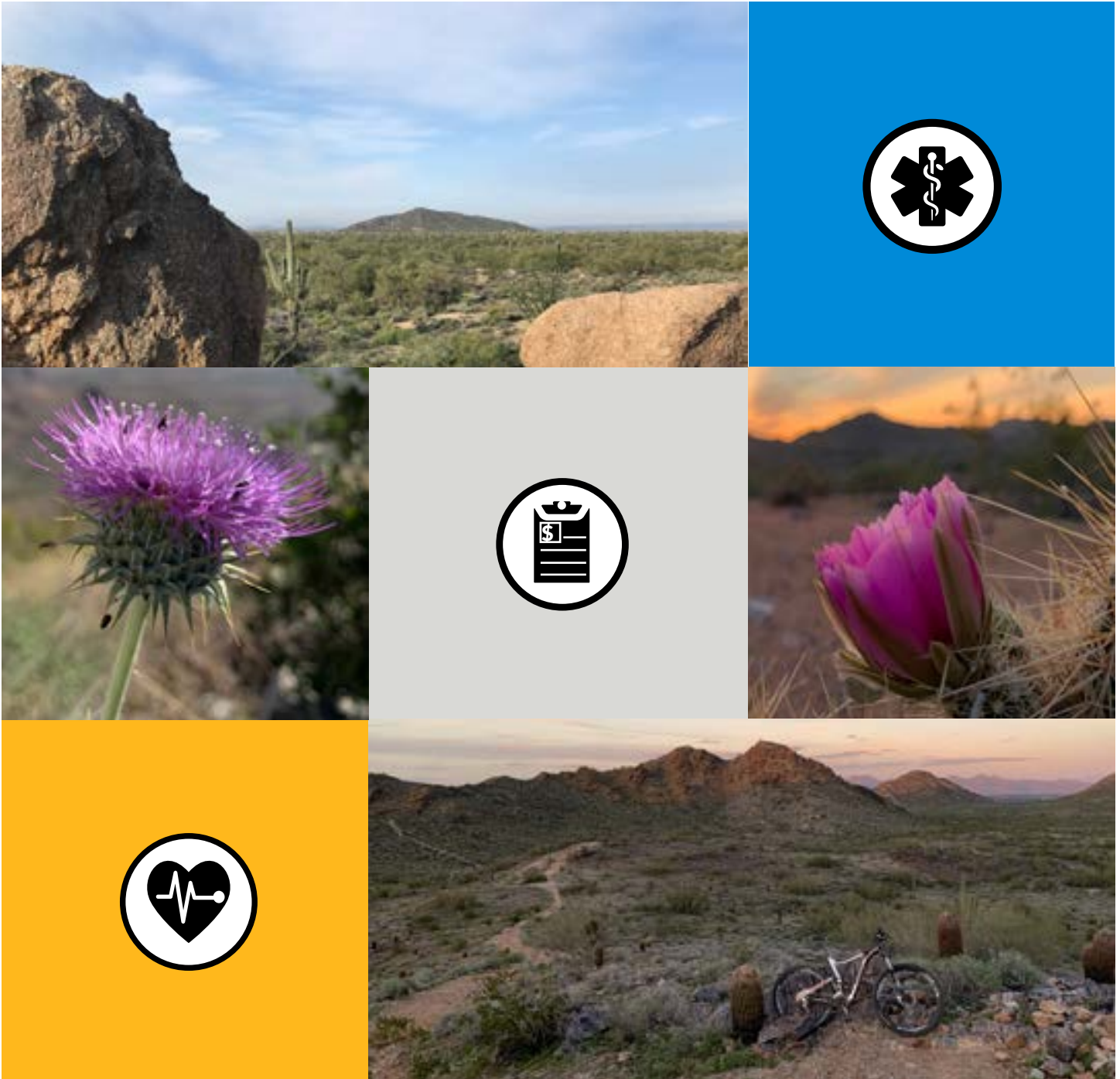


Maricopa County Employee Benefits Program

2020-2021 Benefits Guide



Your Benefits. Your Choice.



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

Table of Contents



Plan Overview

The County's Medical Plans	3-4
Cigna HMO Medical Copay/Out-of-Pocket Costs.....	5
Cigna and UnitedHealthcare HDHP with HSA	
Medical Coinsurance/Out-of-Pocket Costs	6
UnitedHealthcare PPO	
Medical Copay/Coinsurance/Out-of-Pocket Costs.....	7
Medical, Prescription, Behavioral Health Premiums.....	8
Vision Plan Premiums	9
Dental Plan Premiums.....	9
Life Insurance Plan Premiums	10
Short-Term Disability Plan Premiums	11
MetLife Legal Plan Premiums.....	11
Pet Insurance	11

Making the Most of Your Benefits

Financial Health Insurance Terms.....	12
Use In-Network Providers to Save Money	12
Resources.....	13
Notices	13

Wellness at Work

Wellness at Work.....	14
-----------------------	----

Provider Contact Information	15
------------------------------------	----

Plan Overview

Maricopa County absorbs a significant amount of the costs of your medical plan. Your share of the contributions for medical, vision, and dental benefits are deducted on a pre-tax basis which helps reduce your tax liability.



The County's Medical Plans

As a new hire/newly benefit eligible employee, you have 30 days from your date of hire or date of benefit eligibility to enroll. If you do not enroll, your next opportunity to enroll is during the annual Open Enrollment, unless you have a qualifying life event such as marriage, birth, divorce, or loss of coverage.

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>(Coverage is limited to Maricopa County only)</i>	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
2.	Cigna HDHP with HSA	Cigna HDHP Prescription Plan	Cigna Behavioral Health	Magellan EAP
3.	UnitedHealthcare PPO	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
4.	UnitedHealthcare HDHP with HSA	OptumRx HDHP Prescription Plan	United Behavioral Health	Magellan EAP

These videos provide helpful information on the available health plans:

- [Benefits 101](#)
- [Understanding the High Deductible Health Plan \(HDHP\)](#)
- [What is a Health Savings Account \(HSA\)](#)

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. Telehealth is available at no cost*.

*Telehealth services are provided by AmWell and MDLIVE under the Cigna HMO.

Plan Overview

The County's Medical Plans (continued)

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. Telehealth is available at no cost.*

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. Once the deductible has been met, the plan pays 15% of most in-network covered services up to the out-of-pocket maximum. There are no copays. 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. Telehealth is available.**

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax advantaged medical savings account available to taxpayers enrolled in a High Deductible Health Plan. The County contributes to the HSA. This is free money that can be used to pay out-of-pocket medical expenses. You own the account and it goes with you if you leave the County. You can even save and invest the account for use later in retirement. To receive the County HSA contribution, you must sign up for an HSA even if you do not plan to contribute any of your own money.

- The County HSA contribution is \$500 individual/\$1,000 family
- The annual **Health Savings Account (HSA) Contribution Limit** is:
 - \$3,550 for individual coverage
 - \$7,100 for family coverage
- Important: The County HSA contribution counts towards the overall IRS maximum amount allowed
- Employees over age 55 are allowed to contribute an additional \$1,000 catch-up contribution

Per the IRS, you must meet these requirements to be eligible for an HSA:

- Must be covered under a High Deductible Health Plan (HDHP)
- Must not have other health coverage, except what the IRS permits
- Must not be enrolled in Medicare
- Must not be claimed as a dependent on someone else’s Federal income tax return

UnitedHealthcare telehealth (or virtual visits) provided by AmWell, Doctor On Demand, and Teledoc.

**Cigna telehealth provided by AmWell and MDLIVE.

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 (provided by AmWell and MDLIVE)	\$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
Inpatient Hospital Facility & Professional Services	\$250 after deductible
Outpatient Lab and X-Ray Facility	\$0
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	\$0 after deductible
Outpatient Surgery & Professional 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
Physical Therapy Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below	\$30
Pulmonary Rehab, Speech, Occupational and Cognitive Therapy Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy	\$45
Cardiac Rehab Limited to 36 combined In- & Out-of-Network 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/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.

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



Cigna and UnitedHealthcare HDHP with H.S.A.²

Employer Contribution to H.S.A.
\$500 Individual / \$1,000 Family ¹

Benefit Provision

	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 (Cigna telehealth provided by AmWell and MDLIVE. UnitedHealthcare telehealth (or virtual visits) provided by AmWell, Doctor On Demand, and Teledoc.)	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 - CCD/Non-CCD & Tier 1/Non-Tier 1	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
Inpatient Hospital Facility & Professional Services	15% after deductible	50% after deductible
Outpatient Lab and X-Ray Facility	15% / 25% after deductible ²	50% after deductible
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	15% / 25% after deductible ²	50% after deductible
Outpatient Surgery & Professional Services	15% / 25% after deductible ²	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 Equip./Medical Supplies - No annual limit	15% after deductible	50% after deductible
Physical Therapy - Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below	15% after deductible	50% after deductible
Pulmonary Rehab, Speech, Occupational and Cognitive Therapy - Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy	15% after deductible	50% after deductible
Cardiac Rehab - Limited to 36 combined In- & Out-of-Network 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

For more detail, review the plan summaries on the Benefits Home Page at www.maricopa.gov/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. County contribution to the HSA is prorated based on benefit eligibility start date and calculated according to the pay periods remaining in the plan year.

2. UnitedHealthcare HDHP Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.

Medical Copay/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 (telehealth (or virtual visits) provided by AmWell, Doctor On Demand, and Teledoc)	\$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
Inpatient Hospital Facility & Professional Services	15% after deductible	50% after deductible
Outpatient Lab and X-Ray Facility	15% / 25% after deductible ³	50% after deductible
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	15% / 25% after deductible ³	50% after deductible
Outpatient Surgery & Professional Services	15% / 25% after deductible ³	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
Physical Therapy - Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below	\$40	50% after deductible
Pulmonary Rehab, Speech, Occupational and Cognitive Therapy - Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy	\$55	50% after deductible
Cardiac Rehab - Limited to 36 combined In- & Out-of-Network 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/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. Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.

2020-2021 Per Pay Period Premium Medical, Prescription, Behavioral Health



Full-Time Active Employees

Plan	Tier	2020-21 EMPLOYEE Premium Per Pay Period ¹	2020-21 EMPLOYER Premium Per Pay Period
Cigna HMO	Employee	42.40	330.13
	Employee + Spouse	84.28	640.81
	Employee + Child(ren)	66.45	529.12
	Employee + Family	116.46	832.00
UnitedHealthcare PPO	Employee	54.85	335.09
	Employee + Spouse	122.70	637.70
	Employee + Child(ren)	101.32	522.99
	Employee + Family	171.62	823.52
Cigna and UnitedHealthcare HDHP with HSA	Employee	34.17	329.50
	Employee + Spouse	46.18	660.90
	Employee + Child(ren)	40.77	540.15
	Employee + Family	62.27	862.42

Part-Time Active Employees²

Plan	Tier	2020-21 EMPLOYEE Premium Per Pay Period ¹	2020-21 EMPLOYER Premium Per Pay Period
Cigna HMO	Employee	207.46	165.07
	Employee + Spouse	404.68	320.41
	Employee + Child(ren)	331.01	264.56
	Employee + Family	532.46	416.00
UnitedHealthcare PPO	Employee	222.39	167.55
	Employee + Spouse	441.55	318.85
	Employee + Child(ren)	362.81	261.50
	Employee + Family	583.38	411.76
Cigna and UnitedHealthcare HDHP with HSA	Employee	198.92	164.75
	Employee + Spouse	376.62	330.46
	Employee + Child(ren)	310.84	270.08
	Employee + Family	493.47	431.22

1. Employees who earn the Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

2. Part-time hours are 20 to 29.99 per week.

2020-2021 Per Pay Period Premium Vision and Dental



Vision

Plan	Tier	Part-Time EMPLOYER Premium Per Pay Period	Part-Time EMPLOYEE Premium Per Pay Period	Full-Time EMPLOYER Premium Per Pay Period	Full-Time EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95

Dental

Plan	Tier	Part-Time EMPLOYER Premium Per Pay Period	Part-Time EMPLOYEE Premium Per Pay Period	Full-Time EMPLOYER Premium Per Pay Period	Full-Time EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	5.17	13.96	10.33	8.80
	Employee + Spouse	11.38	30.74	22.76	19.36
	Employee + Child(ren)	12.30	33.26	24.60	20.96
	Employee + Family	15.77	42.72	31.54	26.95
Delta (PPO)	Employee	4.91	17.10	9.82	12.19
	Employee + Spouse	10.83	37.67	21.65	26.85
	Employee + Child(ren)	11.70	40.77	23.39	29.08
	Employee + Family	15.00	52.47	30.00	37.47

2020-2021 Per Pay Period Premium Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.0100
Additional Accidental Death and Dismemberment - Family	0.0175
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.0500

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
Age Bands		
Under 25	0.0145	0.0235
25-29	0.0175	0.0255
30-34	0.0230	0.0290
35-39	0.0255	0.0495
40-44	0.0335	0.0705
45-49	0.0545	0.1400
50-54	0.0835	0.2580
55-59	0.1420	0.2630
60-64	0.2400	0.4075
65-69	0.3460	0.4985
70 and older	0.6405	0.8190

Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{1,000} = \text{Per Pay Period Premium}$$

Example: Employee Additional Life 3x | Age 36 | Non-Tobacco User | Annual Base Salary = \$45,900

$$\frac{.0255}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} \div \frac{1,000}{\text{Per Pay Period Premium}} = \$3.52$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

2020-2021 Per Pay Period Premium Other Benefits



Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0018
50%	0.0029
60%	0.0055

Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 60%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 40%
25,106	5.75	3.03	1.88
40,503	9.28	4.89	3.04
50,336	11.54	6.08	3.78
61,922	14.19	7.48	4.64
73,923	16.94	8.93	5.54
115,981	26.58	14.01	8.70

MetLife Legal Plan

Other Services	Employee Premium Per Pay Period
MetLife Legal	7.87

Pet Insurance

Plans	Pricing
Pets Best Pet Health Insurance (\$250 deductible, 90% reimbursement)	Get a personalized quote at 800.891.2565
Pet Assure Veterinary Discount Plan	\$8/month single pet; \$11/month all pets
PetPlus Prescription Savings Plan	\$3.75/single cat or dog; \$7.50/month all cats or dogs



Making the Most of Your Benefits

Financial Health Insurance Terms

The language of health insurance can be hard to understand. Yet it is important to have a basic knowledge of the industry's terminology. Here are some of the most common financial insurance terms to help you make sense of it all—so you can make smart decisions that will benefit you and your family.

Premium – The amount you pay per pay period for health insurance.

providers who contract with the insurance companies and provide services at negotiated rates.

Copayment – A fixed dollar amount you pay for covered health services, such as a doctor's visit.

Out-of-Network – A group of doctors, hospitals, pharmacies, and other providers who do not contract with the insurance companies and do not provide services at negotiated rates. You pay more out of pocket and have fewer protections.

Coinsurance – A percentage of the total cost of covered health services you pay. This often starts after the deductible is satisfied.

Deductible – A fixed, annual amount you pay for covered health services before the health plan (insurance) starts to pay. For certain services, such as in-network preventive care, you are not required to first satisfy the deductible.

Balance Bill – The difference between the amount charged by an out-of-network provider for a covered health service and the amount your health plan (insurance) pays. Out-of-network providers may balance bill you for these costs.

Dual Coverage – The same person is enrolled under more than one of Maricopa County's employee benefits. Dual coverage is prohibited for employees and dependents on all County plans.

Out-of-Pocket Maximum – The maximum annual out-of-pocket amount you pay before the health plan (insurance) pays 100% of covered health services. For out-of-network services, providers may balance bill even after the out-of-network, out-of-pocket maximum is reached.

In-Network – A group of doctors, hospitals, pharmacies, and other

Use In-Network Providers to Save Money

While it's a personal preference to use out-of-network providers, there are some protections you lose by doing so.

1. The health plans do not contract with out-of-network providers which means they don't check into providers' history such as their medical license, education, training, work history, malpractice claims, board certification, health outcomes, etc.
2. Out-of-network providers may balance bill you, which means billing you for the difference between the amount they charge you for a covered service and the amount your insurance pays.
3. Overall, you pay more out of pocket for out-of-network services.



Making the Most of Your Benefits

Resources

BenefitSolver

BenefitSolver Portal:
benefits.maricopa.gov

Benefits Websites

MyMC Intranet: <https://mymc.maricopa.gov/1138/Employee-Benefits>

Internet: <http://www.maricopa.gov/benefits>

Cigna Medical/Claim Information

Find personal plan and claim information; print a temporary ID card or request a new cards; find a doctor, hospital, specialty facility
www.cigna.com

General Questions or BenefitSolver Password Resets

Maricopa County Employee Benefits and Wellness Division
602.506.1010

Review Cost of Medication and Lower Cost Alternatives

www.optumrx.com

(for enrollees in the Cigna HMO or UnitedHealthcare PPO only)

Short-Term Disability Calculator

<https://www.maricopa.gov/DocumentCenter/View/36310/STD-Calculator-2020-2021>

Specific Benefit Questions

Contact vendors directly; see the provider listing on the last page of this booklet


Notices

Important notices regarding the Maricopa County Employee Benefits Program may be found here: <https://mymc.maricopa.gov/1163/Notices-for-Employee-Benefits>

These notices include:

- Maricopa County's Group Health Plan Notice of Privacy Practices
- COBRA Initial Notification
- Women's Health and Cancer Rights Act (WHCRA)
- Notice of Special Enrollment Rights

- Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Sect 111 of the Medicare, Medicaid, and Schip Extension Act of 2007
- Genetic Information Nondiscrimination Act (GINA)
- The Heroes Earning Assistant and Relief Tax Act (HEART)
- Notice of Medicaid or Children's Health Insurance Program (CHIP) Offer of Free or Low Cost Health Coverage to Children and Families
- Mental Health Parity and Addiction Equity Act of 2008



Wellness at Work

Wellness at Work

Maricopa County's Wellness Works program supports a strong and healthy workforce by providing programs and resources. Visit the [Wellness Works webpage](#) for more information.

Wellness Incentive Program

If you are enrolled in a County-sponsored medical plan, and complete the priority wellness activities in the Wellness Portal, you could earn a reward of \$60/month in reduced medical premium or \$720 per year. Complete the Health Check Survey and two "Your Choice" Activities to receive the Wellness Reward.

Wellness Clinic & Pharmacy

The [Wellness Clinic & Pharmacy](#) is located at 301 W. Jefferson St. in the basement, near the elevators. It offers in-person and virtual visits via telephone with Nurse Practitioner, Stacy Sanchez, as well as mail-order prescriptions to keep you healthy even if you are located offsite. Call 480-347-4791 to make an appointment or 602-283-9925 to speak with the Pharmacy team.

Financial Wellness Coaching

My Secure Advantage is a financial coaching program that offers personalized, confidential help to meet financial goals. Coaching is available to you and your spouse/dependents for 30 consecutive days at NO cost each calendar year on non-work time. For more information and to enroll, visit the [MSA website](#) or call 888-724-2326.

Smart Savings

Smart Savings allows you to put aside money from each paycheck that can grow into extra savings for your future. A plan can help you bridge the gap between what you will get from your pension and Social Security, and how much you'll need to have the retirement you want. [Visit the website](#) for more information and to enroll.

Employee Assistance Program (EAP)

Maricopa County offers FREE, confidential, comprehensive counseling services 24/7 for employees and each of their family members through Magellan Healthcare. Services are provided via text messaging, phone, video, chat, or in-person

Call 1-888-13-5125 today to schedule the service that is best for you and/or your family.

Provider Contact Information

Maricopa County Employee Benefits and Wellness Division

Maricopa County Administration Building
301 W. Jefferson St., Suite 3200
Phoenix, Arizona 85003-2143

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

<https://mymc.maricopa.gov/Benefits>
Benefits@maricopa.gov

Wellness Works

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

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 Pregnancies,
Healthy Babies (800) 615-2906
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
Healthy Pregnancy Program (888) 246-7389
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 with HSA)

Group #3205496

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
Optum Specialty Pharmacy (855) 427-4682
Medication Therapy Mgt. (866) 352-5310

www.optumrx.com

OptumRx HDHP Prescription Plan

(UnitedHealthcare HDHP with HSA)

Group #901632

Member Services (888) 876-7098
Optum Specialty Pharmacy (855) 427-4682
www.myuhc.com

On-Site Pharmacy/ Convenience Care Clinic

Premise Health Care Center (480) 347-4791
Walgreens Onsite Pharmacy (602) 283-9925

Employee Assistance Program (EAP)

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

Behavioral Health

Magellan Health Services

Group #N/A

(888) 213-5125

www.magellanhealth.com/member

Cigna Behavioral Health

(Cigna HDHP with HSA only)

Group #3205496

(800) 274-7603 www.mycigna.com

United Behavioral Health

(UnitedHealthcare HDHP with HSA only)

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

Short -Term Disability

Sedgwick Group #435000

(800) 599-7797

<https://www.claimlookup.com>

Long-Term Disability

Broadspire

(through the Arizona State Retirement System)

(877) 232-0596 www.azasrs.gov

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

Smart Savings

(602) 266-2733 (800) 598-4457

www.maricopadc.com

Pet Insurance

Pet Benefit Solutions

(800) 891-2565

[https://www.petbenefits.com/land/
MaricopaCounty](https://www.petbenefits.com/land/MaricopaCounty)

Other

Flexible Spending Accounts

Discovery Benefits

M-F, 4 am-7 pm MST

(866) 451-3399

www.discoverybenefits.com

Maricopa County Dependent

Verification Service Center

(866) 229-8292 M-F, 5 am-5 pm MST

PO Box 310552

Des Moines, IA. 50305-0552

benefits.maricopa.gov

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

Verification Administration

(866) 229-8292 M-F, 5 am-5 pm MST

benefits.maricopa.gov

MetLife Legal Plan (formerly Hyatt)

Plan 150 / Group #0518

(800) 821-6400 www.legalplans.com

(Access Code - 1500518)

Wellness Portal

(888) 671-9395 email: support@virginpulse.com
join.virginpulse.com/maricopacounty

Financial Wellness - My Secure

Advantage

1 (888) 724-2326 mysecureadvantage.com
M-F, 7 am-6 pm MST