



COBRA WHAT'S NEW?

For Additional Resources:

www.maricopa.gov/benefits

2016-2017
MARICOPA COUNTY
EMPLOYEE BENEFITS PROGRAM

Medical Plan Overview

What's New: Plan Design Changes

The County will continue to offer three distinct medical plan options:

Administered by	Type of Plan	Prescription	Behavioral Health
Cigna	HMO	OptumRx Co-Insurance Prescription Plan	Magellan
UnitedHealthcare	PPO	OptumRx Co-Insurance Prescription Plan	Magellan
UnitedHealthcare	HDHP	OptumRx HDHP Prescription Plan	United Behavioral Health

1. 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.

2. 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.

3. 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 Plan Changes

What's New: Plan Design Changes

Cigna HMO

- Convenience care clinic copay will decrease from \$20 to \$10
- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status

UnitedHealthcare PPO

- Convenience care clinic copay will decrease from \$30 to \$20
- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status
- Deductibles (**In-Network**) will increase:
 - Individual: from \$350 to \$750
 - Family: from \$700 to \$1,500
- Deductibles (**Out-of-Network**) will increase:
 - Individual: from \$700 to \$1,500
 - Family: from \$1,400 to \$3,000
- Out-Of-Pocket Maximums (**In-Network**) will increase:
 - Individual: from \$3,000 to \$3,500
 - Family: from \$6,000 to \$7,000
- Out-Of-Pocket Maximums (**Out-of-Network**) will increase:
 - Individual: from \$6,000 to \$7,000
 - Family: from \$12,000 to \$14,000

UnitedHealthcare HDHP

- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status
- Member coinsurance (**In-Network**) will increase from 10% to 15%
- Out-Of-Pocket Maximums (**In-Network**) will increase:
 - Individual: from \$3,000 to \$3,275
 - Family: from \$6,000 to \$6,550
- Out-Of-Pocket Maximums (**Out-of-Network**) will increase:
 - Individual: from \$6,000 to \$6,550
 - Family: from \$12,000 to \$13,100

Cigna HMO

Medical Copay/Out-of-Pocket Costs

Benefit Provision	HMO In-Network Coverage Only
Plan Deductible Applies to certain inpatient/outpatient facilities only. Individual and family deductibles aggregate.	\$350 Individual \$700 Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum****	\$1,600 Individual \$3,200 Family
Preventive Care	\$0 (FREE)
Primary Care Physician	\$30
Convenience Care Clinic Visit	\$10
Specialty Care Physician - CCN/Non-CCN	\$45* / \$70**
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** after deductible
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 (copay applies to each item)	\$75 DME; \$0 consumable supplies
External Prosthetics	\$0
Chiropractic Services; 24 days/year	\$30
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 days combined/year	\$45
Cardiac Rehab; 36 days/year	\$45
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 copay 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.

* You pay lower copays when you use a specialist with the Cigna Care Network (CCN) designation.

** You pay higher copays 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 copay applies.

*** Does not apply to inpatient facility services. Subject to applicable place of service and plan deductible. Associated ancillary charges are subject to the applicable place of service and deductible.

**** Out-of-Pocket Maximum **INCLUDES** medical copays and deductibles. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** out-of-pocket prescription costs.

Medical Copay/Out-of-Pocket Costs

PPO

Benefit Provision	In-Network	Out-of-Network
Plan Deductible One way accumulation only; Out-of-Network to In-Network. Individual and family deductibles aggregate.	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	10%	50%
Out-of-Pocket Maximum**** One way accumulation only; Out-of-Network to In-Network.	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Preventive Care	\$0 (FREE)	Covered In-Network only
Primary Care Physician	\$40	50% after deductible
Convenience Care Clinic Visit	\$20	50% after deductible
Specialty Care Physician Services - Tier 1 / Non-Tier 1	\$55* / \$70**	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% coinsurance after deductible	50% after deductible ***
Allergy Injections - Tier 1 / Non-Tier 1	\$18* / \$33**	50% after deductible
Independent Lab and X-Ray Facility	\$0	50% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	50% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	50% after deductible
Outpatient Hospital Facility Services	10% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services after deductible	50% 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	50% after deductible
External Prosthetics	10% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out-of-Network)	\$40	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined /year (combined In and Out-of-Network)	\$55	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of-Network)	\$55	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services	Covered In-Network only

Medical Copay/Out-of-Pocket Costs

HDHP

Benefit Provision	In-Network	Out-of-Network
Plan Deductible	\$1,500 Individual	\$3,000 Individual
Cross accumulation; In-Network and Out-of-Network. Individual and families deductibles aggregate.	\$3,000 Family	\$6,000 Family
Standard Percent of Coinsurance	15%	50% of max reimbursable charge
Out-of-Pocket Maximum	\$3,275 Individual	\$6,550 Individual
Cross accumulation; In-Network and Out-of-Network.	\$6,550 Family	\$13,100 Family
Preventive Care	\$0 (FREE) no deductible	Covered In-Network only
Primary Care Physician	15% after deductible	50% after deductible
Convenience Care Clinic Visit	15% after deductible	50% after deductible
Specialty Care Physician	15% after deductible	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible	50% after deductible
Allergy Injections	15% after deductible	50% after deductible
Independent Lab and X-Ray Facility	15% after deductible; \$0 (FREE) no deductible if preventive	50% after deductible
Inpatient Hospital Facility Services (including delivery)	15% after deductible	50% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	15% after deductible	50% after deductible
Outpatient Hospital Facility Services	15% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	15% after deductible	50% after deductible
Urgent Care	15% after deductible	15% after deductible
Emergency Room	15% after deductible	15% after deductible
Ambulance	15% after deductible	15% after deductible
Durable Medical Equipment/Medical Supplies No annual limit	15% after deductible	50% after deductible
External Prosthetics	15% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out-of-Network)	15% after deductible	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year (combined In and Out-of-Network)	15% after deductible	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of-Network)	15% after deductible	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)	15% after deductible	Covered In-Network only



What's New: Plan Design Changes

OptumRx Co-Insurance Prescription Plan (For enrollees in the Cigna HMO or UnitedHealthcare PPO Plans)

- There is a new name for the Prescription Plan: OptumRx Co-Insurance Prescription Plan (formerly the Catamaran Co-Insurance Prescription Plan)
- There will be a new Formulary - the Premium Formulary - that excludes coverage for certain Brand-Name drugs offering no clear clinical advantage over less costly Brand or Generic drugs
- Mail order pricing for retail prescriptions purchased at the On-site Pharmacy will no longer be available
- E-prescribing will be implemented, allowing a physician to electronically send a prescription to your pharmacy, view what other drugs you are taking, and view what drugs your plan pays and at what tier levels
- The cap on coinsurance is increasing for all tiers; refer to the chart below:

TIER	FROM	TO
Generic - No Change		
Preferred Brand Retail 30-day	\$60	\$80
Preferred Brand Retail 90-day	\$180	\$240
Preferred Brand Mail Order 90-day	\$105	\$160
Non-Preferred Brand Retail 30-day	\$110	\$120
Non-Preferred Brand Retail 90-day	\$330	\$360
Non-Preferred Brand Mail Order 90-day	\$275	\$300
Specialty Preferred Brand 30-day	\$105	\$125
Specialty Non-Preferred Brand 30-day	\$275	\$300

OptumRx HDHP Prescription Plan (For enrollees in the UnitedHealthcare HDHP Plan)

- There is a new name for the Prescription Plan: OptumRx HDHP Prescription Plan (formerly the OptumRx Prescription Plan)
- "Medical Necessity" reviews will be conducted on Specialty drug prescriptions
- 30-day fills at a retail pharmacy for Specialty drugs will be eliminated, and use of mail order through OptumRx Specialty Pharmacy will be required

**Medical,
Prescription,
Behavioral
Health**

COBRA 2016-2017 Rate Sheets (Monthly)

Prescription 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 prescription and behavioral health coverage. There is one combined rate for all three plans.

2016-2017 Combined Medical, Prescription, Behavioral Health COBRA

Plan	Tier	Monthly Total Premium
Cigna HMO	Beneficiary	609.29
	Beneficiary + Spouse	1,215.39
	Beneficiary + Child(ren)	992.73
	Beneficiary + Family	1,599.42
UnitedHealthcare PPO	Beneficiary	632.54
	Beneficiary + Spouse	1,286.91
	Beneficiary + Child(ren)	1,057.31
	Beneficiary + Family	1,701.89
UnitedHealthcare HDHP	Beneficiary	551.28
	Beneficiary + Spouse	1,059.73
	Beneficiary + Child(ren)	860.07
	Beneficiary + Family	1,414.28

COBRA 2016-2017 Rate Sheets (Monthly)

**Vision
Dental**

2016-2017 Vision Rates COBRA

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

EyeMed is the new vision provider for Maricopa County.

2016-2017 Dental Rates COBRA

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	8.49
	Beneficiary + Spouse	14.34
	Beneficiary + Child(ren)	19.85
	Beneficiary + Family	23.38
Cigna (PPO)	Beneficiary	34.21
	Beneficiary + Spouse	75.34
	Beneficiary + Child(ren)	81.52
	Beneficiary + Family	104.63
Delta (PPO)	Beneficiary	43.35
	Beneficiary + Spouse	95.53
	Beneficiary + Child(ren)	103.37
	Beneficiary + Family	132.87

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 Rewards (800) 870-3470
www.mycigna.com
www.cigna.com/cmgaaz

UnitedHealthcare Group #901632

Customer Service (888) 876-7098
myNurseline (855) 466-7886
www.myuhc.com

Prescription Plans

OptumRx Co-Insurance Prescription Plan Group #512229

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

OptumRx Plan (UnitedHealthcare HDHP) Group #901632

(888) 876-7098 www.myuhc.com

Behavioral Health

Magellan Health Services Group #N/A

(888) 213-5125
www.magellanhealth.com

United Behavioral Health (UnitedHealthcare HDHP) Group #901632

(888) 876-7098
www.myuhc.com

Vision

Eye Med Group #1004141

(866) 724-0782
www.eyemed.com

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 VOYA family of companies Policy #67444-3

(855) 369-9500

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000
Outside Phoenix (800) 621-3778
www.azasrs.gov

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