

# COBRA WHAT'S NEW?

## MARICOPA COUNTY EMPLOYEE BENEFITS PROGRAM



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



# FY12/13

**MARICOPA COUNTY**  
**ALL CHANGES STATED HEREIN ARE EFFECTIVE**  
**JULY 1, 2012 THROUGH JUNE 30, 2013**

## What's New: Plan Design Changes

There are some changes to the benefit plan options available for FY 12/13, so it is important to review the information provided in this guide in order to select the plans that best meet your needs.

### Medical Plan Changes

The medical plans are being consolidated from six plans to three. The new plans are:

- Cigna Medical Group Plan (CMG)
- Open Access Plus Plan (OAP)
- Choice Fund Medical Plan (HDHP)

### Cigna Medical Group Plan (CMG)

**Highlights:**

- (HMO) Health Maintenance Organization option
- In-network coverage only
- Managed care within Cigna facilities
- Limited service area, Maricopa County only, except for emergency care
- Choice of providers limited to CMG
- Predictability of copays
- Referrals required, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, and alternative medicine

Change to Deductible/ Copays	2012-13 Plan Year
Deductible	\$350 individual / \$700 family
Primary Care Physician	\$30/visit
Specialist	\$45/visit (\$70 if non-CCN)
Convenience Care	\$20/visit
In-Patient Hospital	\$250/admit after deductible
Out-Patient Facility Services	\$125/visit, after deductible
Emergency Room	\$200/visit
Advanced Imaging	\$100/scan, after deductible
Chiropractor	\$30/visit; 24 visits/year
Pulmonary Rehab/Physical/Occupational/Speech/Cognitive Therapy	\$45/visit; 60 visits combined/year
Cardiac Rehab	\$45/visit; 36 visits/year
Alternative Medicine	\$30/visit

**Additional Changes:**

- Coverage for Bariatric Surgery
  - \$500 copay, after deductible
  - Waiting period
- “Your Health First” Disease Management Program - administered by Cigna
  - Provides support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.

**Open Access Plus Plan (OAP)**

**Highlights:**

- PPO (Preferred Provider Organization) option
- In- and out-of-network coverage
- Higher copays than CMG Plan
- Co-insurance model

Change to copays	2012-13 Plan Year
Primary Care Physician	\$40/visit
Specialist	\$55/visit (\$70 if non-CCN)
Convenience Care	\$30/visit
Emergency Room	\$200
Chiropractor	\$40/visit; 24 visits/year (combined for in and out-of-network)
Pulmonary Rehab/ Physical/ Occupational/ Speech/ Cognitive Therapy	\$55/visit; 60 visits/year (combined for in and out-of-network)
Cardiac Rehab	\$55/visit; 36 visits/year (combined for in and out-of-network)
Alternative Medicine	\$40/visit
Advanced Imaging	\$100 copay/scan after deductible

*These are examples of medical services requiring 10% co-insurance after deductible. Unless, otherwise specified, all services covered in-network under this plan will be subject to 10% co-insurance after deductible.*

Move to 10% co-insurance	2012-13 Plan Year
Ambulance	Deductible applies, then 10% co-insurance
In-Patient Hospital	Deductible applies, then 10% co-insurance with \$1,000/ admit limit
External Prosthetics	Deductible applies, then 10% co-insurance
Out-Patient Facility Services	Deductible applies, then 10% co-insurance
In-Patient Professional Services	Covered under same \$1,000 inpatient hospital limit
Out-Patient Professional Services	Deductible applies, then 10% co-insurance
Durable Medical Equipment	Deductible applies, then 10% co-insurance
Consumable Supplies	Deductible applies, then 10% co-insurance

**Additional Changes (In-Network):**

- Routine lab and x-ray services are Free
- Coverage for Bariatric Surgery
  - \$500 copay, after deductible and 10% co-insurance; \$1,000 maximum per admission
- “Your Health First” Disease Management Program - administered by Cigna
  - Provides support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.
  - Integrative Medicine Clinic - new provider for primary and alternative medicine

## Changes to the OAP (Out-of-Network)

- Standard percent of co-insurance is 30% for out-of-network services
- Emergency Room \$200

*These are examples of medical services requiring 30% co-insurance after deductible. Unless, otherwise specified, all services covered out-of-network under this plan will be subject to 30% co-insurance after deductible.*

Change to copays	2012-13 Plan Year
Chiropractor	Deductible applies, than 30% co-insurance; 24 visits/year (combined for in and out-of-network)
Pulmonary Rehab/ Physical/ Occupational/ Speech/ Cognitive Therapy	Deductible applies, than 30% co-insurance; 60 visits/year (combined for in and out-of-network)
Cardiac Rehab	Deductible applies, than 30% co-insurance; 36 visits/year (combined for in and out-of-network)

## Choice Fund Medical Plan

### Highlights:

- “Consumer-directed” plan
- Greater up-front financial risk
- Co-insurance
- Higher deductible
- Broadest provider network
- Prescription benefits provided through Cigna Pharmacy

### Changes:

- Visit limits
  - Chiropractor - 24 visits/year (combined for in and out-of-network)
  - Pulmonary Rehab/Physical/Occupational/Speech/Cognitive Therapy - 60 visits/year (combined for in and out-of-network)
  - Cardiac Rehab - 36 visits/year (combined for in and out-of-network)
- Coverage for Bariatric Surgery
- “Your Health First” Disease Management Program - administered by Cigna
  - Provides support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.



## Pharmacy Plan Changes - Catalyst Rx

- The pharmacy plans are being consolidated from two plans to one
- Plan being eliminated is Consumer Choice Pharmacy Plan
  - Allowances provided by the County to be applied towards the purchase of prescription drugs will no longer be available as of July 1, 2012
- Those enrolled in the CMG or OAP medical plan will be automatically enrolled in the Co-Insurance Pharmacy Plan

Changes to copays	2012-13 Plan Year
Generic, retail 30 day	\$5 minimum and \$12 maximum
Generic, retail 90 day	\$15 minimum and \$36 maximum
Generic, mail order 90 day	\$10 minimum and \$28 maximum
Preferred brand, retail 30 day	\$10 minimum and \$40 maximum
Preferred brand, retail 90 day	\$30 minimum and \$120 maximum
Preferred brand, mail order 90 day	\$20 minimum and \$70 maximum
Non-preferred brand with generic equivalent, retail 30 day	\$50 minimum
Non-preferred brand with generic equivalent, retail 90 day	\$150 minimum
Non-preferred brand with generic equivalent, mail order 90 day	\$75 minimum
Specialty preferred brand, mail order 30 day	\$10 minimum and \$40 maximum
Specialty non-preferred brand, mail order 30 day	\$100 copay

## New Pharmacy Programs:

- **Formulary Advantage Program**
  - Cost savings to the Plan and the member
  - Designed to move members to preferred alternatives in a therapeutic drug class (similar to Step Care Program)
  - Impacted members will be sent communication
- **Quantity Limits**
  - Based on FDA and manufacturer dosing recommendations, limits the amount of medication that will be covered at one time
  - Covered quantities in excess of the limit require prior authorization (pre-auth based on set criteria)
  - From a safety perspective, helps ensure appropriate use of medications
- **Diabetic Sense**
  - Convenient access to essential testing supplies (test strips, lancets, lancet injectors, alcohol pads)
  - Mandatory Central Fulfillment (mail order) for diabetic supplies after 2 retail fills
  - 90-day convenient home delivery channel
  - Easy refill options
  - Various ongoing educational material provided through mail
  - Impacted members will be sent communication

## Vision

- Vision Coverage is no longer bundled with Medical
- One premium, whether taking medical coverage or not

## Behavioral Health

- Psychological support for Bariatric Surgery through Magellan Health Services, if enrolled in CMG or OAP Plan. For those enrolled in the Choice Fund Medical Plan, this benefit is provided through Cigna Behavioral Health

## Dental

- Delta Dental – Progressive/Regressive feature has been added

# COBRA - FY 12/13 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.

## FY 12/13 Combined Medical, Pharmacy, Behavioral Health COBRA

Plan	Tier	Monthly Total Premium Non-Smoker	Monthly Total Premium Smoker
<b>Cigna Medical Group Plan (CMG)</b>	Employee	499.05	539.85
	Employee + Spouse	1,008.49	1,049.29
	Employee + Child(ren)	822.45	863.25
	Employee + Family	1,335.08	1,375.88
<b>Open Access Plus Plan (PPO)</b>	Employee	528.22	569.02
	Employee + Spouse	1,089.65	1,130.45
	Employee + Child(ren)	894.19	934.99
	Employee + Family	1,449.38	1,490.18
<b>Choice Fund Medical Plan</b>	Employee	401.12	441.92
	Employee + Spouse	826.03	866.83
	Employee + Child(ren)	674.07	714.87
	Employee + Family	1,143.88	1,184.68

# COBRA - FY 12/13 Rates (Monthly)

## FY 12/13 Vision Rates COBRA

Plan	Tier	Monthly Total Premium
EyeMed	Employee	6.24
	Employee + Spouse	11.93
	Employee + Child(ren)	12.08
	Employee + Family	18.18

## FY 12/13 Dental Rates COBRA

Plan	Tier	Monthly Rates
Cigna	Employee	31.70
	Employee + Spouse	69.89
	Employee + Child(ren)	75.58
	Employee + Family	97.06
Delta	Employee	42.31
	Employee + Spouse	93.23
	Employee + Child(ren)	100.78
	Employee + Family	129.68
EDS	Employee	10.87
	Employee + Spouse	20.69
	Employee + Child(ren)	27.19
	Employee + Family	31.29

**Disclaimer:**

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

# Contact Information:

## Maricopa County Employee Benefits Division

Maricopa County Administration Building  
301 W. Jefferson St., Suite 3200  
Phoenix, Arizona 85003-2145  
Phone: (602) 506-1010  
Fax: (602) 506-2354  
TTY: (602) 506-1908

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

## Maricopa County Wellness Works

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

## Medical Plans

### Cigna Group #3205496

Customer Service (800) 244-6224  
Pre-Enrollment Questions (800) 401-4041  
24-Hour Health Information Line (800) 564-8982  
Healthy Pregnancies, Healthy Babies (800) 615-2906  
Healthy Rewards (800) 870-3470

[www.cigna.com](http://www.cigna.com)  
[www.mycigna.com](http://www.mycigna.com)  
[www.mycignaplans.com](http://www.mycignaplans.com)  
(Username: MaricopaCounty2012  
Password: cigna)  
[www.cigna.com/cm gaz](http://www.cigna.com/cm gaz)

## Pharmacy Plans

### Catalyst Rx Pharmacy Plan Group #512229

Member Services (866) 312-1597  
Prior Authorization (877) 665-6609  
Walgreens Mail Plan  
Member Services (888) 265-1953  
Mail Service Refills (800) 797-3345  
Specialty Pharmacy (888) 782-8443  
Medication Therapy Management (866) 352-5310  
Walgreens Onsite Pharmacy (602) 283-9925  
[www.walgreenshealth.com](http://www.walgreenshealth.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)

### Cigna Behavioral Health

(Choice Fund Medical Plan only)

Group #3205496  
(800) 244-6224

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

## Vision

### EyeMed Vision Care Group #9750076 -

Comprehensive Eye Exam  
Group #9750092 - LASIK  
Group #9750118 - Acute Care  
Customer Service (866) 723-0514  
Pre-Enrollment Questions (866) 299-1358  
LASIK (877) 5LASER6  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

## Dental

### Employers Dental Services Group #11931 - Plan #300R

(602) 248-8912 or (800) 722-9772  
[www.mydentalplan.net](http://www.mydentalplan.net)

### 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

(effective July 1, 2012)

### ReliaStar Life Insurance Company, a member of the ING family of companies

Policy# 67443  
(866) 369-9500  
[www.ing.com](http://www.ing.com)

(effective through June 30, 2012)

### The Standard

Policy# 645547  
(888) 414-0396  
[www.standard.com/mybenefits/maricopa](http://www.standard.com/mybenefits/maricopa)

## 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)

#### Flexible Spending Accounts

(800) 654-6695

#### Claims & Substantiation

Fax: (866) 392-4090

Activate Debit Card: (877) 368-7517  
[www.flexdirect.adp.com](http://www.flexdirect.adp.com)

#### 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