Yes
Outpatient Surgery Facility Services (i.e. operating rooms, recovery rooms)	
Admission to Skilled Nursing, Rehabilitation, and Sub-Acute Facilities	
Advanced Radiological Imaging (i.e. MRI, MRAs, CAT Scans, PET Scans) at an Inpatient/Outpatient Hospital Facility (Does not apply to free-standing radiology facilities)	

**All providers who perform these services are contracted through CIGNA Health Care*

Claims Processing

Claims are processed in the following order:

1. Annual Deductible (if applicable to the service, and if this has not been met)
2. Copay (if applicable)
3. Co-insurance (if applicable)

Example

Surgery is performed at an In-network Outpatient Hospital Surgery Center

Service: Outpatient Hospital Surgery					
Medical Plan	*CMG High Option*	*CMG Low Option*	*OAPIN Option*	*OAP High Option*	*OAP Low Option*
CIGNA contracted amount owed to the Provider to pay for your service	$2,500	$2,500	$2,500	$2,500	$2,500
Your Annual Deductible*	($100)	($300)	($100)	($100)	($300)
Your Copay for Outpatient Surgery	($100)	($250)	($100)	($100)	($500)
Balance Due to the Provider	$2,300	$1,950	$2,300	$2,300	$1,700
Your Co-insurance for Outpatient Hospital Surgery		**(1,950*10%)** ($195)			**(1,700*10%)** ($170)
Balance Due to the Provider	$2,300	$1,755	$2,300	$2,300	$1,530
Your TOTAL Responsibility	$200	$745	$200	$200	$970

Your total payment responsibility, includes the annual deductible, copay (if applicable) and co-insurance (if applicable).

*Example applies to employee only coverage.

Copay & Deductible Changes

CMG (CIGNA Medical Group) High Option

Service	Copay	Changes
Preventive Care	$0 (Free)	No change
Primary Care	$15	No change
Convenience Care Clinic	$5	New
Specialty Care	$25* / $40	No change
Allergy Injections	$8* / $23	No change
Scans	$50 / type of scan / day	No change
Urgent Care	$75	Was $35
Emergency Room	$150	Was $125
Durable Medical Equipment	$75 (per item)	Was $0
Outpatient Facility Services	$100	Was $0
Deductibles & Out-of-Pocket Maximums		
Single / Family Deductible	$100 / $200	Was $0
Out-of-Pocket Maximum Single/Family**	$1,000 / $2,000	No Change

Must choose Primary Care Physician (PCP). Referrals required. PCP must be in the CMG Network. PCPs in private practice offices are not included in the CMG Network. Services outside of the CMG Network are not covered.

*Cigna Care Network Specialist. **Inpatient Facility copays, Outpatient Facility copays and Advanced Radiological Imaging copays apply towards your Out-of-Pocket Maximum; however, other copays do not.

CMG (CIGNA Medical Group) Low Option

Service	Copay	Changes
Preventive Care	$0 (Free)	No Change
Primary Care	$25	No change
Convenience Care Clinic	$15	New
Specialty Care	$45* / $60	No change
Allergy Injections	$13* / $28	No change
Scans	$100 / type of scan / day	No change
Urgent Care	$75	Was $50
Emergency Room	$150	Was $125
Durable Medical Equipment	$75 (per item)	Was $0
Deductibles & Out-of-Pocket Maximums		
Single / Family Deductible	$300 / $600	Was $0
Out-of-Pocket Maximum Single/Family**	$5,000 / $10,000	No Change

Must choose Primary Care Physician (PCP). Referrals required. PCP must be in the CMG Network. PCPs in private practice offices are not included in the CMG Network. Services outside of the CMG Network are not covered.

*Cigna Care Network Specialist. **Inpatient Facility copays, Outpatient Facility copays and Advanced Radiological Imaging copays apply towards your Out-of-Pocket Maximum; however, other copays do not.

OAPIN (Open Access Plus In-Network) Option

Service	Copay	Changes
Preventive Care	$0 (Free)	No change
Primary Care	$20	No change
Convenience Care Clinic	$10	New
Specialty Care	$30* / $45	No change
Allergy Injections	$10* / $25	No change
Scans	$100 / type of scan / day	No change
Urgent Care	$75	Was $50
Emergency Room	$150	Was $125
Durable Medical Equipment	$75 (per item)	Was $0
Deductibles & Out-of-Pocket Maximums		
Single / Family Deductible	$100 / $200	Was $0
Out-of-Pocket Maximum Single/Family**	$1,000 / $2,000	No Change

Primary Care Physician not required. Referrals not required. Uses the OAP National Network. Services received outside the OAP National Network are not covered.

*Cigna Care Network Specialist. **Inpatient Facility copays, Outpatient Facility copays and Advanced Radiological Imaging copays apply towards your Out-of-Pocket Maximum; however, other copays do not.

OAP (Open Access Plus) High Option

In-Network Services	Copay	Changes
Preventive Care	$0 (Free)	No Change
Primary Care	$25	No change
Convenience Care Clinic	$15	New
Specialty Care	$35* / $50	No change
Allergy Injections	$13* / $28	No change
Scans	$100 / type of scan / day	No change
Urgent Care	$75	Was $50
Emergency Room	$150	Was $125
Durable Medical Equipment	$75 (per item)	Was $0
In-Network/Out-of-Network Deductibles & Out-of-Pocket Maximums		
In-Network Single/Family Deductible	$100 / $200	Was $0
In-Network Out-of-Pocket Maximum Single/Family**	$1,500 / $3,000	No change
Out-of-Network Single/Family Deductible	$500 / $1,000	No Change
Out-of-Network Out-of-Pocket Maximum Single/Family**	$3,000 / $6,000	No Change

Primary Care Physician not required. Referrals not required. Uses the OAP National Network. Services are covered both in and outside the OAP National network. Services received outside the network cost more.

*Cigna Care Network Specialist. **Inpatient Facility copays, Outpatient Facility copays and Advanced Radiological Imaging copays apply towards your Out-of-Pocket Maximum; however, other copays do not.

OAP (Open Access Plus) Low Option

In-Network Services	Copay	Changes
Preventive Care	$0 (Free)	No change
Primary Care	$35	No change
Convenience Care Clinic	$25	New
Specialty Care	$50* / $65	No change
Allergy Injections	$18* / $33	No change
Scans	10%	No change
Urgent Care	$75	No change
Emergency Room	$150	No change
Durable Medical Equipment	$75 (per item)	Was $0
In-Network / Out-of-Network Deductibles & Out-of-Pocket Maximums		
In-Network Single / Family Deductible	$300 / $600	Was $0
In-network Out-of-Pocket Maximum Single/Family**	$5,000 / $10,000	No Change
Out-of-Network Single/Family Deductible	$1,000 / $2,000	No Change
Out-of-Network Out-of-Pocket Maximum Single/Family**	$10,000 / $20,000	No change

Primary Care Physician not required. Referrals not required. Uses the OAP National Network. Services covered both in and outside the OAP National Network. Services received outside the network cost more.

*Cigna Care Network Specialist. **Inpatient Facility copays, Outpatient Facility copays and Advanced Radiological Imaging copays apply towards your Out-of-Pocket Maximum; however, other copays do not.

Choice Fund Health Savings Account

Choice Fund HSA

- High-Deductible Health Plan
- PPO product with national network plus out-of-network coverage
- Low 10% medical and behavioral health co-insurance after deductible

Choice Fund HSA continued

- You own the HSA administered by JPMorgan Chase

  HSAs provide triple tax savings
  - Tax deductions when contributing to the account
  - Tax-free earnings through investments
  - Tax-free withdrawals for qualified expenses

- HSAs are fully portable
- Maricopa County provides partial funding of HSA
- You can contribute up to $3,000/$5,950 plus $1,000 catch-up if over 55
- Unused balances rollover

Choice Fund HSA continued

- Must be “bankable”
- Default plan for new hires and newly eligible employees
- Must use Social Security Number instead of Alternative ID#
- Allows one time transfer of credits from Consumer Choice Rx Plan
- Can’t be covered under other insurance

Choice Fund HSA
(Health Savings Account) Option

In-Network Services	Copay / Coinsurance	Changes
In-Network and Out-of-Network Deductible	$1,200 / $2,400	No change
In-Network and Out-of-Network Out-of-Pocket Maximum	$2,000 / $4,000	No change
Preventive Care	Free	No change
Primary Care	10 % after deductible	No change
Specialty Care	10 % after deductible	No change
Allergy Injections	10 % after deductible	No change
Scans	10 % after deductible	No change
Urgent Care	10 % after deductible	No change
Emergency Room	10 % after deductible	No change
Inpatient Hospital	10 % after deductible	No change
Therapy Visits	10 % after deductible	No change
Chiropractic	10 % after deductible	No change
Alt. Medicine	$15 / visit	No change
Out-of-Network Services	30 % after deductible	No change

Choice Fund HSA
(Health Savings Account) Option

CIGNA Behavioral Health	10% after deductible	No change
CIGNA Pharmacy	FREE PREVENTIVE GENERIC AND PREFERRED BRAND MEDICATIONS 30% generic 40% preferred 50% non-preferred	No change

Maricopa County will contribute $500 for employee only coverage or $1,000 for family coverage to your Health Savings Account

(Prorated by the number of months remaining in the plan year at the time of enrollment)

PHARMACY

Co-insurance and Consumer Choice Pharmacy Plan Changes

- Continuing to offer the Co-insurance and the Consumer Choice Plans administered by Walgreens Health Initiatives.
- Continuing to offer the Healthful Living Diabetes Care Management Program through WHI and Joslin Diabetes Center for employees and dependents. Upon completion of the Program, participants will be reimbursed for up to 9 diabetic-related office visit copays per plan year. **Enrolling in the County's Diabetic Management Program is NO longer a prerequisite.**
- Excluding Erectile Dysfunction Medication and Non-Sedating Oral Antihistamines.

Co-Insurance Pharmacy Plan Changes

- Increasing the copay maximum for Preferred Brand Medications from $30 to $40 for up to a 30-day prescription, and from $90 to $120 for a 90-day supply at retail locations. The mail order maximum did not change.
- Increasing the copay minimum for Non-Preferred Brand Medications from $20 to $40 for up to a 30- day prescription, and from $60 to $120 for 90-day prescriptions filled through mail order and retail locations.

Co-Insurance Pharmacy Plan

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

COST

Generic	Preferred Brand	Non-Preferred Brand with Generic	**Non-Preferred Brand with No Generic**	Non-Formulary Specialty Drugs
$12 Max ***25% Co-insurance*** **$2 Min**	**$40 Max** ***30% Co-insurance*** **$5 Min**	**50% Co-insurance + Difference between brand & generic cost** **$40 Min**	**50% Co-insurance** **$40 Min**	**$50 Copay**

FREEDOM OF CHOICE

Consumer Choice
Pharmacy Plan Enhancements

- The $500 pharmacy credit that Maricopa County funds for family coverage will no longer be limited to $300 for one individual. Since the limitation has been removed, the $500 credit can be used by any covered family member or combination of family members.

Consumer Choice Pharmacy Plan

Consumer Choice
Annual Out-of-Pocket Maximum
$1,500/$3,000

COST

Pharmacy Reimbursement Account	Deductible	Insurance Coverage	Specialty Drug
❖ $300 Individual or $500 Family* ❖ 100% Employer funded ❖ Any unused amount is carried over to next year	❖ $300 Individual or $500 Family* ❖ 100% Employee paid	❖ 80% covered by Employer ❖ 20% covered by Employee	$50 copay; does not apply to pharmacy account, deductible or insurance levels

← **FREEDOM OF CHOICE** →

*Family refers to employee and one or more covered dependents.

BEHAVIORAL HEALTH

Behavioral Health Changes

- Continue to offer the integrated Employee Assistance Plan and the behavioral health/substance abuse benefits administered through Magellan Health Services.
- Continue to offer a voluntary Confidential Health Coaching Program to encourage behavior change that can mitigate the risk associated with certain high risk conditions.
- Increase the outpatient office visit copay $10 to $20 per visit.

Autism

- Implement the new legislation to cover Autism for children.
  - Autism coverage for mental health will have the following limits:
    - $50,000 maximum benefit per year up to the age of nine
    - $25,000 maximum benefit per year up between the ages of nine and 16.

VISION

Vision Benefit Plan Changes

- Continuing to offer vision benefits administered by EyeMed.
- Changing to a new network.
- In-network member cost for Standard Contact Lens Fit and Follow-up will now cost up to $40 instead of $55.
- Adding an Acute Care Eye Benefit to provide coverage for acute care eye conditions, such as pink eye, treated by your EyeMed Vision Care provider. Does not include treatment for chronic conditions.

DENTAL

Dental Benefit Plans

- Continuing to offer the **same** dental benefits as provided by CIGNA Dental, Delta Dental and EDS.

PREMIUM RATES

Changes

- The premium rates have changed for the new plan year.
- The premium rates in the Benefits Enrollment System have been reconfigured for the new plan year. For each incentive, you receive the savings amount will be deducted.
- Non-tobacco user incentive increased from $15 to $20 per pay period. Entire household (employees and dependents) needs to be tobacco-free.
- Employees voluntarily participating in the annual biometric screening and health assessment initiatives will save $240 per year ($5 per initiative, 24 pay-periods) on their medical insurance.

Contract Employees

- Contract employees may be offered health insurance benefits at the option of the appointing authority as long as the employee meets the same eligibility requirements of classified and unclassified employees. Contract employees scheduled to work less than 20 hours per week would not qualify for benefits except if the following applies:
  - Employees who retire from the ASRS are statutorily limited to the number of hours they may work for the first year following their retirement date.
  - If one of these employees returns to work within that time period, he/she may be offered only part-time benefits, regardless of the number of hours he/she is scheduled to work, at the option of the appointing authority while the employee waits for the one year limitation on hours worked to expire. At that time the employee shall revert to meeting the requirements of all other contract employees.

Special Work Assignments

- Employees who are on a special work assignment and enrolled in additional life insurance and/or short-term disability benefits will notice a decrease in premium and coverage. This is due to the premium being calculated on the base salary instead of the special work assignment salary.

FULL-TIME PER PAY PERIOD RATES

COMBINED RATES - Medical + Coinsurance Pharmacy

Reduce by $20 per tobacco free household (employees & covered dependents)
Reduce by $5 if employee voluntarily participates in the biometric screening initiative
Reduce by $5 if employee voluntarily participates in the health assessment initiative
(Includes: Medical, Pharmacy, Behavioral Health , Vision)

Coverage Level	FY 09-10 Employee Pay Period	FY 08-09 Employee Pay Period*	Pay Period Variance
	CMG High Option	CMG High Option	
Employee Only	$42.03	$36.08	$5.95
Employee + Spouse	$65.62	$57.36	$8.26
Employee + Child(ren)	$51.70	$44.84	$6.86
Employee + Family	$89.13	$78.58	$10.55
	OAPIN	OAPIN	
Employee Only	$51.14	$42.12	$9.02
Employee + Spouse	$113.52	$90.34	$23.18
Employee + Child(ren)	$89.99	$72.02	$17.97
Employee + Family	$154.05	$122.04	$32.01
	OAP High Option	OAP High Option	
Employee Only	$52.08	$ 44.74	$7.34
Employee + Spouse	$114.46	$99.52	$14.94
Employee + Child(ren)	$90.86	$ 78.74	$12.12
Employee + Family	$155.55	$135.76	$19.79

*Reduce by $15 per tobacco free household and/or by $5 for voluntarily participating the biometric screening; and/or by $5 for voluntarily participating in the health assessment

COMBINED RATES - Medical + Coinsurance Pharmacy

Reduce by $20 per tobacco free household (employees & covered dependents)
Reduce by $5 if employee voluntarily participates in the biometric screening initiative
Reduce by $5 if employee voluntarily participates in the health assessment initiative
(Includes: Medical, Pharmacy, Behavioral Health , Vision)

Coverage Level	FY 09-10 Employee Pay Period	FY 08-09 Employee Pay Period*	Pay Period Variance
	CMG Low Option	CMG Low Option	
Employee Only	$39.69	$34.50	$5.19
Employee + Spouse	$57.71	$52.34	$5.37
Employee + Child(ren)	$47.32	$42.04	$5.28
Employee + Family	$75.05	$69.50	$5.55
	OAP Low Option	OAP Low Option	
Employee Only	$39.97	$34.78	$5.19
Employee + Spouse	$58.35	$52.98	$5.37
Employee + Child(ren)	$47.64	$42.36	$5.28
Employee + Family	$76.35	$70.80	$5.55
	Choice Fund HSA**	Choice Fund HSA**	
Employee Only	$30.00	$25.00	$5.00
Employee + Spouse	$30.00	$25.00	$5.00
Employee + Child(ren)	$30.00	$25.00	$5.00
Employee + Family	$30.00	$25.00	$5.00

*Reduce by $15 per tobacco free household and/or by $5 for voluntarily participating the biometric screening; and/or by $5 for voluntarily participating in the health assessment

**Uses CIGNA Pharmacy Benefit

COMBINED RATES - Medical + Consumer Choice Pharmacy

Reduce by $20 per tobacco free household (employees & covered dependents)
Reduce by $5 if employee voluntarily participates in the biometric screening initiative
Reduce by $5 if employee voluntarily participates in the health assessment initiative
(Includes: Medical, Pharmacy, Behavioral Health , Vision)

Coverage Level	FY 09-10 Employee Pay Period	FY 08 - 09 Employee Pay Period*	Pay Period Variance
	CMG High Option	CMG High Option	
Employee Only	$36.68	$30.92	$5.76
Employee + Spouse	$55.03	$47.14	$7.89
Employee + Child(ren)	$43.74	$37.16	$6.58
Employee + Family	$73.24	$63.24	$10.00
	OAPIN	OAPIN	
Employee Only	$45.79	$36.96	$8.83
Employee + Spouse	$102.93	$80.12	$22.81
Employee + Child(ren)	$82.03	$64.34	$17.69
Employee + Family	$138.16	$106.70	$31.46
	OAP High Option	OAP High Option	
Employee Only	$46.73	$39.58	$7.15
Employee + Spouse	$103.87	$89.30	$14.57
Employee + Child(ren)	$82.90	$71.06	$11.84
Employee + Family	$139.65	$120.42	$19.23

*Reduce by $15 per tobacco free household and/or by $5 for voluntarily participating the biometric screening; and/or by $5 for voluntarily participating in the health assessment

COMBINED RATES - Medical + Consumer Choice Pharmacy

Reduce by $20 per tobacco free household (employees & covered dependents)
Reduce by $5 if employee voluntarily participates in the biometric screening initiative
Reduce by $5 if employee voluntarily participates in the health assessment initiative
(Includes: Medical, Pharmacy, Behavioral Health , Vision)

Coverage Level	FY 09-10 Employee Pay Period	FY 08-09 Employee Pay Period*	Pay Period Variance
	CMG Low Option	CMG Low Option	
Employee Only	$34.34	$29.34	$5.00
Employee + Spouse	$47.12	$42.12	$5.00
Employee + Child(ren)	$39.36	$34.36	$5.00
Employee + Family	$59.16	$54.16	$5.00
	OAP Low Option	OAP Low Option	
Employee Only	$34.62	$29.62	$5.00
Employee + Spouse	$47.76	$42.76	$5.00
Employee + Child(ren)	$39.68	$34.68	$5.00
Employee + Family	$60.46	$55.46	$5.00
	Choice Fund HSA**	Choice Fund HSA**	
Employee Only	$30.00	$25.00	$5.00
Employee + Spouse	$30.00	$25.00	$5.00
Employee + Child(ren)	$30.00	$25.00	$5.00
Employee + Family	$30.00	$25.00	$5.00

*Reduce by $15 per tobacco free household and/or by $5 for voluntarily participating the biometric screening; and/or by $5 for voluntarily participating in the health assessment

**Uses CIGNA Pharmacy Benefit

Full-time Dental Rates

Coverage Level	FY 09/10 Employee Pay Period	FY 08/09 Employee Pay Period	Pay Period Variance
EDS			
Employee Only	$2.16	$2.16	$0.00
Employee + Spouse	$4.10	$4.10	$0.00
Employee + Child(ren)	$5.38	$5.38	$0.00
Employee + Family	$6.18	$6.18	$0.00
CIGNA Dental			
Employee Only	$7.23	$6.98	$0.25
Employee + Spouse	$15.95	$15.38	$0.57
Employee + Child(ren)	$17.25	$16.64	$0.61
Employee + Family	$22.18	$21.36	$0.82
Delta Dental			
Employee Only	$11.92	$11.18	$0.74
Employee + Spouse	$26.31	$24.66	$1.65
Employee + Child(ren)	$28.44	$26.66	$1.78
Employee + Family	$36.57	$34.24	$2.33

Comparison to State of AZ

Estimated Per Pay Period Combined Medical Rates

(Includes Medical, Pharmacy, Behavioral Health, Vision)

Monthly Contribution	Maricopa County Employee-FY 09/10	State of Arizona Employee-10/08-09/09	Variance
	CMG High + Coinsurance	EPO	
Employee Only	$12.03	$15.00	($2.97)
Employee + Spouse	$35.62	$30.00	$5.62
Employee + Child(ren)	$21.70	$30.00/$75.00	($8.30)/($53.30)
Employee + Family	$59.13	$75.00	(15.87)
	OAP High + Coinsurance	PPO	
Employee Only	$22.06	$72.50	($50.44)
Employee + Spouse	$84.46	$145.00	($60.54)
Employee + Child(ren)	$60.86	$145.00/$207.50	($84.14)/($146.64)
Employee + Family	$125.55	$207.50	($81.95)

Note: Estimated comparison of monthly medical rates. Plan designs, networks and coverage levels are not an exact match between Maricopa County and the State of Arizona. Assumes tobacco-free household and employee voluntarily participates in the biometric screening and health assessment

Comparison to City of Phoenix

Estimated Per Pay Period Combined Medical Rates

(Includes Medical, Pharmacy, Behavioral Health, Vision)

Monthly Contribution	Maricopa County Employee-FY09/10	City of Phoenix Employee-FY08/09	Variance
	CMG High + Coinsurance	HMO	
Employee Only	$12.03	$43.25	($31.22)
Employee + Spouse	$35.62	$124.62	($89.00)
Employee + Child(ren)	$21.70	$124.62	($102.92)
Employee + Family	$59.13	$124.62	($65.49)
	OAP High + Coinsurance	PPO	
Employee Only	$22.06	$45.48	($23.42)
Employee + Spouse	$84.46	$131.06	($46.60)
Employee + Child(ren)	$60.86	$131.06	($70.20)
Employee + Family	$125.55	$131.06	($5.51)

Note: Estimated comparison of monthly medical rates. Plan designs, networks and coverage levels are not an exact match between Maricopa County and the City of Phoenix. Assumes tobacco-free household and employee voluntarily participates in the biometric screening and health assessment

Choose the Right Plan for you and your family

- Medical Benefit Plan Based on Out-of-Pocket Cost
- Provider Network
- Pharmacy Plan
- Employee Payroll Deduction

Maricopa County Network Size

Medical	CMG uses CMG network	20 CMG facilities, 5 CareToday Clinics, 38 hospitals, 112 PCPs, 4,865 Specialists
	OAP uses national OAP network	25 CMG facilities (includes CareToday), 41 hospitals, 2,162 PCPs, 5,828 Specialists
	HSA uses national PPO network	25 CMG facilities (includes CareToday), 42 hospitals, 2,205 PCPs, 5,858 Specialists
Dental	CIGNA Dental	1,620 dentists , 60 Endodontists, 66 Oral Surgeons, 96 Orthodontists, 44 Pediatric dentists, 32 Periodontists, 7 Prosthodontics
	Delta Dental	2,624 dentists, 122 Endodontists, 121 Oral Surgeons, 200 Orthodontists, 119 Pedodontists, 92 Periodontists
	EDS	471 General Dentists, 472 Specialist Dentists
Other	WHI	647 pharmacies in Maricopa County; 1,074 pharmacies in Arizona; 61,992 pharmacies Nationwide
	Magellan – Behavioral Health	642 providers
	Magellan - EAP	273 providers
	Vision	807 providers at 353 locations in Arizona and 35,000 providers nationally

Onsite Services Video

Click here to view the video
(must have an intranet connection & Windows Media Player)

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ONSITE SERVICES

WHI

Click here to view the presentation
(must have an intranet connection & Acrobat Reader)

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PRISM Portal Demonstration

Workforce Management & Development

http://ebc.maricopa.gov/hr/prism/pdf/selfserviceregistration.pdf

(must have an intranet connection & Acrobat Reader)

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Pre-enrollment & Open Enrollment

Victor Marino
Employee Health Initiatives Supervisor

Open Enrollment

Starts May 4th

Ends May 15th

10 Pre-Enrollment Presentations!!!

Today going forward…

- No open enrollment fairs will be held. Register now for the portal and advise employees they need to know their passwords.
- Pre Enrollment Sessions will be offered April 20 – May 1.
- Worksheet to be mailed to home address in PeopleSoft.
- Open Enrollment Starts May 4 and Ends May 15.
- Confirmation statements mailed to home address.
- May 18 – May 29 system available for changes.

Pre Enrollment Session

Date	Location	Address	Room	Time
Monday, April 20, 2009	Administration Bldg.	301 W. Jefferson	Test Rooms A & B	8am – 10am
Tuesday, April 21, 2009	Public Works, MCDOT	2901 W. Durango	Apache/ Cochise Rooms	8am – 10am
Wednesday, April 22, 2009	Southeast Facility	1810 S. Lewis	Cactus Room	8am – 10am
Thursday, April 23, 2009	Planning & Development	501 N. 44th St	Gold/ Platinum Rooms	10am – 12pm
Friday, April 24, 2009	Air Quality/ Environmental	1001 N. Central Ave.	5th Floor Training Room	12pm – 2pm
Monday, April 27, 2009	Security Bldg.	222 N. Central	Arizona Conf. Room	10am – 12pm
Tuesday, April 28, 2009	Juvenile Probation, Durango	3125 W. Durango	Training Rooms 1 & 2	10am – 12pm
Wednesday, April 29, 2009	Change of Venue	101 W. Jefferson	Table One	12pm – 2pm
Thursday, April 30, 2009	Probation Service Center-Mesa	245 N. Centennial Way	Events Room	10am – 12pm
Friday, May 01, 2009	Public Health Admin.	4041 N. Central Ave.	14th Floor Training Room	8am – 10am

Daily Vendor Schedule	
8:00 AM	CIGNA HealthCare (Medical/Dental)
8:30 AM	Employers Dental Services (Dental)
9:00 AM	Delta Dental (Dental)
9:30 AM	Walgreens Health Initiatives (Pharmacy)

Supporting the "Going Green" Initiative

- No Paper will be provided. All resources will be online
- "What's New?" booklets will be available soon via the EHI home page, Open Enrollment tab (Notice will be sent via email).
- Departments need to provide computer resources for their employees and help with getting them started with portal registration and linking to the Benefits Enrollment System.
- Provide information to employees on leave of absence.
- Refer employees to EHI for benefit questions.

What happens if I don't enroll?

- Medical (except for Choice Fund HSA), Dental, Pharmacy, Group Legal, Life Insurance, and Short Term Disability elections and dependents will roll over. Choice Fund HSA enrollees must complete Open Enrollment in order to update their contribution to their HSA.
- Tobacco status will roll over but questions have changed. It is recommended to review the questions.
- Flexible Spending Plan will not roll over. Participants must re-enroll.
- Biometric screening participation does not roll over.
- Health Assessment participation does not roll over.
- Waiver status will roll over but payment will not begin until verification received by EHI. No retro payments for late verification.

During OE…

Open Enrollment 5/4/2009 – 5/15/2009	*Open Enrollment Confirmation 5/18/2009 – 5/29/2009*	*Post OE 6/1/2009 – 6/30/2009*
▪ Employees will register with the ADP Portal to access the Benefits Enrollment System. Instructions for access will be available in the What's New 09/10 booklet. ▪ Benefits Enrollment System is the only option for enrollment. No Paper Enrollment accepted. ▪ Departments with Field Personnel should make arrangements to offer these employees computer access ▪ **EHI IS NOT SETUP WITH COMPUTERS EMPLOYEES CAN USE**	▪ Enrollment Confirmation statements will be mailed ▪ Benefits Enrollment System will be accessible for Employees o Employee will have option to make changes through Benefits Enrollment System until 05/29/2009 ▪ Benefits Enrollment Ends 05/29/2009 at 5 pm.	▪ Benefits Enrollment System available for most New Hire elections (other than certain June hires). ▪ New Hire Elections will become effective 07/01/2009.

Plan Comparison

- Use available tools
  - mycignaplans.com compares medical plans
    - Open Enrollment ID: **Maricopa2009**
    - Open Enrollment Password: **cigna**
  - www.mywhi.com
    - Review cost of medication and lower cost alternatives

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HEALTH & WELLNESS

Pat Vancil
Employee Health Initiatives Manager

Confidential Biometric Screening Initiative

- By continuing to participate in this initiative yearly, you can save $5.00 per pay period or $120 per year.
- If you participated in the one of the Maricopa County's ongoing Biometric Screening after January 1, 2009, you are already qualified for FY 09/10 (07/01/09 through 06/30/10). **You do not need to participate again to qualify for the FY 09/10 incentives.**
- Screening must be completed by May 14, 2009 to start saving effective July 1, 2009.
- Applies to employees enrolled in a County medical plan as the insured.
- More information is on the EHI home page.

Biometric Screening Video

Click here to view the video
(must have an intranet connection)

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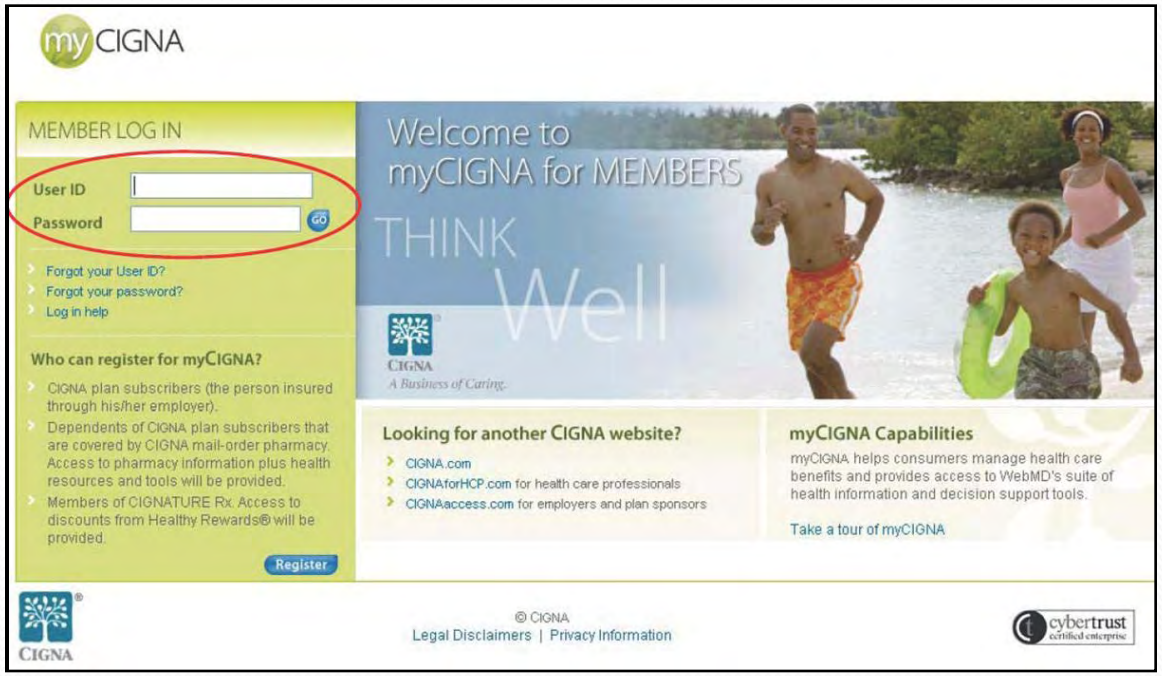
Health Assessment Initiative

- By continuing to participate in this initiative yearly, you can save $5.00 per pay period or $120 per year.
- If you participated in the one of the Maricopa County's ongoing Biometric Screening after January 1, 2009, you are already qualified for FY 09/10 (07/01/09 through 06/30/10). **You do not need to participate again to qualify for the FY 09/10 incentives.**
- Health Assessment must be completed by May 14, 2009 to start saving effective July 1, 2009.
- Applies to employees enrolled in a County medical plan as the insured.
- More information is on the EHI home page.

myCIGNA.com
USER EXPERIENCE DEMO



Click here to view the demo
(must have an intranet connection & Acrobat Reader)

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OTHER CHANGES

Process Changes

- Only the EHI staff will have access to the benefit information. Benefit liaisons can obtain information through the Payroll System.
- Location field, which will be used to determine the employee's work location, needs to be populated especially for anyone enrolled in the CMG plans who do not live within Maricopa County. Employees must work or live in Maricopa County in order to be eligible for these specific plans.

FSA & COBRA Updates

- FSA administered by ADP
  - Automatically includes a Health Care FSA debit card
    - Card pays provider directly and reduces your FSA balance
    - Follow-up claim documentation will be required for some items upon request
  - Terminated employees must file claims within 60 days of termination date
- COBRA administered by ADP

Waiver Changes

- Employee may waive enrollment in a County-sponsored medical plan regardless of their coverage in other group health insurance and opt NOT to receive the $100 per month compensation.

Deduction Changes

- Benefit-related deductions will be processed at the end of each pay period instead of on the pay date.
- Effective 05/18/09, Liberty Mutual deductions will occur every pay period.
- The premium rates in the Benefits Enrollment System have been reconfigured for the new plan year. For each incentive you receive, the savings amount will be deducted.

Example: Full-time employee & family coverage

Benefit Type	*Elected Plan*	*Per Pay Period Cost*
Medical	Choice Fund HSA	$30.00
Pharmacy	Included with medical	$0.00
Vision		$0.00
Behavioral Health		$0.00
Total Combined Per Pay Period Rate Before Incentives:		**$30.00**
Total Combined Annual Rate Before Incentives:		**$720.00**

Incentives		*Savings*
Tobacco-free Household		($20.00)
Biometric Screening Participation		($5.00)
Health Assessment Participation		($5.00)
Per Pay Period Cost After Incentives:	**$0.00**	**$30.00 per pay period savings**
Annual Cost After Incentives:	**$0.00**	**$720.00 annual savings**

Eligibility Changes

- When changing your status from benefit-ineligible to benefits-eligible, such as temporary status to regular basis, the effective date cannot be sooner than a new hire effective date.

Questions??

Please email: *BenefitsService@mail.maricopa.gov*

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