

Maricopa County Employee Benefits Program

2019-20 COBRA Enrollment Guide



Your Benefits. Your Choice.

Make your elections in the [BenefitSolver Portal](https://benefits.maricopa.gov):
benefits.maricopa.gov

For additional resources: www.maricopa.gov/171/benefits



What's New for 2019-2020

When you enroll in your medical plan, you are automatically enrolled in the prescription plan associated with it. You have access to prescription medications through both retail and mail order pharmacies.

Maricopa County provides access to high quality, affordable healthcare. The plan options the County offers are designed to give you choices while maintaining a high level of coverage and financial protection.

The only increase in premiums for 2019-2020 is a minimal increase to the Cigna Prepaid (DHMO) plan.

If you are switching to a new plan, or are a new enrollee, you will receive an ID card. If you do not change plans, you will only receive a new ID card if you are enrolled in the UnitedHealthcare PPO Plan.

Plan changes are described below. Rates are found on page 7.

Plan Changes

Cigna HMO Changes in Copay/Services:

- The Telehealth copay is reduced from \$5 to \$0

UnitedHealthcare PPO Changes in Copay/Services:

- The copay for TeleHealth is reduced from \$10 to \$0
- The Premium Provider (Tier 1) Copay for Primary Care Physicians is reduced from \$35 to \$25

Dental:

- No plan changes

Vision: EyeMed

- The *Freedom Pass* will be available to use at Sears and Target Optical (\$0 for frames)
 - Allows members to choose any frame at any price at no out-of-pocket cost even if over the frame allowance of \$130
- Receive \$20 off at ContactsDirect

Plan Overview

The County's Medical Plans

Maricopa County offers four medical plan options to choose from when selecting the coverage that is best for you and your family. Each medical plan is bundled with a prescription and behavioral health benefit. Your medical plan choices are:

	Vendor/Medical Plan	Prescription	Behavioral Health	Employee Assistance Program
1.	Cigna HMO <i>(Must live or work in Maricopa County)</i>	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
2.	Cigna HDHP	Cigna HDHP Prescription Plan	Cigna Behavioral Health	Magellan EAP
3.	UnitedHealthcare PPO	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
4.	UnitedHealthcare HDHP	OptumRx HDHP Prescription Plan	United Behavioral Health	Magellan EAP

Plan Type Description:

HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), who 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. Coverage is available only in Maricopa County, except for a life threatening emergency.

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. Under IRS regulations, a health savings account may be opened to set aside money to pay for eligible health care expenses.

Medical Copay/Out-of-Pocket Costs Cigna HMO



Benefit Provision	Cigna HMO In-Network Coverage Only
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$350 Facility Deductible Individual \$700 Facility Deductible Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$1,600 Individual \$3,200 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family
Preventive Care	\$0 (FREE)
Telehealth	\$0 (FREE)
Convenience Care Clinic Visit	\$10
Primary Care Physician (PCP)	\$30
Specialty Care Physician - CCD/Non-CCD	\$45 ¹ / \$70 ²
Chiropractic Services; limited to 24 visits/days per year	\$30
Allergy Injections	\$30
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$0 after deductible ³
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	\$150 after deductible
Pre- & Post-Natal Exams (after pregnancy has been confirmed)	\$30 /\$45 ¹ /\$70 ² 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	\$0
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy Limited to 60 visits/days per year	\$45
Cardiac Rehab⁴ - Limited to 36 visits/days per 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 summaries on the Benefits Home Page at www.maricopa.gov/171/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a provider with the Cigna Care Designation (CCD).
2. You pay higher copays when you use a provider without the CCD Designation. Not all specialties are included. When the provider is not included in the CCD, the higher Non-CCD copay applies.
3. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.

Medical Coinsurance/Out-of-Pocket Costs Cigna and UnitedHealthcare HDHP



Benefit Provision	Cigna HDHP and United Healthcare HDHP	
	In-Network	Out-of-Network
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	Included in Medical OOP Max	Included in Medical OOP Max
Preventive Care	\$0 (FREE) no deductible	Covered In-Network only
Telehealth	15% after deductible	Covered In-Network only
Convenience Care Clinic Visit	15% after deductible	50% after deductible
Primary Care Physician (PCP)	15% after deductible	50% after deductible
Specialty Care Physician	15% after deductible	50% after deductible
Chiropractic Services; limited to 24 visits/days per year	15% after deductible	Covered In-Network only
Allergy Injections	15% after deductible	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible; no deductible if preventive	50% after deductible
Independent Lab and X-Ray Facility	15% after deductible	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 confirmed)	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
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy - Limited to 60 visits/days per year	15% after deductible	50% after deductible
Cardiac Rehab - Limited to 36 visits/days per year	15% after deductible	50% after deductible
Bariatric Surgery 1 year waiting period from initial employment	15% after deductible	Covered In-Network only

Medical Coinsurance/Out-of-Pocket Costs UnitedHealthcare PPO



Benefit Provision	UnitedHealthcare PPO	
	In-Network	Out-of-Network
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$750 Annual Deductible 1,500 Annual Deductible	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family	N/A
Preventive Care	\$0 (FREE)	Covered In-Network only
Telehealth	\$0 (FREE)	Covered In-Network only
Convenience Care Clinic Visit	\$20	50% after deductible
Primary Care Physician (PCP)	\$25 ¹ / \$45 ²	50% after deductible
Specialty Care Physician - Tier 1 / Non-Tier 1	\$55 ¹ / \$70 ²	50% after deductible
Chiropractic Services; limited to 24 visits/days per year	\$40	Covered In-Network only
Allergy Injections	\$40	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible ³	50% after deductible
Independent Lab and X-Ray Facility	\$0	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 confirmed)	\$25 /\$55 ¹ or \$45 /\$70 ² to confirm pregnancy; 15% other related services after deductible	50% after deductible
Urgent Care	\$75 waived if admitted to hospital	50% after deductible
Emergency Room	\$250 waived if admitted to hospital	\$250 waived if admitted to hospital
Ambulance	15% after deductible	15% after deductible
Durable Medical Equipment/Medical Supplies - No annual limit	15% after deductible per item per month	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy - Limited to 60 visits/days per year ⁴	\$55	50% after deductible
Cardiac Rehab - Limited to 36 visits/days per year	\$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

For more detail, review the plan summaries on the Benefits Home Page at www.maricopa.gov/171/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a Primary Care Physician or specialist with the UnitedHealthcare Premium Tier 1 Designation.
2. You pay higher copays when you use a provider without the UHC Tier 1 Designation. Not all specialties are included. When the provider is not included in the UHC Tier 1, the higher Non-UHC Tier 1 copay applies.
3. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.
4. Visit/Day Limit is combined In- and Out-of-Network.

COBRA 2019-2020 Monthly Premiums



Medical, Prescription, Behavioral Health

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.

2019-2020 Combined Medical, Prescription, Behavioral Health Premiums

Plan	Tier	Monthly Total Premium
Cigna HMO	Beneficiary	698.29
	Beneficiary + Spouse	1,354.01
	Beneficiary + Child(ren)	1,113.11
	Beneficiary + Family	1,769.46
Cigna and UnitedHealthcare HDHP	Beneficiary	644.45
	Beneficiary + Spouse	1,245.98
	Beneficiary + Child(ren)	1,009.38
	Beneficiary + Family	1,654.06
UnitedHealthcare PPO	Beneficiary	730.93
	Beneficiary + Spouse	1,420.23
	Beneficiary + Child(ren)	1,167.00
	Beneficiary + Family	1,856.99

Vision Premiums

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

Dental Premiums

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	9.45
	Beneficiary + Spouse	15.97
	Beneficiary + Child(ren)	22.11
	Beneficiary + Family	26.03
Cigna (PPO)	Beneficiary	36.52
	Beneficiary + Spouse	80.44
	Beneficiary + Child(ren)	87.01
	Beneficiary + Family	111.69
Delta (PPO)	Beneficiary	44.02
	Beneficiary + Spouse	97.00
	Beneficiary + Child(ren)	104.94
	Beneficiary + Family	134.93

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/171/benefits
BenefitsService@mail.maricopa.gov

Medical Plans

Cigna Group #3205496

Customer Service (800) 244-6224
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

HSA Bank

(800) 244-6224 8 am to 8 pm EST, M-F

UnitedHealthcare Group #901632

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

Optum Bank

(800) 791-9361 8 am to 8 pm EST, M-F

Prescription Plans

Cigna HDHP Prescription Plan (Cigna HDHP)

Customer Service (800) 244-6224
Home Delivery (800) 285-4812
www.mycigna.com

OptumRx Coinsurance Prescription Plan (Cigna HMO and UnitedHealthcare PPO)

Group #512229
Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Briova Rx Specialty Pharmacy (855) 427-4682
Medication Therapy Mgt. (866) 352-5310
www.optumrx.com

Prescription Plans

OptumRx HDHP Prescription Plan (UnitedHealthcare HDHP)

Group #901632
Member Services (888) 876-7098
Briova Rx Specialty Pharmacy (855) 427-4682
www.myuhc.com

Behavioral Health

Magellan Health Services Group #N/A

(888) 213-5125
www.magellanhealth.com/member

Cigna Behavioral Health (Cigna HDHP)

Group #3205496
(800) 274-7603 www.mycigna.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 (DHMO) 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

Securian Group #70334 (Life Insurance) Group #70335 (AD & D)

General Plan Information (866) 293-6047
Claims (888) 658-0193
Medical Underwriting (800) 872-2214
Continuation (866) 365-2374

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

Flexible Spending Accounts Discovery Benefits

M-F, 4 am-7 pm MST
(866) 451-3399
www.discoverybenefits.com

Hyatt Legal Plan

Plan 150 / Group #0518
(800) 821-6400
<http://info.legalplans.com>
(Access Code - 1500518)

COBRA Administrator

Enrollment forms and ongoing payments
(866) 229-8292
M-F, 5 am-5 pm MST
P.O. Box 310512
Des Moines, IA 50331-0512
benefits.maricopa.gov