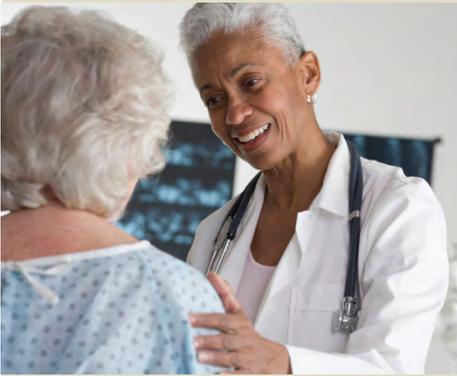


# 2013-2014

## Maricopa County Employee Benefits Program



# COBRA What's New?

**Open Enrollment is April 8 - April 19, 2013**

**For additional resources:**  
[www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)



# What's New: Plan Design Changes | Medical

The following benefits changes are effective July 1, 2013.

## MEDICAL PLAN CHANGES

The County will continue to offer three distinct plan options: an HMO, a PPO, and a High Deductible Health Plan (HDHP). Cigna will continue to administer the medical plans.

### Cigna Medical Group Plan (HMO)

- Change in co-pay for bariatric surgery from \$500 to \$1,000
- Certain women's preventive services available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

### Open Access Plus Plan (PPO)

- Change in co-pay for bariatric surgery from \$500 to \$1,000
- Certain women's preventive services available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

### Choice Fund Medical Plan (HDHP)

- Increase in deductibles (required by IRS):
  - \$1,250/individual and \$2,500/family
- Certain women's preventive services at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

### Other

- No plan changes allowed during initial COBRA enrollment

## 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.

## Medical Copay/Co-Insurance/Out-of-Pocket Costs - Cigna Medical Group Plan (HMO)

Benefit Provision	Cigna Medical Group Plan (HMO) In-Network Coverage Only
Plan Deductible Applies to certain inpatient/out-patient facilities only. Individual and family deductibles aggregate.	<b>Single:</b> \$350 Facility Deductible
	<b>Family:</b> \$700 Facility Deductible
Standard Percent of Co-insurance	N/A
Out-of-Pocket Maximum: Does not include deductible and most co-pays	<b>Single:</b> \$1,000
	<b>Family:</b> \$2,000
Pre-Existing Condition Limitation	None
Preventive Care	\$0 (FREE)
Primary Care Physician Services	\$30
Convenience Care Clinic Visit	\$20
Specialty Care Physician Services - 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 (co-pay applies to each item)	\$75 DME; \$0 consumable supplies
External Prosthetics	\$0
Chiropractic Services; 24 visits/year	\$30
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/ year	\$45**
Cardiac Rehab; 36 visits/year	\$45**
Alternative Medicine; 20 visits/year \$60 credit for supplies/products	\$30
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 co-pay 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. Compare plans on [www.mycignaplans.com](http://www.mycignaplans.com).  
User ID: MaricopaCounty2013 and Password: cigna

\* You pay lower co-pays when you use a specialist with the Cigna Care Network (CCN) designation.

\*\* You pay higher co-pays 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 co-pay applies.

\*\*\* Does not apply to inpatient facility services; subject to applicable place of service co-insurance & plan deductible; Associated ancillary charges are subject to the the applicable place of service co-insurance & deductible.

## Medical Copay/Co-Insurance/Out-of-Pocket Costs - Open Access Plus Plan (PPO)

Benefit Provision	Open Access Plus Plan (PPO)	
	In-Network	Out-of-Network
Plan Deductible One way accumulation only of out-of-network to in-network deductibles. Individuals and family deductibles aggregate.	<b>Single:</b> \$350 Annual Deductible	<b>Single:</b> \$700 (one way accumulation)
	<b>Family:</b> \$700 Annual Deductible	<b>Family:</b> \$1,400 (one way accumulation)
Standard Percent of Co-insurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Does not include deductible and most co-pays. One way accumulation only: out-of-network to in-network out-of-pocket maximum.	<b>Single:</b> \$2,000	<b>Single:</b> \$4,000
	<b>Family:</b> \$4,000	<b>Family:</b> \$8,000
Pre-Existing Condition Limitation	If 19 or older, 12 months if treatment was received in prior 90 days. Waived (on month by month basis) with Certificate of Creditable Coverage and for employees & dependents currently covered by a County medical plan for at least 12 months. Certificate of Creditable Coverage must be sent by the employee to Cigna.	
Preventive Care	\$0 (FREE)	Covered in-network only
Primary Care Physician Services	\$40	30% after deductible
Convenience Care Clinic Visit	\$30	30% after deductible
Specialty Care Physician Services - CCN/Non-CCN	\$40/\$55* / \$70**	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% of co-insurance	30% after deductible ***
Allergy Injections - PCP/CCN;Non-CCN	\$18* / \$33**	30% after deductible
Independent Lab and X-ray facility	\$0	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10%, after deductible, \$1,000/ per admit maximum	30% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10%, after deductible, \$1,000/ per admit maximum	30% after deductible
Outpatient Hospital Facility Services	10% after deductible	30% after deductible
Pre- & Post-natal Exams (after pregnancy has been determined)	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services	30% 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	30% after deductible
External Prosthetics	10% after deductible	30% after deductible
Chiropractic Services; 24 visits/year (combined in and out-of-network)	\$40	30% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined /year (combined in and out-of-network)	\$55**	30% after deductible
Cardiac Rehab; 36 visits/year (combined in and out-of-network)	\$55**	30% after deductible
Alternative Medicine; 20 visits/year \$60 credit for supplies/products	\$40	Covered in-network only
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 co-pay 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. Compare plans on [www.mycignaplans.com](http://www.mycignaplans.com)  
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\*\* You pay higher co-pays 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 co-pay applies.

\*\*\* Does not apply to inpatient facility services; subject to applicable place of service co-insurance & plan deductible; Associated ancillary charges are subject to the applicable place of service co-insurance & deductible.

## Medical Copay/Co-Insurance/Out-of-Pocket Costs - Choice Fund Medical Plan (HDHP)

Benefit Provision	Choice Fund Medical Plan (HDHP)	
	In-Network	Out-of-Network
Plan Deductible Cross accumulation of in-network and out-of-network deductibles. Individual and families deductibles aggregate.	<b>Single:</b> \$1,250	
	<b>Family:</b> \$2,500	
Standard Percent of Co-insurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation of in-network and out-of-network out-of-pocket maximums. Includes deductible and co-insurance.	<b>Single:</b> \$2,000	<b>Single:</b> \$2,000
	<b>Family:</b> \$4,000	<b>Family:</b> \$4,000
Pre-Existing Condition Limitation	If 19 or older, 12 months if treatment was received in prior 90 days. Waived (on month by month basis) with Certificate of Creditable Coverage and for employees & dependents currently covered by a County medical plan for at least 12 months. Certificate of Creditable Coverage must be sent by the employee to Cigna.	
Preventive Care	\$0 (FREE) no deductible	Covered in-network only
Primary Care Physician Services	10% after deductible	30% after deductible
Convenience Care Clinic Visit	10% after deductible	30% after deductible
Specialty Care Physician Services - CCN/Non-CCN	10% after deductible	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	10% after deductible	30% after deductible
Allergy Injections - PCP/CCN;Non-CCN	10% after deductible	30% after deductible
Independent Lab and X-ray facility	10% after deductible; \$0, no deductible if preventive	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	30% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	30% after deductible
Outpatient Hospital Facility Services	10% after deductible	30% after deductible
Pre- & Post-natal Exams (after pregnancy has been determined)	10% after deductible	30% 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	30% after deductible
External Prosthetics	10% after deductible	30% after deductible
Chiropractic Services; 24 visits/year (combined in and out-of-network)	10% after deductible	30% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year (combined in and out-of-network)	10% after deductible	30% after deductible
Cardiac Rehab; 36 visits/year (combined in and out-of-network)	10% after deductible	30% after deductible
Alternative Medicine; 20 visits/year \$60 credit for supplies/products	10% after deductible	Covered in-network only
Bariatric Surgery (1 year waiting period from initial employment)	10% after deductible	Covered in-network only

For more detail, review the plan information on the Benefits Home Page under the Medical or Open Enrollment tab. Compare plans on [www.mycignaplans.com](http://www.mycignaplans.com)  
User ID: MaricopaCounty2013 and Password: cigna

# What's New: Plan Design Changes Pharmacy, Behavioral Health, Vision, Dental

## PHARMACY PLAN CHANGES

### Catamaran Coinsurance Pharmacy (for HMO, PPO)

- Prior authorizations required on certain medications
- Women's preventive medications available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

### Cigna Pharmacy (for HDHP)

- Step therapy for certain medications
- Mandatory 90-day fills on maintenance medications
- Coverage eliminated for Proton Pump Inhibitors (PPI's), non-sedating antihistamines, naproxen, and ibuprofen
- Enhanced clinical modules implemented: specialty drugs in 30-day fills, *Dispense as Written* program, etc.
- Women's preventive medications available at zero cost share as required by the Patient Protection and Affordable Care Act (PPACA)

## BEHAVIORAL HEALTH CHANGES

The Employees Assistance Program (EAP) is available through COBRA.

### Magellan

- Change in co-pay from \$20 to \$25 for outpatient therapy
- Change in co-pay from \$5 to \$10 for outpatient group psychotherapy

## VISION PLAN CHANGES

- Avesis is the new vision vendor
- Wal-Mart has been added to the provider network

## DENTAL PLAN CHANGES

- Cigna is the new pre-paid dental vendor

# What's New: Plan Design Changes | Other Changes, Patient Protection and Affordable Care Act

## OTHER CHANGES

- **Retirees**
  - The County's Retiree Plans and the Cigna Medicare Select Plus Rx Plan (made available through the County) will be closed to new retirees effective July 1, 2013
  - Dental and vision coverage will also be closed to new retirees
  - The County may consider discontinuing retiree plans altogether after 2013-2014

## PATIENT PROTECTION AND AFFORDABLE CARE ACT

- **Provisions to be Implemented July 1, 2013:**
  - Uniform Summary of Benefit and Coverage (SBCs)
  - Certain women's preventive services at zero cost share

# COBRA 2013-2014 Rates (Monthly)

Pharmacy and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in pharmacy and behavioral health coverage. There is one combined rate for all three plans.

## 2013-2014 Combined Medical, Pharmacy, Behavioral Health COBRA

Plan	Tier	Monthly Total Premium Non-Smoker	Monthly Total Premium Smoker
Cigna Medical Group Plan (HMO)	Employee	524.18	544.58
	Employee + Spouse	1,059.51	1079.91
	Employee + Child(ren)	863.86	884.26
	Employee + Family	1,402.30	1,422.70
Open Access Plus Plan (PPO)	Employee	554.82	575.22
	Employee + Spouse	1,144.52	1,164.92
	Employee + Child(ren)	939.22	959.62
	Employee + Family	1,522.35	1,542.75
Choice Fund Medical Plan (HDHP)	Employee	423.43	443.83
	Employee + Spouse	871.91	892.31
	Employee + Child(ren)	712.28	732.68
	Employee + Family	1,205.75	1,226.15

### 2013-2014 Other Services COBRA

Other Services	Monthly Total Premium
Employee Assistance Program (EAP)	2.48

### 2013-2014 Vision Rates COBRA

Plan	Tier	Monthly Total Premium
Avesis	Employee	6.94
	Employee + Spouse	13.28
	Employee + Child(ren)	13.44
	Employee + Family	20.22

### 2013-2014 Dental Rates COBRA

Plan	Tier	Monthly Total Premium
Cigna (PPO)	Employee	35.76
	Employee + Spouse	78.78
	Employee + Child(ren)	85.23
	Employee + Family	109.43
Delta (PPO)	Employee	44.68
	Employee + Spouse	98.45
	Employee + Child(ren)	106.49
	Employee + Family	136.92
Cigna Prepaid	Employee	8.16
	Employee + Spouse	13.77
	Employee + Child(ren)	19.11
	Employee + Family	22.48

# 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  
TTY: (602) 506-1908

[www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)  
[BenefitsService@mail.maricopa.gov](mailto:BenefitsService@mail.maricopa.gov)

## Medical Plans

### Cigna

Group #3205496

Customer Service (800) 244-6224  
Pre-Enrollment Questions (800) 401-4041  
24-Hour Health Information Line (800) 564-8982

[www.cigna.com](http://www.cigna.com)

[www.mycigna.com](http://www.mycigna.com)

[www.mycignaplans.com](http://www.mycignaplans.com)

(Username: MaricopaCounty2013

Password: cigna)

[www.cigna.com/cmgaaz](http://www.cigna.com/cmgaaz)

## Pharmacy Plans

### Catamaran Pharmacy Plan Group #512229

Member Services (866) 312-1597  
Prior Authorization (877) 665-6609  
Walgreens Mail Plan (888) 265-1953  
Member Services  
Mail Service Refills (800) 797-3345  
Briova Rx Specialty (866) 325-1783  
Pharmacy  
Medication Therapy (866) 352-5310  
Management  
Walgreens Onsite (602) 283-9925  
Pharmacy

[www.mycatamaranrx.com](http://www.mycatamaranrx.com)

### Cigna Pharmacy Plan

(Choice Fund Medical Plan only)

Group #3205496

(800) 244-6224

Cigna Tel-Drug Mail Service:

(800) TEL-DRUG

## Behavioral Health

### Magellan Health Services

Group# N/A

(888) 213-5125

[www.magellanhealth.com](http://www.magellanhealth.com)

## Vision

### Avesis

Group #1079-15

Customer Service (888) 211-4012

## Dental

### Cigna Pre-Paid Dental

Group #Group #2465354

(800) 244-6224

[www.cigna.com](http://www.cigna.com)

### Cigna Dental

Group #2465354

(888) 336-8258

[www.mycigna.com](http://www.mycigna.com)

### Delta Dental

Group # 4500

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

[www.deltadentalaz.com](http://www.deltadentalaz.com)

## Life Insurance

### ReliaStar Life Insurance Company a member of the IMG family of companies

Policy# 67444-3

(866) 369-9500

[www.ingemployeebenefits-us.com](http://www.ingemployeebenefits-us.com)

## Retirement

### Arizona State Retirement System

Phoenix (602) 240-2000

Outside Phoenix (800) 621-3778

[www.azasrs.gov/web/index.do](http://www.azasrs.gov/web/index.do)

### Public Safety Retirement System

(602) 255-5575

[www.psprs.com](http://www.psprs.com)

### Nationwide Retirement Solutions:

#### Deferred Compensation

(602) 266-2733

(800) 598-4457

[www.maricopadc.com](http://www.maricopadc.com)

## Other

### Automatic Data Processing, Inc. (ADP)

#### COBRA Administrator

(855) 219-5022

Call for applicable fax number

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

#### Initial enrollment forms:

ADP Benefits Services

PO Box 2968

Alpharetta, GA 30023-2968

#### Initial and ongoing payments:

ADP Benefit Services

PO Box 7247-0367

Philadelphia, PA 19170-0367

