

COBRA What's New?

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2014-2015

MARICOPA COUNTY
EMPLOYEE BENEFITS PROGRAM

What's New: Plan Design Changes | Medical



Medical Plan Changes (The following benefits changes are effective July 1, 2014.)

Maricopa County has contracted with a new vendor to administer the PPO plan, called the UnitedHealthcare PPO (Preferred Provider Organization), and the HDHP plan called the UnitedHealthcare HDHP (High Deductible Health Plan) beginning July 1, 2014.

UnitedHealthcare is dedicated to helping people live healthier lives. The company administers plans such as those at Maricopa County that offer a full spectrum of health benefits and programs. In Arizona, UnitedHealthcare contracts directly with 13,800 physicians and other health care professionals and 77 hospitals and other care facilities. Founded in 1977, UnitedHealthcare serves more than 45 million people in health benefits nationwide and is an operating division of UnitedHealth Group, the largest single health carrier in the United States.

The County will continue to offer three distinct plan options:

- **HMO** - managed by Cigna, with Catamaran for pharmacy benefits and Magellan for behavioral health services
- **PPO** - managed by UnitedHealthcare, with Catamaran for pharmacy benefits and Magellan for behavioral health services
- **HDHP** - managed by UnitedHealthcare, with OptumRx for pharmacy and United Behavioral Health for behavioral health services

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.



Cigna HMO Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- **Out of Pocket (OOP) Maximum** includes:
 - All medical co-pays, deductibles, and coinsurance in medical plan, but does not include those related to pharmacy and behavioral health services
- Increase in **Out of Pocket (OOP) Maximum**:
 - From \$1,000 to \$1,600 (individual)
 - From \$2,000 to \$3,200 (family)
- The maximum benefit for hearing aids has been removed

UnitedHealthcare PPO Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- **Out-of-Pocket (OOP) Maximum** includes:
 - All medical co-pays, deductibles, and coinsurance in medical plan, but does not include those related to pharmacy and behavioral health services
- Increase in **In-Network Out-of-Pocket (OOP) Maximum**:
 - From \$2,000 to \$3,000 (individual)
 - From \$4,000 to \$6,000 (family)
- Increase in **Out-of-Network Out-of-Pocket (OOP) Maximum**:
 - From \$4,000 to \$6,000 (individual)
 - From \$8,000 to \$12,000 (family)
- The \$1,000 per admit maximum after deductible for In-Patient Facility and In-Patient Professional Services has been eliminated
- The pre-existing condition exclusion for adults has been eliminated
- The maximum benefit for hearing aids has been removed
- The Cigna Medical Group Health Care Centers will no longer be In-Network providers

UnitedHealthcare HDHP Changes

- **In-Network** Coverage available for medically-necessary excess skin removal after bariatric surgery
- Increase in **Out-of-Network Deductibles**:
 - From \$1,250 to \$2,500 (individual)
 - From \$2,500 to \$5,000 (family)
- Increase in **Out-of-Network, Out-of-Pocket (OOP) Maximum**:
 - From \$2,000 to \$4,000 (individual)
 - From \$4,000 to \$8,000 (family)
- The pre-existing exclusion for adults has been eliminated
- The maximum benefit for hearing aids has been removed
- The Cigna Medical Group Health Care Centers will no longer be In-Network providers

Medical Co-Pay/Out-of-Pocket Costs

Cigna HMO

Benefit Provision	HMO In-Network Coverage Only
Plan Deductible Applies to certain inpatient/out-patient facilities only. Individual and family deductibles aggregate.	Single: \$350 Facility Deductible Family: \$700 Facility Deductible
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum****	Single: \$1,600 Family: \$3,200
Pre-Existing Condition Limitation	None
Preventive Care	\$0 (FREE)
Primary Care Physician	\$30
Convenience Care Clinic Visit	\$20
Specialty Care Physician - 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 if prescribed by an Alternative Medicine Provider	\$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 tab.

* 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 & plan deductible; associated ancillary charges are subject to the applicable place of service & deductible.

**** Out-of-pocket maximum **INCLUDES** all medical co-pays and deductibles, and **EXCLUDES** those for pharmacy and behavioral health.

Medical Co-Pay/Coinsurance/Out-of-Pocket Costs

UnitedHealthcare PPO

Benefit Provision	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.	Single: \$350 Annual Deductible	Single: \$700 (one way accumulation)
	Family: \$700 Annual Deductible	Family: \$1,400 (one way accumulation)
Standard Percent of Coinsurance	10%	30%
Out-of-Pocket Maximum**** One way accumulation only: out-of-network to in-network out-of-pocket maximum.	Single: \$3,000	Single: \$6,000
	Family: \$6,000	Family: \$12,000
Pre-Existing Condition Limitation	None	
Preventive Care	\$0 (FREE)	Covered in-network only
Primary Care Physician	\$40	30% after deductible
Convenience Care Clinic Visit	\$30	30% after deductible
Specialty Care Physician Services - Tier I / Non-Tier I	\$55* / \$70**	30% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% coinsurance	30% after deductible ***
Allergy Injections - Tier I / Non-Tier I	\$18* / \$33**	30% after deductible
Independent Lab and X-ray facility	\$0	30% after deductible
Inpatient Hospital Facility Services (including delivery)	10%, after deductible	30% after deductible
Inpatient 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)	\$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 if prescribed by an Alternative Medicine Provider	\$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 tab.

* You pay lower co-pays when you use a specialist with the UnitedHealth Premium Tier 1 designation.

** You pay higher co-pays when you use a specialist who does not have the UnitedHealthcare Premium Tier 1 designation.

When the specialist does not have the UnitedHealthcare Premium Tier 1 designation, the higher Non-UnitedHealthcare Premium Tier 1 co-pay applies.

*** Does not apply to inpatient facility services; subject to applicable place of service coinsurance & plan deductible; associated ancillary charges are subject to the applicable place of service coinsurance & deductible.

**** Out-of-pocket maximum **INCLUDES** all medical co-pays and deductibles, and **EXCLUDES** those for pharmacy and behavioral health.

Medical Coinsurance/Out-of-Pocket Costs UnitedHealthcare HDHP

Benefit Provision	HDHP	
	In-Network	Out-of-Network
Plan Deductible Cross accumulation of in-network and out-of-network deductibles. Individual and families deductibles aggregate.	Single: \$1,250 (cross accumulation)	Single: \$2,500 (cross accumulation)
	Family: \$2,500 (cross accumulation)	Family: \$5,000 (cross accumulation)
Standard Percent of Coinsurance	10%	30% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation of in-network and out-of-network services.	Single: \$2,000	Single: \$4,000
	Family: \$4,000	Family: \$8,000
Pre-Existing Condition Limitation	None	
Preventive Care	\$0 (FREE) no deductible	Covered in-network only
Primary Care Physician	10% after deductible	30% after deductible
Convenience Care Clinic Visit	10% after deductible	30% after deductible
Specialty Care Physician	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	10% after deductible	30% after deductible
Independent Lab and X-ray facility	10% after deductible; 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 if prescribed by PCP	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 tab.



Pharmacy Plan Changes

Catamaran Co-Insurance Pharmacy (for Cigna HMO, UnitedHealthcare PPO enrollees)

- Written statement required from member and/or healthcare provider requesting a one-time replacement of lost or forgotten prescriptions before request is reviewed and either **approved** or **denied**
- Mail order service is changing from Walgreens to Catamaran Home Delivery

OptumRx Pharmacy

- Transition from Cigna Pharmacy to OptumRx (for enrollees in UnitedHealthcare HDHP)

Behavioral Health Change

- Co-pay increase for Outpatient Group Psychotherapy from \$10 to \$15

COBRA 2014-2015 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.

2014-2015 Combined Medical, Pharmacy, Behavioral Health COBRA

Plan	Tier	Monthly Total Premium Non-Smoker	Monthly Total Premium Smoker
Cigna HMO	Beneficiary	522.40	542.80
	Beneficiary + Spouse	1,055.05	1075.45
	Beneficiary + Child(ren)	860.59	880.99
	Beneficiary + Family	1,396.87	1,417.27
UnitedHealthcare PPO	Beneficiary	543.95	564.35
	Beneficiary + Spouse	1,121.59	1,141.99
	Beneficiary + Child(ren)	920.71	941.11
	Beneficiary + Family	1,492.24	1,512.64
UnitedHealthcare HDHP	Beneficiary	423.43	443.83
	Beneficiary + Spouse	871.91	892.31
	Beneficiary + Child(ren)	712.28	732.68
	Beneficiary + Family	1,202.69	1,223.09

2014-2015 Other Services COBRA

Other Services	Monthly Total Premium
Employee Assistance Program (EAP)	2.55

2014-2015 Vision Rates COBRA

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

2014-2015 Dental Rates COBRA

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	8.16
	Beneficiary + Spouse	13.77
	Beneficiary + Child(ren)	19.11
	Beneficiary + Family	22.48
Cigna (PPO)	Beneficiary	33.35
	Beneficiary + Spouse	73.48
	Beneficiary + Child(ren)	79.50
	Beneficiary + Family	102.06
Delta (PPO)	Beneficiary	47.10
	Beneficiary + Spouse	103.90
	Beneficiary + Child(ren)	112.34
	Beneficiary + Family	144.45

Provider 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
www.maricopa.gov/benefits
BenefitsService@mail.maricopa.gov

Medical Plans

Cigna

Group #3205496

Customer Service (800) 244-6224
Pre-Enrollment Questions (800) 564-7642
24-Hour Health Information Line (800) 564-8982
Your Health First (855) 246-1873
Healthy Pregnancies, Healthy Babies (800) 615-2906
Healthy Rewards (800) 870-3470
www.cigna.com
www.mycigna.com
www.cigna.com/cm gaz

UnitedHealthcare

Group #901632

Customer Service (888) 876-7098
Healthy Pregnancy Program (888) 246-7389
myNurseline (800) 846-4678
www.welcometouhc.com/maricopa
www.myuhc.com

Pharmacy Plans

Catamaran Pharmacy Plan

Group #512229

Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Catamaran Home Delivery (888) 637-5121
Briova Rx Specialty Pharmacy (866) 325-1783
Medication Therapy Mgt. (866) 352-5310
Walgreens Onsite Pharmacy (602) 283-9925
www.mycatamaranrx.com

OptumRx Plan

(UnitedHealthcare HDHP with H.S.A.)

Group #901632

(888) 876-7098
www.myuhc.com

Behavioral Health

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

United Behavioral Health

(UnitedHealthcare HDHP only)

Group #901632

(888) 876-7098

www.myuhc.com

Vision

Avesis

Group #1079-15

(888) 211-4012

www.avesis.com/maricopa

Dental

Cigna Pre-Paid Dental

Group #2465354

(800) 244-6224

www.cigna.com

Cigna Dental

Group #2465354

(888) 336-8258

www.cigna.com

Delta Dental

Group #4500

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

www.deltadentalaz.com

Life Insurance

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

Policy #67444-3

(855) 369-9500

www.ingemployeebenefits-us.com

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000

Outside Phoenix (800) 621-3778

www.azasrs.gov/web/index.do

Public Safety Retirement System

(602) 255-5575

www.psprs.com

Nationwide Retirement Solutions:

Deferred Compensation

(602) 266-2733

(800) 598-4457

www.maricopadc.com

Other

COBRA Administrator

(855) 219-5022

Call for applicable fax number
<https://www.benedirect.adp.com>

Initial enrollment forms:

ADP COBRA Services

PO Box 2968

Alpharetta, GA 30023-2968

Initial and ongoing payments:

COBRA Benefit Services

PO Box 7247-0367

Philadelphia, PA 19170-0367