

EMPLOYEE BENEFITS 2016-2017

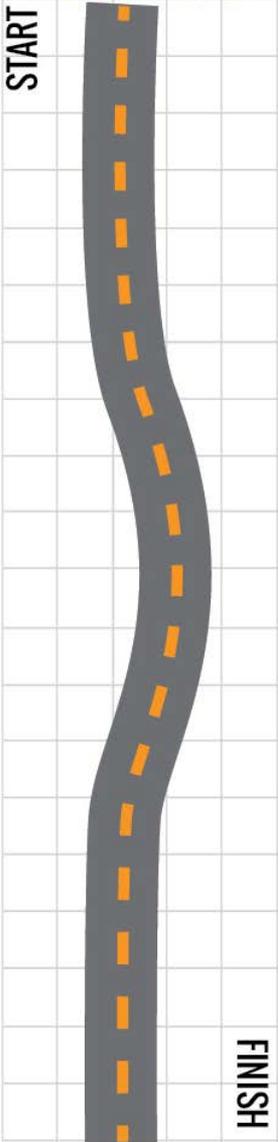
OPEN ENROLLMENT

APRIL 18

MAY 13

What's New with Benefits?

Plan Year 2016-2017

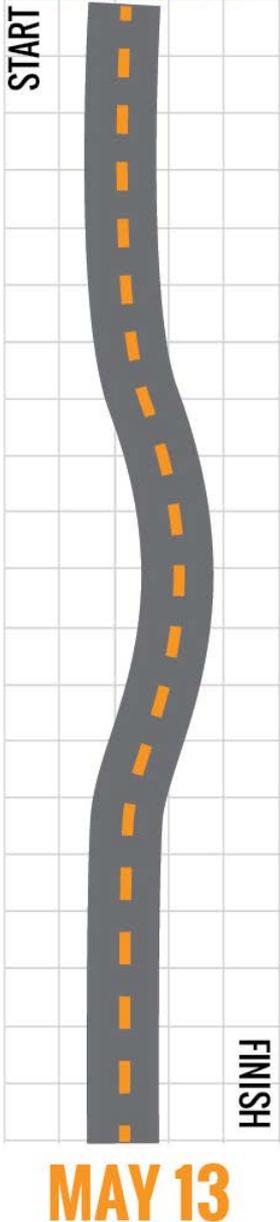


Agenda

- Goals
- Open Enrollment
- Benefit Plan Changes
- Administrative Changes
- Rates
- New Hires and Family Status Changes
- Dependent Audit
- ADP Portal
- Responsibilities
- Questions

Goals

- Attract and retain quality employees
- Maintain a competitive benefits package as part of total compensation
- Offer meaningful choices
- Contain long-term costs
- Simplify plan design and administration
- Communicate benefit options effectively

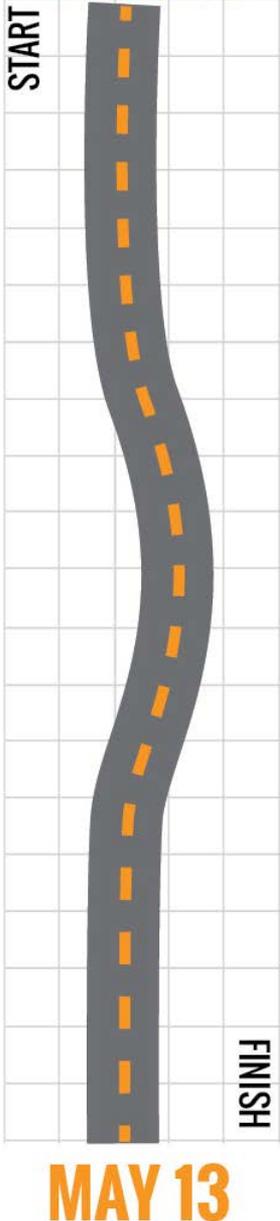


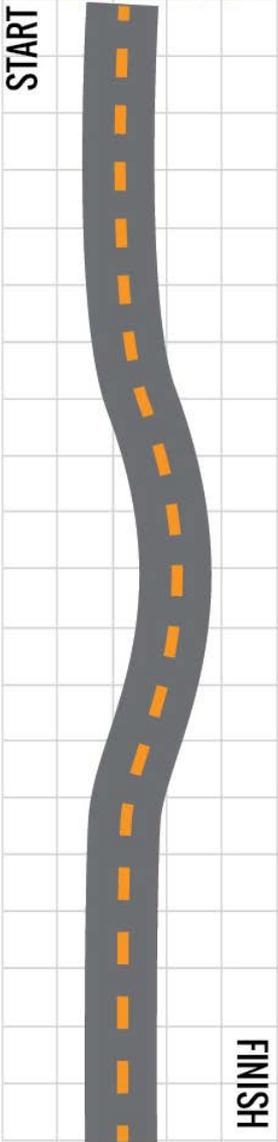
Open Enrollment Dates

OE Dates:

- Actives: **April 18 through May 13**
- COBRA: **April 18 through May 13**

This is a full, **four-week** enrollment period.





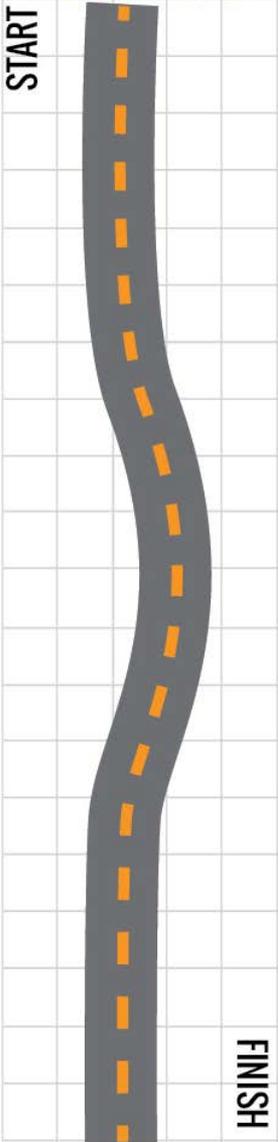
Active Open Enrollment

Facilitate an **Active** Open Enrollment

- Employees **must** take action
 - Access the ADP portal
 - Elect benefits plans needed
 - Add dependents to coverage under each benefit option
 - Elect Flexible Spending Accounts
 - Designate contributions to Health Savings Account

If employees don't take action, they will be enrolled in the following **Employee-Only coverage (dependents will not be covered)**:

- Cigna HMO Medical Plan
- OptumRx Co-Insurance Prescription Plan
- Magellan Behavioral Health Plan



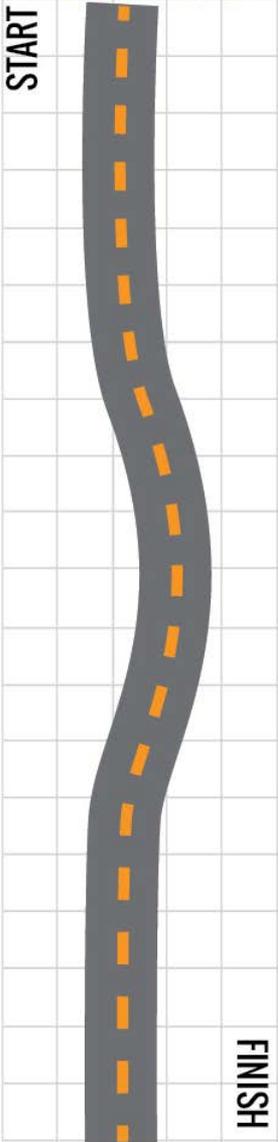
Active Open Enrollment

Additionally:

- Vision coverage will be waived
- Dental coverage will be waived
- Life insurance, short-term disability, and group legal will carry over

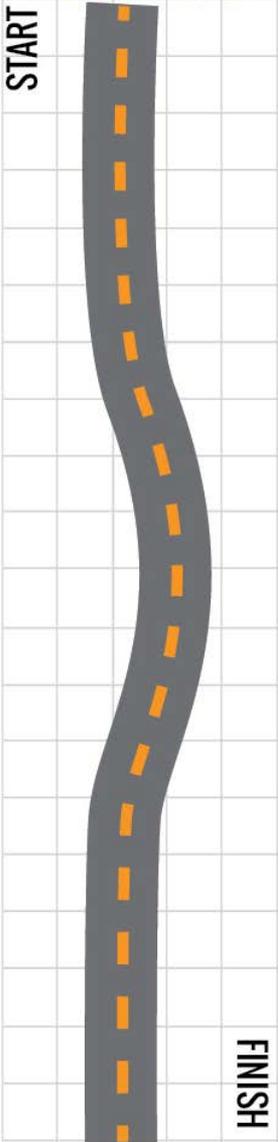
CAUTION!

Even employees who wish to **waive coverage** must access the ADP Portal to elect **“Waived.”** Otherwise, they will default to the Cigna HMO and bundled prescription and behavioral health plans.



Medical – Cigna HMO Plan

- Reduce convenience care copay from \$20 to \$10
- Cover newborns for first 4 days only following birth, unless added to coverage
- Offer one rate for COBRA participants regardless of tobacco use status
- Move administration of the Diabetes Management Program to Cigna

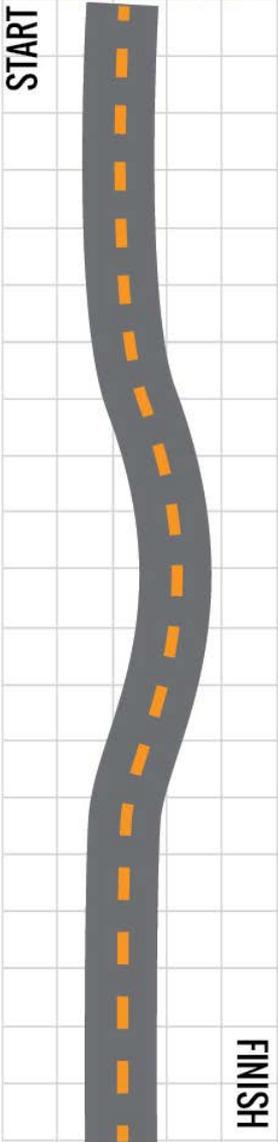


Medical – Cigna HMO Plan

Changes to Cigna Medical Group

1. Three centers being consolidated by May 26
 - **Gilbert:** relocating to Stapley Multispecialty Center
 - **Deer Valley:**
 - Adult Medicine:** relocating to North Valley
 - Pediatrics:** relocating to Paseo Multispecialty Center
 - **Tempe:** relocating to CJ Harris Multispecialty Center
2. June 1, CMG will transition the following specialties to external, in-network physicians
 - **Gastroenterology**
 - **Neurology**
 - **Urology**

To ensure smooth transition, letters sent to all impacted.

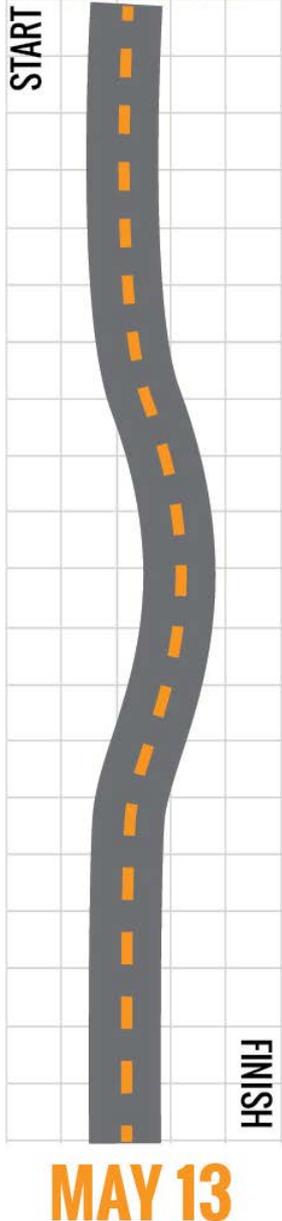


Medical – UHC PPO Plan

- Reduce **convenience care copay** from \$30 to \$20
- Cover **newborns** for first 4 days only following birth, unless added to coverage
- Offer **one rate for COBRA** participants regardless of tobacco use status
- Move administration of the **Diabetes Management Program** to UnitedHealthcare

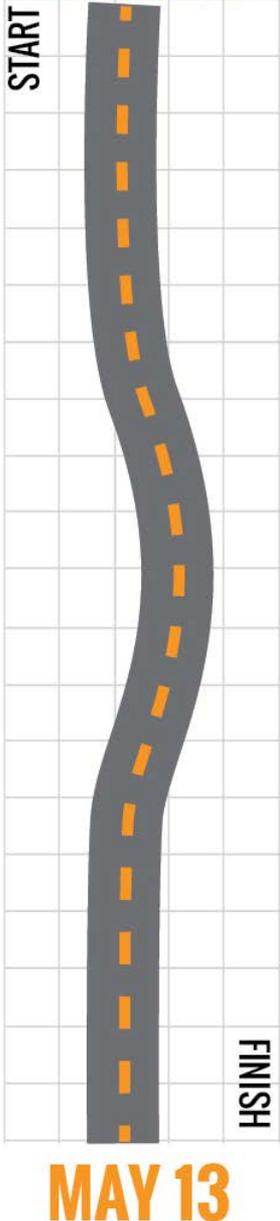
Medical – UHC PPO Plan

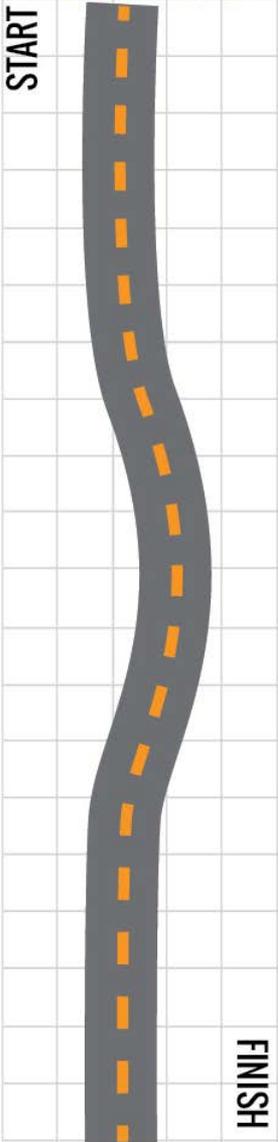
- Increase **In-Network** deductibles
 - Individual: from \$350 to **\$750**
 - Family: from \$700 to **\$1,500**
- Increase **Out-of-Network** deductibles
 - Individual: from \$700 to **\$1,500**
 - Family: from \$1,400 to **\$3,000**



Medical – UHC PPO Plan

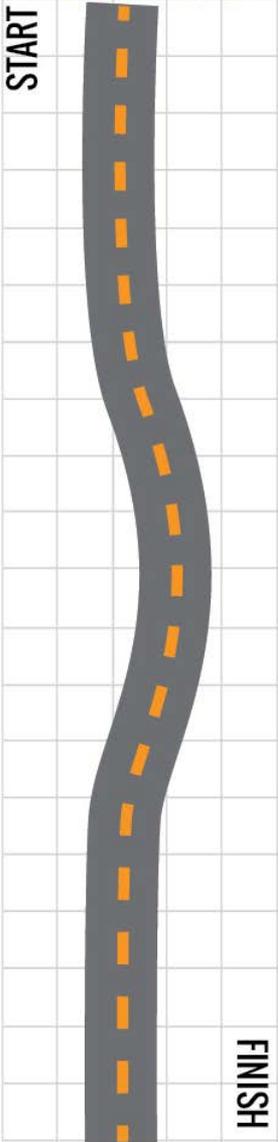
- Increase **In-Network** OOP maximums
 - Individual: from \$3,000 to **\$3,500**
 - Family: from \$6,000 to **\$7,000**
- Increase **Out-of-Network** OOP maximums
 - Individual: from \$6,000 to **\$7,000**
 - Family: from \$12,000 to **\$14,000**





Medical – UHC HDHP

- Cover **newborns** for first 4 days only following birth, unless added to coverage
- Offer **one rate for COBRA** participants regardless of tobacco use status
- Increase **In-Network member coinsurance** from 10% to 15%

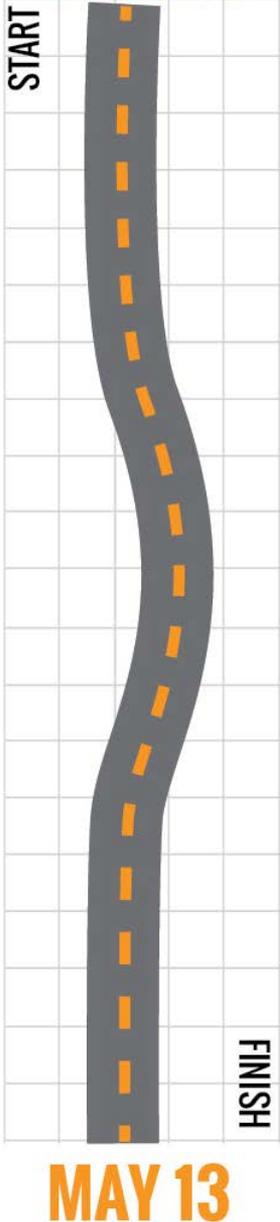


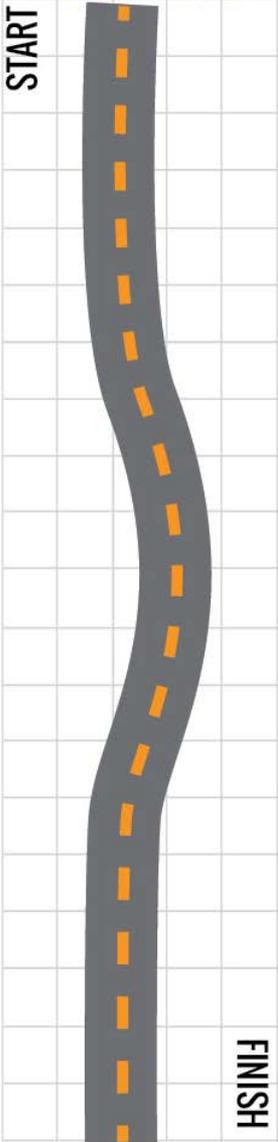
Medical – UHC HDHP

- Increase **In-Network** OOP maximums
 - Individual: from \$3,000 to **\$3,275**
 - Family: from \$6,000 to **\$6,550**
- Increase **Out-of-Network** OOP maximums
 - Individual: from \$6,000 to **\$6,550**
 - Family: from \$12,000 to **\$13,100**

Health Savings Accounts

- Increase H.S.A. contribution limit
 - Family: from \$6,650 to **\$6,750**
 - (Individual limit will remain at \$3,350)
- Establish minimum annual employee contribution to an H.S.A. at **\$240**





Prescription Plan for HMO & PPO

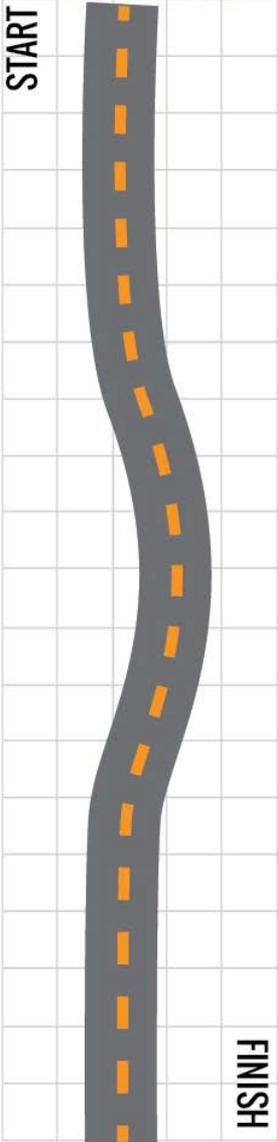
Plan Name Change

from Catamaran Co-Insurance Prescription Plan
to:

“OptumRx Co-Insurance Prescription Plan”

Increase Tier Maximums

- Generic – No change
- Preferred
 - Retail 30-day: from \$60 to **\$80**
 - Retail 90-day: from \$180 to **\$240**
 - Mail Order 90-day: from \$105 to **\$160**

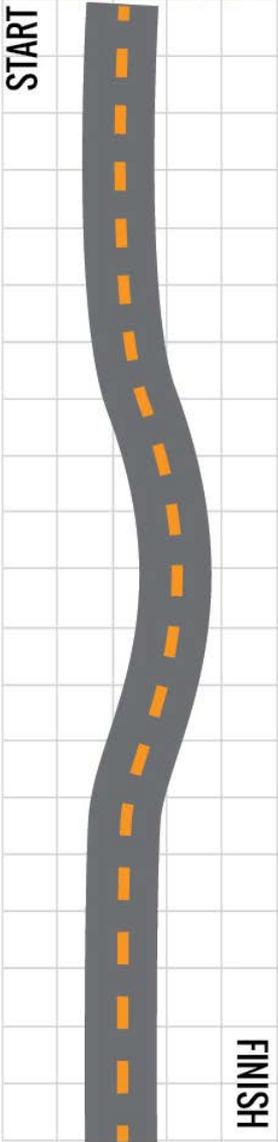


Prescription Plan for HMO & PPO

- **Non-Preferred**
 - Retail 30-day: from \$110 to **\$120**
 - Retail 90-day: from \$330 to **\$360**
 - Mail Order 90-day: from \$275 to **\$300**

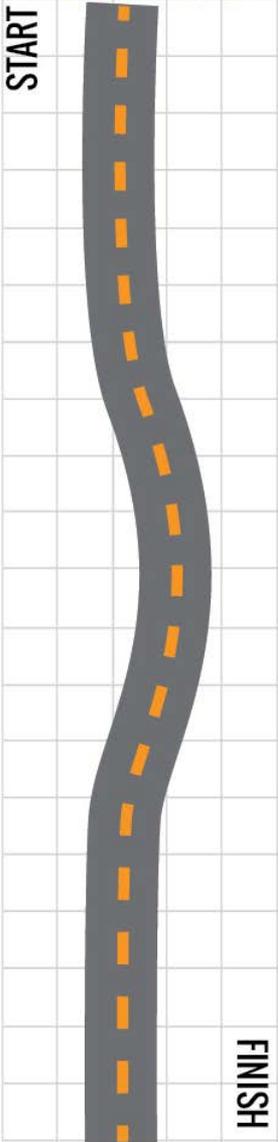
- **Specialty Preferred**
 - Specialty 30-day: from \$105 to **\$125**

- **Specialty Non-Preferred**
 - Specialty 30-day: from \$275 to **\$300**



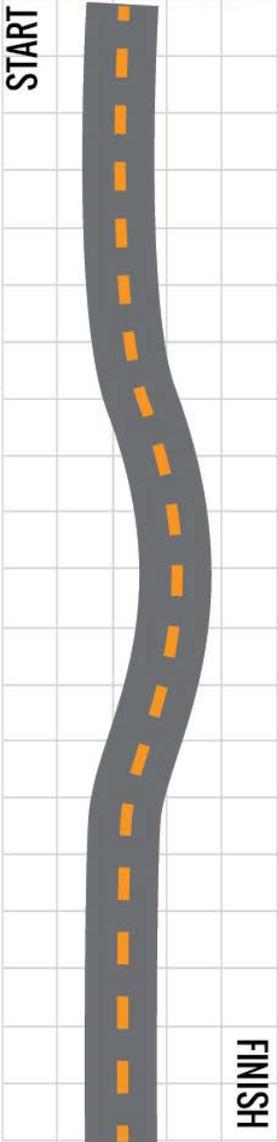
Prescription Plan for HMO & PPO

- Move to partially closed Formulary (called the **Premium Formulary**) excluding coverage for certain Brand-Name drugs offering no clear clinical advantage over less costly Brand or Generic drugs
- Implement **ePrescribing**
- Eliminate **mail order pricing** for retail prescriptions purchased at on-site Pharmacy



Prescription Plan for HDHP

- Plan Name Change for **HDHP**
from OptumRx Prescription Plan to:
“OptumRx HDHP Prescription Plan”
- Implement “**Medical Necessity**” reviews on Specialty drug prescriptions
- Eliminate **30-day fills at retail pharmacy** for Specialty drugs; require use of mail order through OptumRx Specialty Pharmacy



Other Benefits

Behavioral Health:

- No plan changes

Dental:

- No plan changes
- Delta Dental rates increasing per contract; all rates increasing for part-timers

Vision:

- No plan or rate changes
- New vision vendor - **EYEMED**

Short-Term Disability:

- No plan or rate changes

Life Insurance:

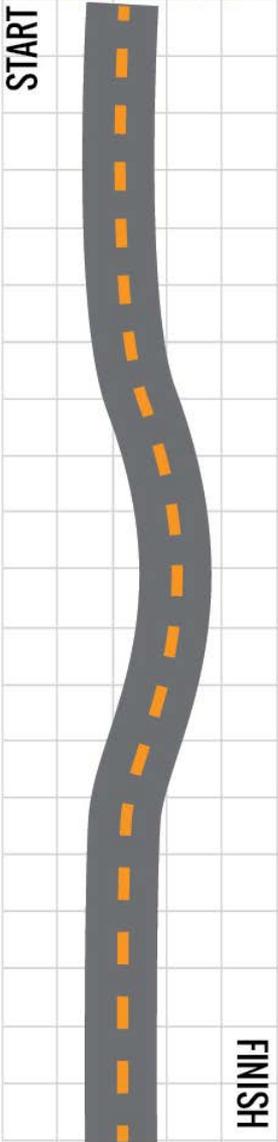
- No plan or rate changes

Flexible Spending Accounts:

- No plan changes

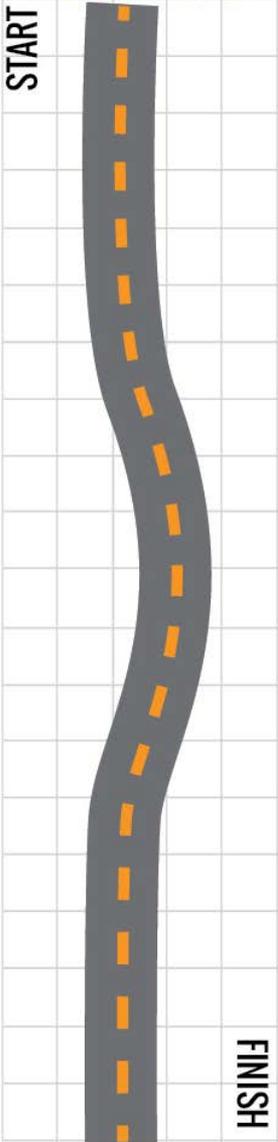
Group Legal:

- No plan or rate changes



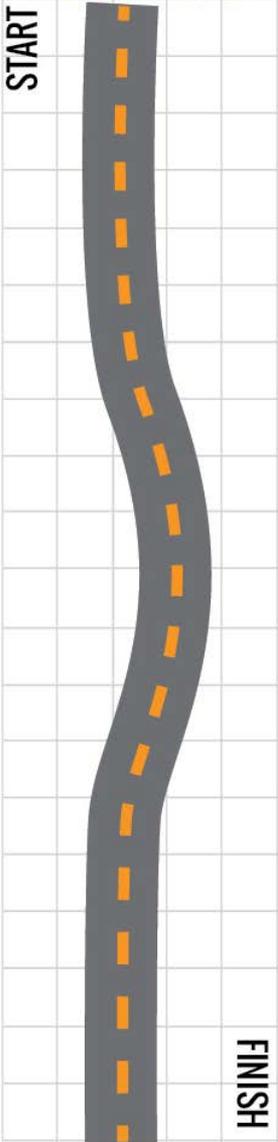
Administrative Changes

- Change **Benefits Effective Date** to first day of the month following date of hire or date of benefits eligibility
- Require submission of Dependent Verification documentation **within 60 days of benefits effective date** (30-day audit, plus 30-day extension)



Administrative Changes

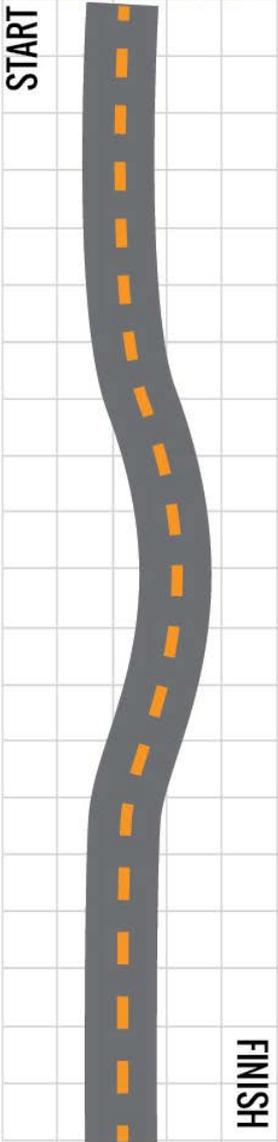
- While in ADP Portal, employees **must** Complete an: ***“Attestation of Dependent Eligibility”***
 - to attest dependents meet eligibility requirements
 - to collect missing SSNs for dependents
- Mail out **two (2)** OE Confirmation Statements
 - 1st one midway through OE
 - 2nd one at conclusion of OE



Medical Rates

Combined Medical, Prescription, Behavioral Health
Full-Time Active Employees

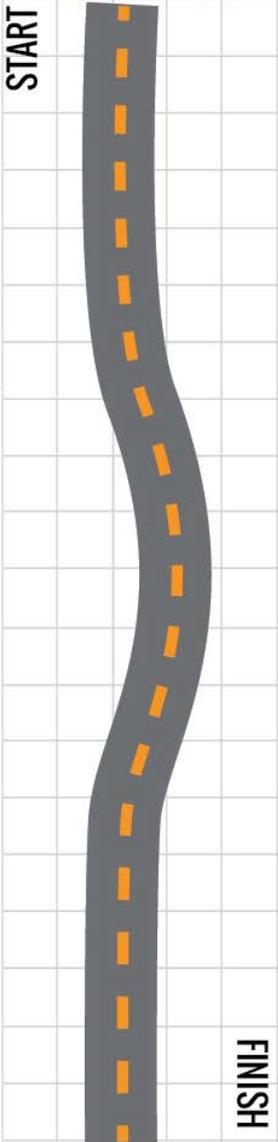
Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Monthly Employee Premium Less all Incentives *
Cigna HMO	Employee	637.34	556.56	80.78	20.78
	Employee + Spouse	1,231.56	1,076.08	155.48	95.48
	Employee + Child(ren)	1,013.26	889.56	123.70	63.70
	Employee + Family	1,608.06	1,395.24	212.82	152.82
UHC PPO	Employee	660.14	556.56	103.58	43.58
	Employee + Spouse	1,301.68	1,076.08	225.60	165.60
	Employee + Child(ren)	1,076.58	889.56	187.02	127.02
	Employee + Family	1,708.52	1,395.24	313.28	253.28
UHC HDHP	Employee	622.14	556.56	65.58	5.58
	Employee + Spouse	1,162.28	1,076.08	86.20	26.20
	Employee + Child(ren)	966.54	889.56	76.98	16.98
	Employee + Family	1,509.88	1,395.24	114.64	54.64



Medical Rates

Combined Medical, Prescription, Behavioral Health Part-Time Active Employees

Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Monthly Employee Premium Less all Incentives *
Cigna HMO	Employee	637.34	278.28	359.06	299.06
	Employee + Spouse	1,231.56	538.04	693.52	633.52
	Employee + Child(ren)	1,013.26	444.78	568.48	508.48
	Employee + Family	1,608.06	697.62	910.44	850.44
UHC PPO	Employee	660.14	278.28	381.86	321.86
	Employee + Spouse	1,301.68	538.04	763.64	703.64
	Employee + Child(ren)	1,076.58	444.78	631.80	571.80
	Employee + Family	1,708.52	697.62	1,010.90	950.90
UHC HDHP	Employee	622.14	278.28	343.86	283.86
	Employee + Spouse	1,162.28	538.04	624.24	564.24
	Employee + Child(ren)	966.54	444.78	521.76	461.76
	Employee + Family	1,509.88	697.62	812.26	752.26



Vision Rates

Full-Time Active Employees

Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium
EyeMed	Employee	6.80	5.48	1.32
	Employee + Spouse	13.02	10.12	2.90
	Employee + Child(ren)	13.18	11.00	2.18
	Employee + Family	19.82	15.92	3.90

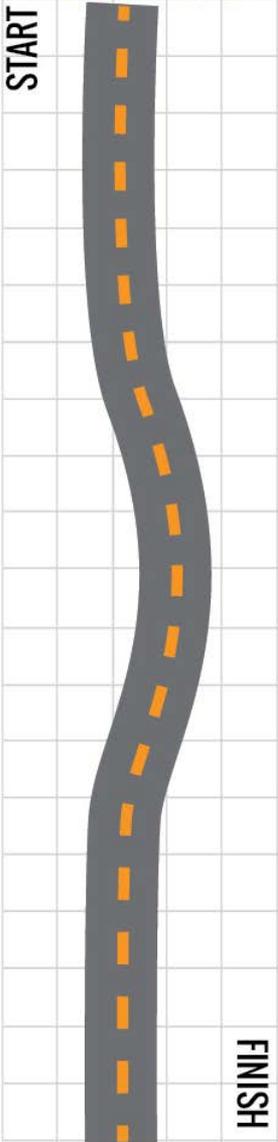
Part-Time Active Employees

Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium
EyeMed	Employee	6.80	2.74	4.06
	Employee + Spouse	13.02	5.06	7.96
	Employee + Child(ren)	13.18	5.50	7.68
	Employee + Family	19.82	7.96	11.86

Dental Rates

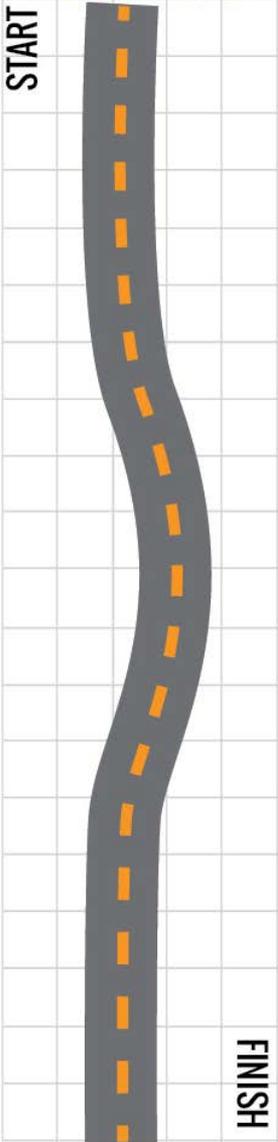
Full-Time Active Employees

Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium
Cigna (DHMO) - Prepaid	Employee	8.32	3.76	4.56
	Employee + Spouse	14.06	5.48	8.58
	Employee + Child(ren)	19.46	8.28	11.18
	Employee + Family	22.92	10.04	12.88
Cigna (PPO) – Self-Insured	Employee	33.54	18.60	14.94
	Employee + Spouse	73.86	41.00	32.86
	Employee + Child(ren)	79.92	44.32	35.60
	Employee + Family	102.58	56.80	45.78
Delta (PPO) – Fully-Insured	Employee	42.50	18.60	23.90
	Employee + Spouse	93.66	41.00	52.66
	Employee + Child(ren)	101.34	44.32	57.02
	Employee + Family	130.26	56.80	73.46



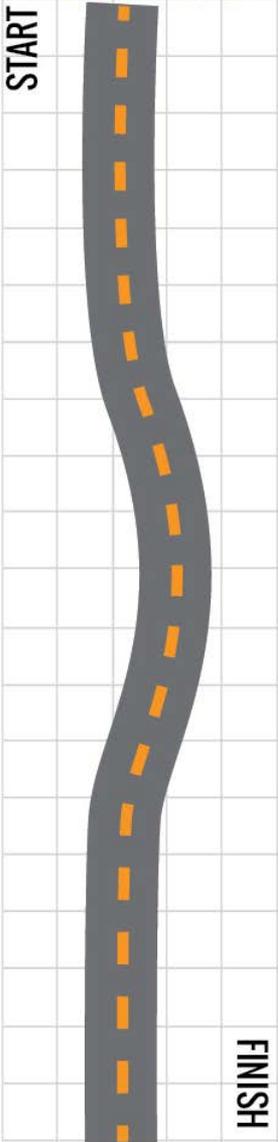
Dental Rates

Part-Time Active Employees

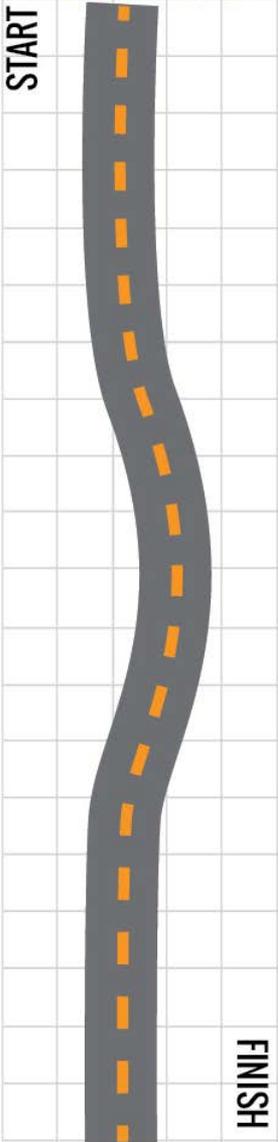


Plan	Tier	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium
Cigna (DHMO) - Prepaid	Employee	8.32	1.88	6.44
	Employee + Spouse	14.06	2.74	11.32
	Employee + Child(ren)	19.46	4.14	15.32
	Employee + Family	22.92	5.02	17.90
Cigna (PPO) – Self-Insured	Employee	33.54	9.30	24.24
	Employee + Spouse	73.86	20.50	53.36
	Employee + Child(ren)	79.92	22.16	57.76
	Employee + Family	102.58	28.40	74.18
Delta (PPO) – Fully-Insured	Employee	42.50	9.30	33.20
	Employee + Spouse	93.66	20.50	73.16
	Employee + Child(ren)	101.34	22.16	79.18
	Employee + Family	130.26	28.40	101.86

Life Insurance Rates



ReliaStar Life Insurance	Age	Monthly Total Premium per \$1000	Monthly Employee Premium Per \$1000	Monthly Employer Premium Per \$1000
Basic Life 1X Salary		0.060		0.060
Basic AD&D 1X Salary		0.015		0.015
Employee Supp ADD 1X Salary/\$1000		0.020	0.020	
Family Supp ADD 2X Salary/\$1000		0.035	0.035	
Dependent Child Life /\$5,000		0.100	0.100	
Supplemental	Under 25	0.032	0.032	
Supplemental	25-29	0.038	0.038	
Supplemental	30-34	0.050	0.050	
Supplemental	35-39	0.056	0.056	
Supplemental	40-44	0.074	0.074	
Supplemental	45-49	0.120	0.120	
Supplemental	50-54	0.184	0.184	
Supplemental	55-59	0.312	0.312	
Supplemental	60-64	0.528	0.528	
Supplemental	65-69	0.760	0.760	
Supplemental	70 and older	1.408	1.408	
Sup-Smoker	Under 25	0.052	0.052	
Sup-Smoker	25-29	0.056	0.056	
Sup-Smoker	30-34	0.064	0.064	
Sup-Smoker	35-39	0.109	0.109	
Sup-Smoker	40-44	0.155	0.155	
Sup-Smoker	45-49	0.308	0.308	
Sup-Smoker	50-54	0.567	0.567	
Sup-Smoker	55-59	0.578	0.578	
Sup-Smoker	60-64	0.896	0.896	
Sup-Smoker	65-69	1.096	1.096	
Sup-Smoker	70 and older	1.800	1.800	



Short-Term Disability Rates

Pay Period Premium:

(Multiplier x Annual Base Salary) / 24 Pay Periods

Sedgwick Short-Term Disability Coverage – Employee Only	Multiplier
40%	0.0028
50%	0.0044
60%	0.0084

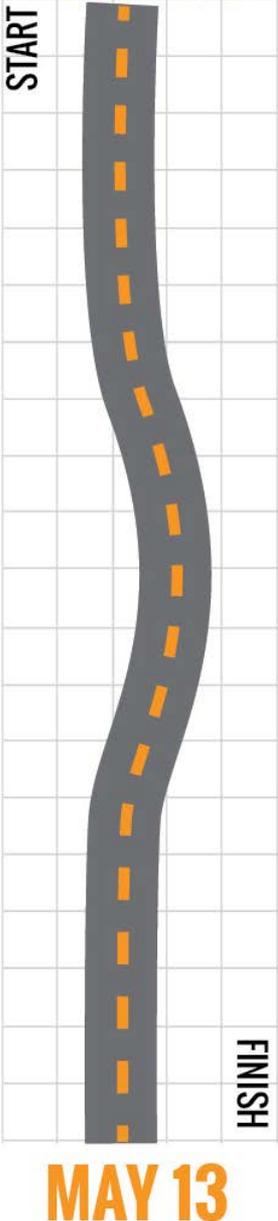
New Hires

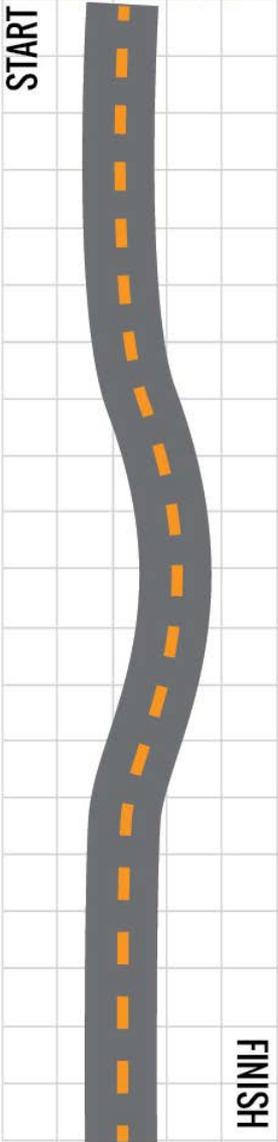
New Hires making **NEW HIRE** elections before April 18th

- Access ADP portal
- Complete Plan Year 2015-2016 “New Hire” elections
- Print Confirmation Page
- Return to ADP portal **on or after April 18, 2016** to complete Plan Year 2016-2017 “OE” elections

New Hires making **NEW HIRE** elections on or after April 18th

- Access ADP portal
- Complete Plan Year 2015-2016 “New Hire” elections
- Click “SUBMIT” and move to the “**ROLLOVER**” screen
- Click “CONTINUE” to complete Plan Year 2016-2017 “OE” elections
- Click “SUBMIT” again
- Print Confirmation Page





Family Status Changes

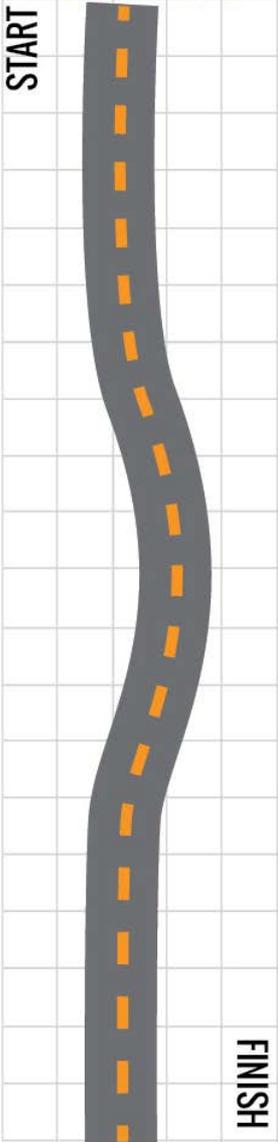
Employees recording a **FAMILY STATUS CHANGE** from April 18th through June 30th

For 2015-2016

- Access ADP portal
- Click on *Family Status Change* link and select Event Type (birth, marriage, etc)
- Update Plan Year 2015-2016 elections
- Click “SUBMIT” and move to **“ROLLOVER”** screen

For 2016-2017

- Click “CONTINUE” to complete Plan Year 2016-2017 “OE” elections
- Click “SUBMIT” again
- Review side-by-side comparison of 2015-2016 and 2016-2017 elections
- Print Confirmation Page



Dependent Audit

Audit Timeline:

June 27, 2016 - Dependent Audit begins. Letters requesting verification of dependent eligibility mailed to employees.

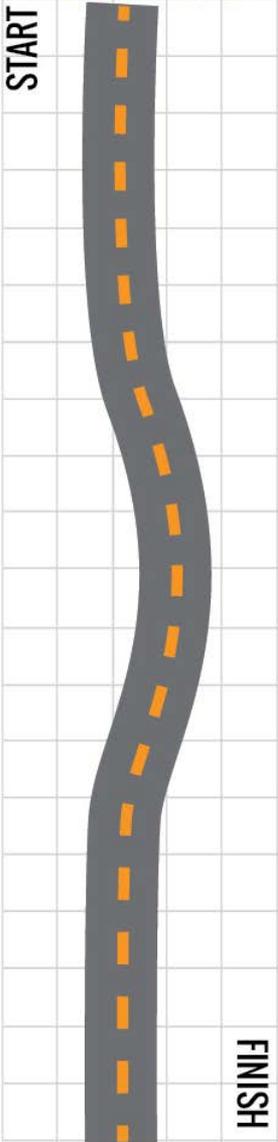
July 11, 2016 - Reminder letters mailed to employees who have not responded.

July 26, 2016 - Dependent Audit ends.

July 29, 2016 - Final outcome letters mailed to employees.

August 9, 2016 - Additional grace period ends.

August 19, 2016 - Confirmation Statements mailed to employees who failed audit and whose dependents were dropped.

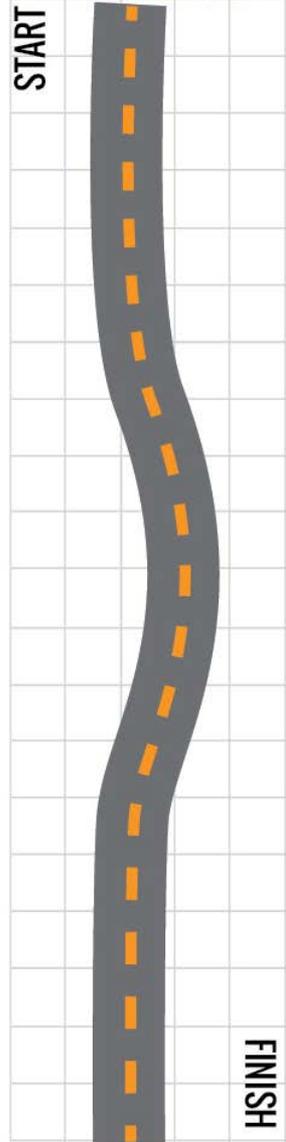


Dependent Audit

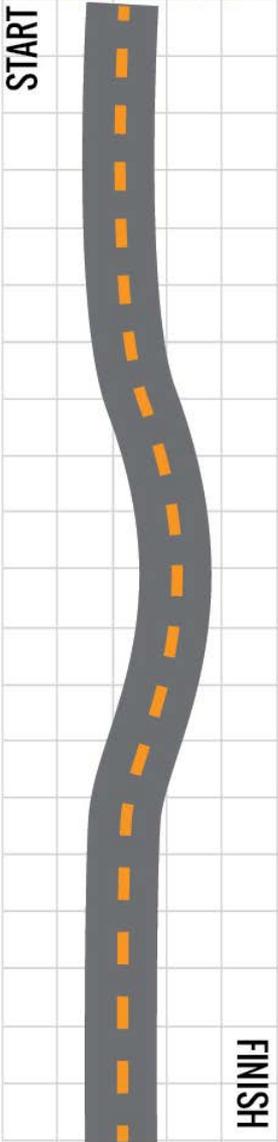
- Dependents who had been previously approved as eligible for coverage **AND** who had coverage (medical, vision, and/or dental) in Plan Year 2015-2016 will not be re-audited.
- **60 calendar days** after July 1, 2016, employees who added dependents during Open Enrollment can no longer submit documentation to have their dependents approved as eligible for coverage.

EMPLOYEE BENEFITS 2016-2017
OPEN ENROLLMENT
APRIL 18

What Else is New?



MAY 13



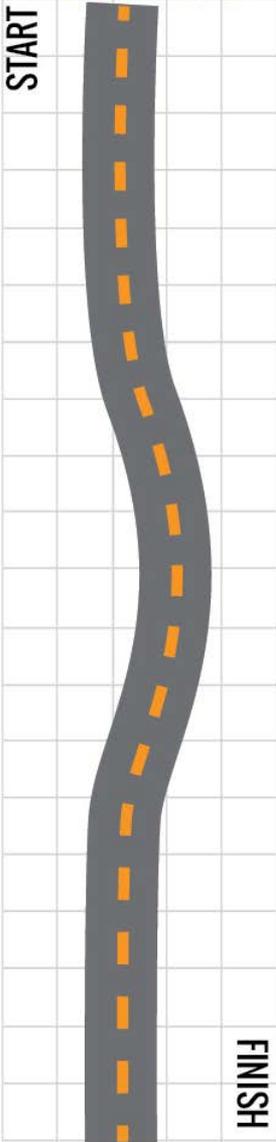
What Else is New?

Thank you for accessing the ADP Benefit Enrollment System to complete your annual benefit elections. As you navigate through the system, please make sure you:

1. Elect each benefit option in which you intend to enroll (medical, vision, dental, etc).
2. Add your dependents to each benefit option.
3. Submit your final elections and review your Benefit Summary.
4. **CAUTION:** Unless you receive a Confirmation Number at the conclusion of the enrollment process, your benefit elections have not been recorded.

[CLOSE](#)

What Else is New?



INSTRUCTIONS

Read the Attestation of Dependent Eligibility Statement and indicate whether your dependents meet eligibility requirements.

EMPLOYEE EXAMPLE

You have 15 days left to complete your Open Enrollment elections.

Your Enrollment Progress:

[Dependents](#) > [Beneficiaries](#) > [Benefits](#) > [Submit](#)

Attestation of Dependent Eligibility

Maricopa County's Benefits Plan is available to Employees and their **Eligible Dependents**. This includes:

- Your legal spouse, and
- Your dependent child(ren) up to age 26

An eligible dependent child must either be the Employee's natural child, stepchild, legally adopted child, child placed with the Employee by court order for adoption, or a child who is permanently and totally disabled of any age provided he/she was medically certified as being permanently and totally disabled prior to his or her 26th birthday. Persons **ineligible** for County-provided health benefits include brothers, sisters, parents, grandparents, grandchildren, aunts, uncles, nieces, nephews, ex-spouses, partners, and children of partners and ex-spouses. It is a fraudulent practice to add ineligible dependents to County-provided health benefits, fail to timely notify the Benefits office of a change in status (within 30 calendar days of event), or misrepresent dependents in any manner.

Below is a list of dependents you elected to cover under the County-provided health benefits. It is your responsibility to ensure that your dependent(s) meet eligibility requirements, and that you provide truthful information. You may be subject to a dependent verification audit. Failure to provide truthful information, respond to a dependent verification audit, and/or provide notice of a change in status may result in retroactive termination of the dependent's coverage, you being financially responsible for any claims he/she may have incurred, and possible legal action.

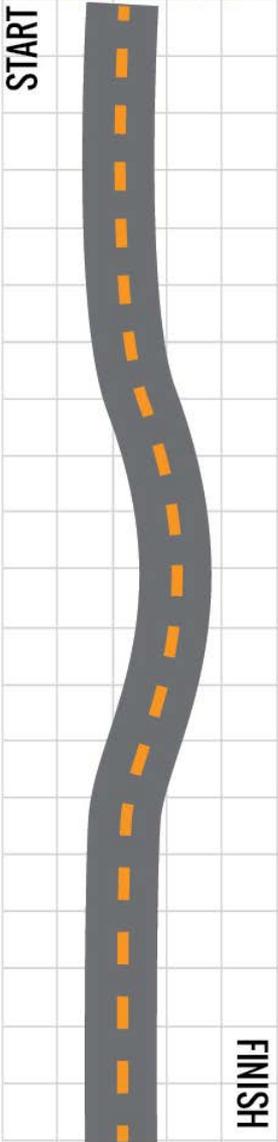
Dependent Coverage

Name	Relationship
DEPENDENT ONE	SPOUSE
DEPENDENT TWO	LEGAL GUARDIANSHIP

Options

- All of my dependents meet eligibility requirements.
- At least one of my dependents does not meet the requirements.

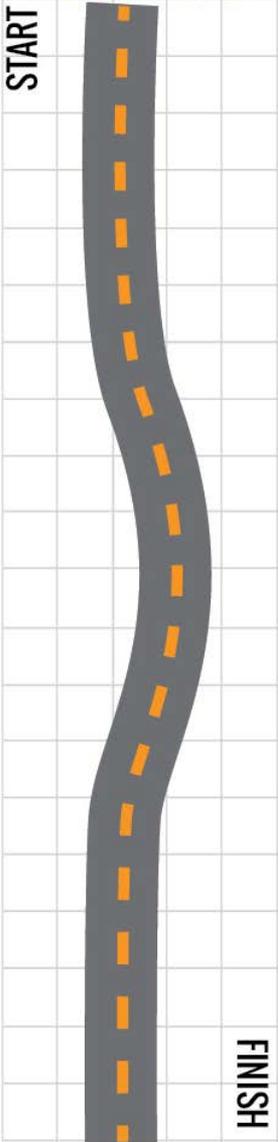




Open Enrollment Timeline

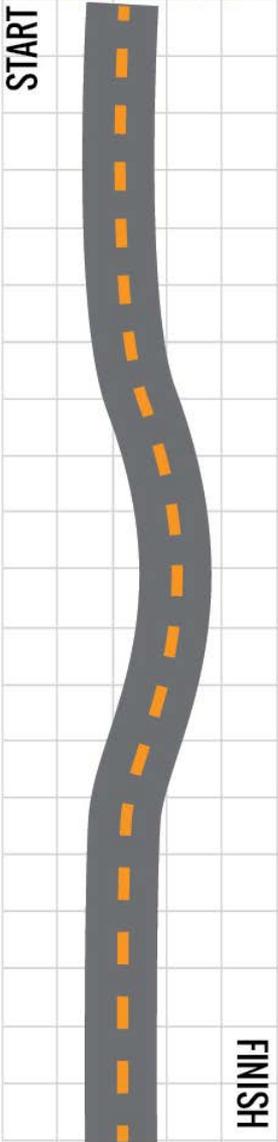
Important Open Enrollment Events

DATES	EVENTS
March 30	EBAC Meeting
March 31 – April 12	<i>'What's New with Your Benefits'</i> Meetings
April 6	Open Enrollment Website is Launched
April 12	Open Enrollment Worksheets Mailed Out
April 18	Open Enrollment Begins at 8:00am
May 2	1 of 2 Confirmation Statements Mailed Out
May 13	Open Enrollment Ends at 5:00pm
May 30	2 of 2 Confirmation Statements Mailed Out
July 1	New Benefits Become Effective
June 27 – July 26	Dependent Verification Process



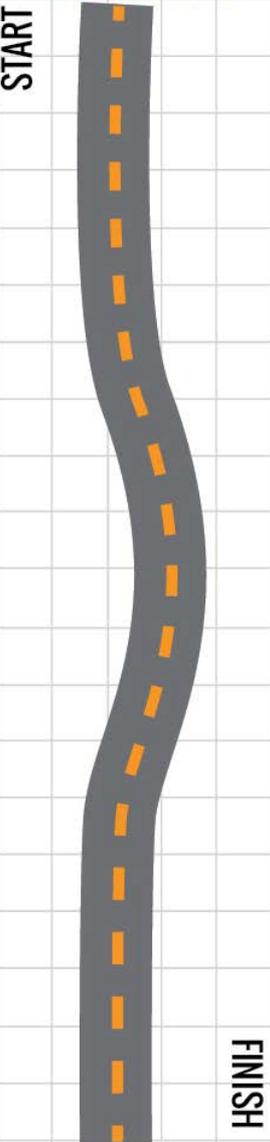
What Employees Must Do

1. Update home address in ADP portal
2. Review Open Enrollment material
3. Attend benefits meetings
4. Access ADP Portal during Open Enrollment:
 1. Make elections or waive coverage
 2. Re-enroll dependents
 3. Respond to Attestation of Dependent Eligibility
 4. Provide SSN for each covered dependent
5. Update beneficiaries
6. Submit Evidence of Insurability (EOI) for life insurance, if applicable
7. Respond to Dependent Audit



Role of HR Liaisons

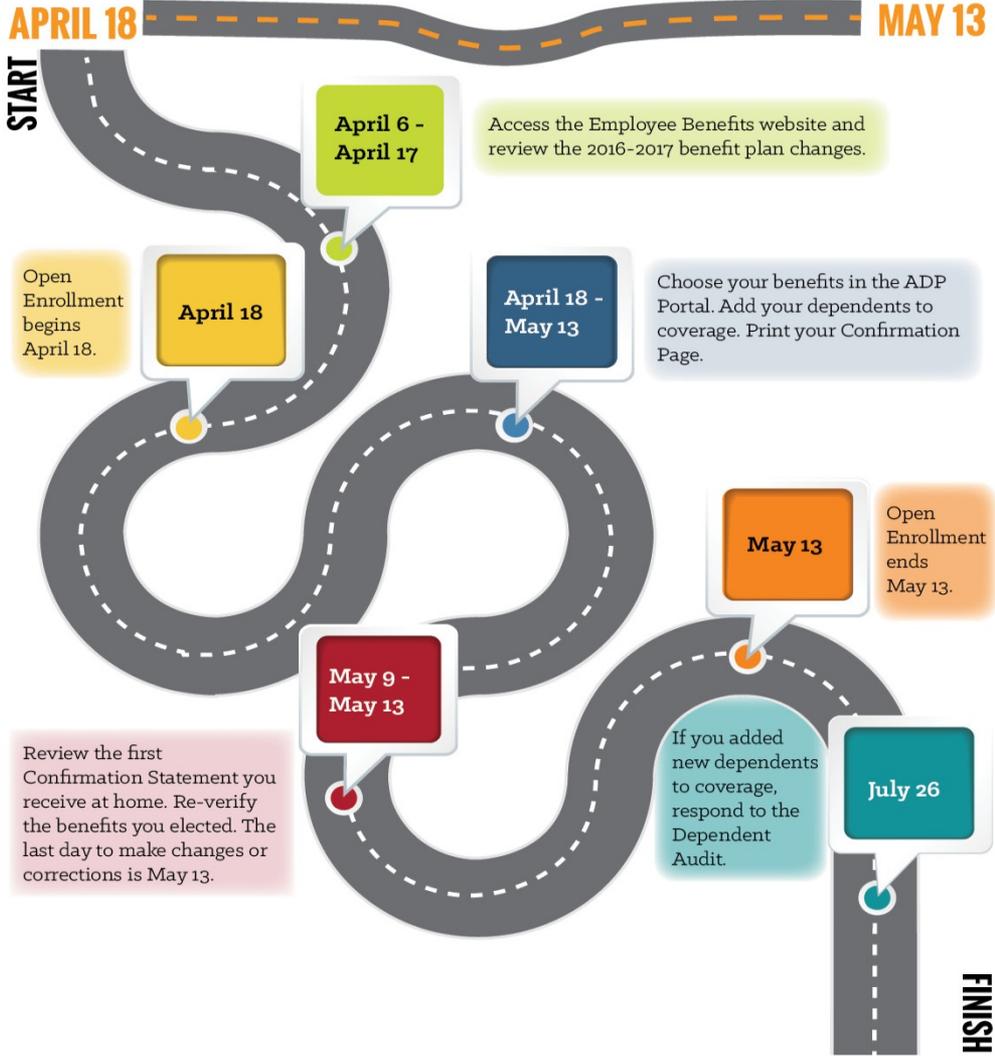
1. Disseminate Open Enrollment material
2. Assist employees with accessing ADP portal
3. Remind employees to complete elections; re-enroll dependents; double-check what they elected; and respond to Dependent Audit
4. Contact employees on leave of absence
5. Provide computer resources, if necessary
6. Refer employees to:
 - OET Customer Service Center at (602) 506-4357 for password resets and systems issues
 - Vendors for specific coverage questions
 - Employee Benefits Division at (602) 506-1010 for general questions
 - Benefits website: www.maricopa.gov/benefits or ebc.maricopa.gov/benefits
7. Achieve 100% participation in your department

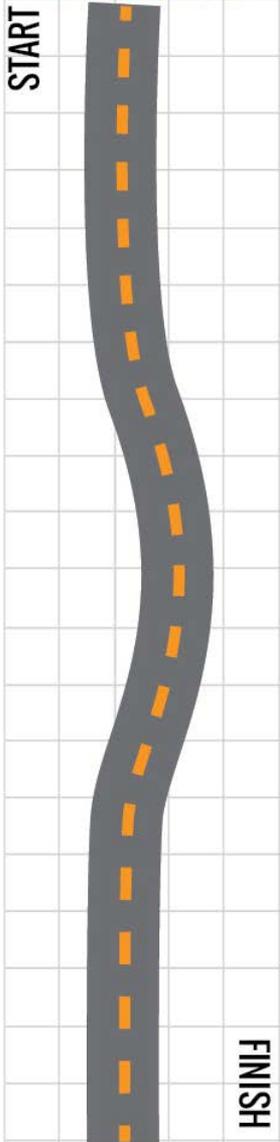


MAY 13

WHAT'S NEW?

Your Road Map for Open Enrollment Plan Year 2016-2017





OE Dates:

- Actives: **April 18 through May 13**
- COBRA: **April 18 through May 13**

This is a full, **four-week** enrollment period.