



FY 2008-2009 Benefits

July 1, 2008 – June 30, 2009

New Employee Orientation

Are you Eligible for Benefits?

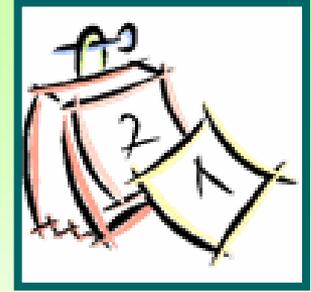
- Employees scheduled to work at least 20 hours per week and contract employees whose contract provides benefits are eligible
- Temporary employees, employees working less than 20 hours per week and contract employees whose contract does not provide benefits are not eligible

Are Dependents Eligible?



- Legal Spouse
- Unmarried dependent child under 19
- Unmarried dependent child 19 through 24, if full-time student
- Unmarried dependent disabled child of any age if disability began prior to 19, or before 25 if a full-time student
- Child covered under a qualified medical child support order

When does Coverage Begin?



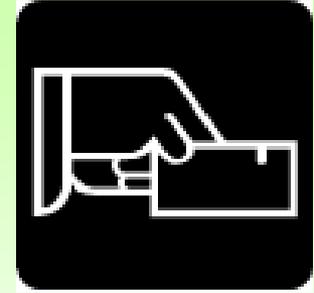
- 1st day of the month after your hire date, except flexible spending accounts start on the date your election is received
- If no election is made within 30 days of your hire date you will be assigned employee only coverage for:
 - CIGNA Consumer Choice Health Savings Account high-deductible health plan
 - Basic life insurance

Enrollment Process



- Enroll online through Employee Self Service @ my.maricopa.gov
 - Instructions are in the FY 08-09 “What’s New” or “Know Your Benefits” booklets.
 - Complete the worksheet in the “What’s New” booklet
 - Contact your PC/LAN Help Desk for user ID and password – (602) 506-HELP Central Help Desk
- **Submit elections within 30 days of hire date!**
 - No exceptions for late receipt of enrollment
 - ***Employees cannot get into PeopleSoft starting noon Tuesday through noon Thursday of payroll week***
 - For specific questions contact the vendors. Phone numbers are on the “Who to Contact” page
 - For general questions regarding benefits, contact EHI at (602) 506-1010

Enrollment Process



- Insurance vendors cannot print your Social Security number on ID cards
- Your Social Security number is sent to the insurance vendors for identification purposes unless you request an alternative ID number

Medical Waiver Compensation

- Pays \$50.00 per paycheck (effective 7/1/08)
 - Payments 1st and 2nd pay day of the month
 - Payments are taxable income
- To qualify:
 - Must have other group health insurance coverage
 - Submit proof to Employee Health Initiatives Department within 30 calendar days of the change
 - AHCCCS coverage does not qualify
 - Work at least 30 hours per week



Benefit Vendors

- CIGNA HealthCare of AZ
- Walgreens Health Initiatives (WHI)
- EyeMed Vision Care
- Magellan Health Services
- CIGNA Dental
- Delta Dental
- EDS (dental)
- The Standard
- Sedgwick CMS



CIGNA Medical



CIGNA
A Business of Caring.

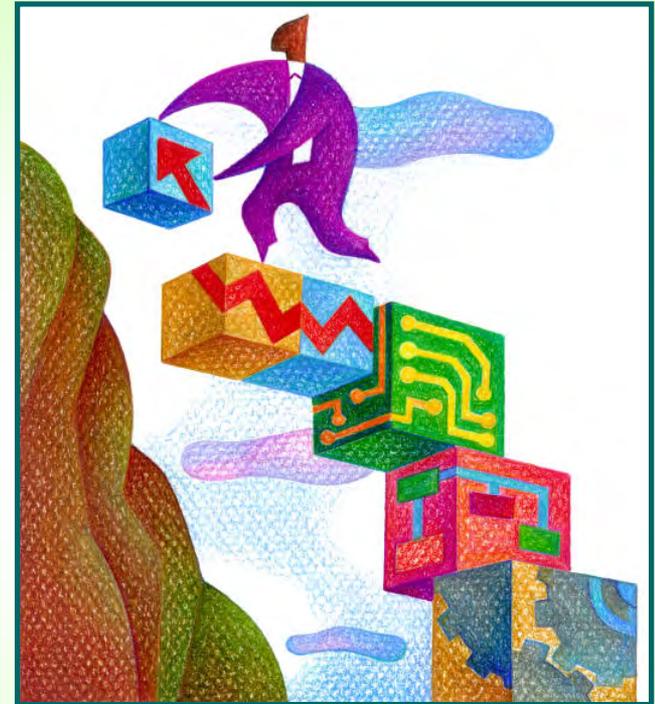
Maricopa County FY 2008-2009 Medical Plans



- 2 CMG (CIGNA Medical Group) *High and Low options*
- OAPIN (Open Access Plus In-Network) option
- 2 OAP (Open Access Plus) *High and Low options*
- Choice Fund with Health Savings Account option

Choose the Right Plan for you and your family

- ☑ Medical Benefit Plan Based on Out-of-Pocket Cost
- ☑ Provider Network
- ☑ Pharmacy Plan
- ☑ Employee Payroll Deduction



Compare all of the plans on mycignaplans.com

User ID: Maricopa2008

Password: cigna

How to Look up Participating Providers

- www.cigna.com or call (800) 244-6224
- Look in the What's New FY 08-09 or Know Your Benefits booklet for step-by-step instructions

CIGNA Care Network

- Applies to in-network specialty care
- Office visit has lower premium when a CCN provider is used
- Applies to: Allergy/immunology, pulmonology, vascular surgery, cardiology, neurosurgery, orthopedics and surgery, urology, general surgery, ear, nose and throat, ophthalmology, rheumatology, infectious disease, gastroenterology, and dermatology
- Providers identified by the Tree of Life  symbol in online directory
- Does not apply to Choice Fund HSA plan

CIGNA Medical Group

- Broad Geographic Locations;
21 Health Care Centers
One-Stop Shopping-Pharmacy,
Lab, & Radiology
107 Primary Care Physician's
4,862 Specialists
44 Hospitals
- After Hours Urgent Care at 3 CMGs:
- Self-Refer to specific Specialists
located in the CMGs



- Stapley
- Clyde Wright
- Paseo



CMG High Option

<i>Service</i>	<i>Copay</i>
Primary Care Office Visit	\$15
Preventive Care	\$0
Specialty Care Office Visit	\$25* / \$40
Urgent Care	\$35
Emergency Room	\$125
Inpatient Hospital	\$100
Outpatient Surgery	\$0
Alternative Medicine Visit	\$15 (limit 20 visits per year)

Must choose PCP. PCP must be in the CMG Network. PCP's in private practice offices are not included in the CMG Network. Referrals required.
Services outside of the CMG Network are not covered. *Cigna Care Network



CMG Low Option

<i>Service</i>	<i>Copay or Coinsurance</i>
Primary Care Office Visit	\$25
Preventive Care	\$0
Specialty Care Office Visit	\$45* / \$60
Urgent Care	\$50
Emergency Room	\$125
Inpatient Hospital	\$500/admit + 10%
Outpatient Surgery	\$250 + 10%
Alternative Medicine Visit	\$25 (limit 20 visits per year)

**Must choose PCP. PCP must be in the CMG Network. PCP's in private practice offices are not included in the CMG Network. Referrals required,
Services outside of the CMG Network are not covered. *Cigna Care Network**

OAPIN (Open Access Plus In-Network) Plan

- National Network of Providers
- 1,912 Primary Care Physicians
- 4,974 Specialists
- 44 Hospitals
- 18 CIGNA Medical Group Facilities
- 3 CIGNA CareToday Facilities





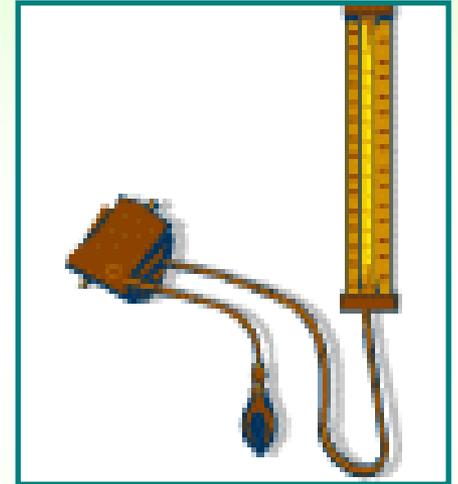
OAPIN Plan

<i>Services</i>	<i>Copay</i>
Primary Care Office Visit	\$20
Preventive Care	\$0
Specialty Care Office Visit	\$30* / \$45
Urgent Care	\$50
Emergency Room	\$125
Inpatient Hospital	\$200/admit
Outpatient Surgery	\$100
Alternative Medicine Visit	\$20 (limit 20 visits per year)

No PCP required. No referrals required. Services outside of the OAP Network are not covered. *Cigna Care Network

Open Access Plus Plans

- **National OAP network**
- **PCP not required**
- **No referral requirement**
- **In- and out-of-network benefits**



OAP High Option In-Network Benefits



<i>In-Network Services</i>	<i>Copay</i>
Primary Care Office Visit	\$25
Preventive Care	\$0
Specialty Care Office Visit	\$35* / \$50
Urgent Care	\$50
Emergency Room	\$125
Inpatient Hospital	\$250/admit
Outpatient Surgery	\$100
Alternative Medicine Visit	\$25 (limit 20 visits per year)
Out-of-Network Deductible	\$500 Individual/\$1000 Family
Out-of-Network Services	30% after deductible

PCP selection not required. Uses the CIGNA national OAP network. Services covered both in and out of the OAP network. Referrals not required. Services received outside of the network cost more.



OAP Low Option In-Network Benefits

<i>In-Network Services</i>	<i>Copay or Coinsurance</i>
Primary Care Office Visit	\$35
Preventive Care	\$0
Specialty Care Office Visit	\$50* / \$65
Urgent Care	\$75
Emergency Room	\$150
Inpatient Hospital	\$1,000/admit + 10%
Outpatient Surgery	\$500 + 10%
Alternative Medicine Visit	\$35 (limit 20 visits per year)
Out-of-Network Deductible	\$1000 Individual/\$2000 Family
Out-of-Network Services	30% after deductible

PCP selection not required. Uses the CIGNA national OAP network. Services covered both in and out of the OAP network. Referrals not required. Services received outside of the network cost more.

*Cigna Care Network

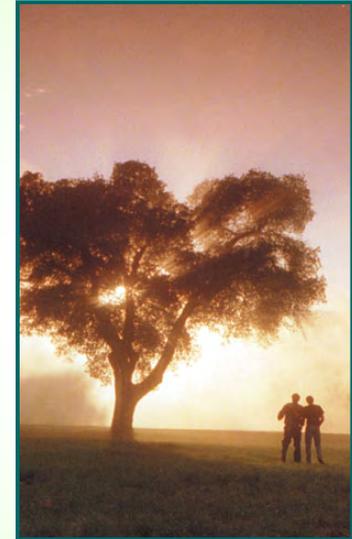
Choice Fund Health Savings Account

- **National PPO Network of Providers**
- **PCP Optional**
- **No referral requirement**
- **In- and out-of-network benefits**
- **County contributes \$500 for individual coverage or \$1,000 for family coverage to your HSA**
- **Can't be enrolled in any other medical insurance**
- **Can contribute \$2,400 for individual coverage or \$4,800 for family coverage to HSA and \$900 if 55 or older**
- **Can make investment allocations with \$2,000 balance**



Choice Fund Health Savings Account Benefits

<i>In-Network Services</i>	<i>Copay or Coinsurance</i>
Deductible Individual/Family	\$1,200/\$2,400
Out-of-network services	30% after deductible
Out-of-pocket maximum	\$2,000/\$4,000
Primary Care Office Visit	10% after ded.
Specialty Care Office Visit	10% after ded.
Preventive Care	Free
Urgent Care	10% after ded.
Emergency Room	10% after ded.
Inpatient Hospital	10% after ded.
Outpatient Surgery	10% after ded.
Alternative Medicine Visit	\$15 (limit 20 visits per year)
CIGNA Behavioral Health	10% after ded.
CIGNA Pharmacy	30%-40%-50% after deductible Free preventive generic & preferred brand drugs



Alternative Medicine Benefits

- A benefit for any employee enrolled in a CIGNA medical plan
- 20 visits per year at your PCP copay
 - Acupuncture / Acupressure
 - Homeopathic consultation
 - Biofeedback / Guided Imagery
 - Massage Therapy
- Must use CIGNA's Alternative Medicine Network
- \$60 credit per year for herbal / homeopathic or natural products

Medical Plan Summary Chart

MEDICAL PLAN SUMMARY CHART

Benefit Provision	CIGNA Medical Group High (CMG High):		CIGNA Medical Group Low (CMG Low):		Open Access Plus In-Network (OAPIN):	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Type of Plan	<i>HMO</i>		<i>HMO</i>		<i>HMO</i> with Open Access to Specialists	
Service Area Where Care Must be Received	Maricopa County only, except for emergency care		Maricopa County only, except for emergency care		Nationally	
Residency Requirement	Must work or reside in Maricopa County		Must work or reside in Maricopa County		None	
Primary Care Physician (PCP) Required	Yes; May only use PCP's who practice in CIGNA Medical Group Centers		Yes; May only use PCP's who practice in CIGNA Medical Group Centers		No	
Referral Required	Yes, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, & alternative medicine		Yes, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, & alternative medicine		No	
Out-of-Network Coverage	No		No		No	
Network	AZ-CIGNA Medical Group Network AZ812		AZ-CIGNA Medical Group Network AZ812		National Open Access Plus AZ300	
Prior Authorization	Provider's responsibility		Provider's responsibility		Provider's responsibility	
Per Pay Period (24/yr.) Medical Premiums**	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee	\$5.92	\$85.38	\$4.34	\$60.28	\$11.96	\$86.94
Employee + Spouse	\$22.14	\$95.28	\$17.12	\$71.40	\$55.12	\$96.74
Employee + Child(ren)	\$12.16	\$92.38	\$9.36	\$68.92	\$39.34	\$94.10
Employee + Family	\$38.24	\$99.42	\$29.16	\$73.36	\$81.70	\$100.96

**These premiums are based on all participants being tobacco free and employee voluntarily participating in the biometric screening and Health Risk Assessment initiatives. Medical premiums also include the behavioral health premium. Add \$15 per household for tobacco-users (employees and/or covered dependents). Add \$5 if the employee did not voluntarily participate in the biometric screening initiative. Add \$5 if the employee did not voluntarily participate in the health risk assessment initiative.

Find out how the plans work and compare plans to determine which plan works best for you. Logon to www.mycignaplans.com between April 14, 2008 through June 30, 2009 using *username: Maricopa2008* and *password: cigna*

The information and benefits described herein are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

MEDICAL PLAN SUMMARY CHART

Benefit Provision	Open Access Plus High (OAP High):		Open Access Plus Low (OAP Low):		Choice Fund-HSA ¹ :	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Type of Plan	<i>HMO</i> with Open Access to Specialists		<i>HMO</i> with Open Access to Specialists		<i>High-deductible PPO</i> plan with partially funded Health Savings Account ¹ ; can't be enrolled in any other type of medical insurance	
Service Area Where Care Must be Received	Nationally		Nationally		Nationally	
Residency Requirement	None		None		None	
PCP Required	No		No		No	
Referral Required	No		No		No	
Out-of-Network Coverage	Yes		Yes		Yes	
Network	National Open Access AZ300		National Open Access AZ300		National Preferred Provider Network AZ011	
Prior Authorization	Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.		Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.		Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.	
Per Pay Period (24/yr.) Medical Premiums**	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee	\$14.58	\$104.84	\$4.62	\$67.04	\$0.00	\$90.48
Employee + Spouse	\$64.30	\$117.44	\$17.76	\$74.26	\$0.00	\$105.30
Employee + Child(ren)	\$46.06	\$113.92	\$9.68	\$72.32	\$0.00	\$99.90
Employee + Family	\$95.42	\$123.44	\$30.46	\$76.72	\$0.00	\$114.24

**These premiums are based on all participants being tobacco free and employee voluntarily participating in the biometric screening and Health Risk Assessment initiatives. Medical premiums also include the behavioral health premium. Add \$15 per household for tobacco-users (employees and/or covered dependents). Add \$5 if the employee did not voluntarily participate in the biometric screening initiative. Add \$5 if the employee did not voluntarily participate in the health risk assessment initiative.

¹Maricopa County contributes \$500 for employee only or \$1,000 for employee and dependent coverage to your HSA pro-rated by the number of months remaining in the plan year. You can contribute up to \$2,400 (individual) or \$4,800 (family) to your HSA, plus \$900 catch-up if over 55. Unused balances rollover.

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Medical Copay/Co-Insurance Comparison Chart

MEDICAL COPAY/CO-INSURANCE COMPARISON CHART

Benefit Provision	CIGNA Medical Group High (CMG High):	CIGNA Medical Group Low (CMG Low):	Open Access Plus In-Network (OAPIN):
	<i>In-Network Coverage Only</i>		
Deductible	Individual	None	None
	Family	None	None
Standard Percent of Co-insurance	N/A	90%	N/A
Out-of-Pocket Maximum	Individual	\$1,000	\$1,000
	Family	\$2,000	\$2,000
Pre-existing Condition Limitation	None	None	Yes, same as for OAP High & Low Options
Preventive Care	\$0 (FREE)	\$0 (FREE)	\$0 (FREE)
Primary Care Physician Services	\$15	\$25	\$20
Specialty Care Physician Services	\$25* / \$40	\$45* / \$60	\$30* / \$45
Advanced radiology: CT, PET, MRI, MRA Scans/type of scan/day and nuclear cardiac studies**	\$50	\$100	\$100
Allergy Injections	\$8* / \$23	\$13* / \$28	\$10* / \$25
Outpatient Lab and X-ray	\$0	\$0	\$0
Inpatient Facility Charges	\$100/admit	\$500/admit, then 10%	\$200/admit
Inpatient Physician and Surgeon's Services	\$0	\$0	\$0
Outpatient Facility Services	\$0	\$250, then 10%	\$100
Pre- & Postnatal Exams (after pregnancy has been determined)	\$25, waived after 1st visit	\$45, waived after 1st visit	\$30, waived after 1st visit
Delivery	\$100	\$500, then 10%	\$200
Urgent Care	\$35, waived if admitted	\$50, waived if admitted	\$50, waived if admitted
Emergency Room	\$125, waived if admitted	\$125, waived if admitted	\$125, waived if admitted
Ambulance	\$0	\$0	\$0
Durable Medical Equipment No annual limit	\$0	\$0	\$0
External Prosthetics	\$0	\$0	\$0
Chiropractic Services, Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy 120 visits maximum combined/yr.	\$25/provider/day***	\$45/provider/day***	\$30/provider/day
Cardiac Rehab; 36 visits/yr.	\$25 per visit	\$45 per visit	\$30 per visit
Alternative Medicine; 20 visits/yr. \$60 credit for supplies/products	\$15 per visit	\$25 per visit	\$20 per visit
Behavioral Health/Pharmacy	Magellan/WHI	Magellan/WHI	Magellan/WHI

For more detail, review the medical plan summaries on the EHI Home Page or go to www.mycignaplans.com to compare plans.

*CIGNA Care Network Specialist

**Advanced radiology copays apply in addition to inpatient, outpatient and emergency room copays or co-insurance.

***Chiropractic visits have a separate 60 visit limit per year. Other therapies have a combined 60 visit per year.

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MEDICAL COPAY/CO-INSURANCE COMPARISON CHART

Open Access Plus High (OAP High):		Open Access Plus Low (OAP Low):		Choice Fund-HSA:	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
None	\$500	None	\$1,000	\$1,200 (cross accumulated)	\$1,200 (cross accumulated)
None	\$1,000	None	\$2,000	\$2,400 (cross accumulated)	\$2,400 (cross accumulated)
N/A	70% of reasonable and customary	90%	70% of reasonable & customary	90%	70% of reasonable & customary
\$1,500	\$3,000	\$5,000	\$10,000	\$2,000 (cross accumulated)	\$2,000 (cross accumulated)
\$3,000	\$6,000	\$10,000	\$20,000	\$4,000 (cross accumulated)	\$4,000 (cross accumulated)
12 months for treatment in prior 60 days. Waived with certificate of creditable coverage and for employees currently covered by a county medical plan for at least 12 months. Certificate of creditable coverage must be sent to CIGNA and also provided to the EHI Department.					
\$0 (FREE)	Covered in-network only	\$0 (FREE)	Covered in-network only	\$0 (FREE)	Covered in-network only
\$25	30% after deductible	\$35	30% after deductible	10% after deductible	30% after deductible
\$35* / \$50	30% after deductible	\$50* / \$65	30% after deductible	10% after deductible	30% after deductible
\$100	30% after deductible	10%	30% after deductible	10% after deductible	30% after deductible
\$13* / \$28	30% after deductible	\$18* / \$33	30% after deductible	10% after deductible	30% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible; \$0, no deductible if preventative	30% after deductible
\$250/admit	30% after deductible	\$1,000/admit, then 10%	\$2,000/admit, then 30%	10% after deductible	30% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible	30% after deductible
\$100	30% after deductible	\$500, then 10%	\$1,000/admit, then 30% after deductible	10% after deductible	30% after deductible
\$35, waived after 1st visit	30% after deductible	\$50, then 10%	30% after deductible	10% after deductible	30% after deductible
\$250	30% after deductible	\$1,000, then 10%	\$2,000, then 30% after deductible	10% after deductible	30% after deductible
\$50, waived if admitted	\$50, waived if admitted	\$75, waived if admitted	\$75, waived if admitted	10% after deductible	10% after deductible
\$125, waived if admitted	\$125, waived if admitted	\$150, waived if admitted	\$150, waived if admitted	10% after deductible	10% after deductible
\$0	\$0	10%	10%	10% after deductible	10% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible; No limit	30% after deductible; No limit
\$0	30% after deductible	10%	30% after deductible	10%	30% after deductible
\$35/provider/day	30% after deductible/provider/day	\$50/provider/day	30% after deductible/provider/day	10% after deductible/provider/day	30% after deductible/provider/day
\$35 per visit	30% after deductible	\$35 per visit	30% after deductible	10% after deductible	30% after deductible
\$25 per visit	Covered in-network only	\$35 per visit	Covered in-network only	\$15 per visit	Covered in-network only
Magellan/WHI	Magellan/WHI	Magellan/WHI	Magellan/WHI	CIGNA Behavioral Health/CIGNA Pharmacy	CIGNA Behavioral Health/CIGNA Pharmacy

For more detail, review the medical plan summaries on the EHI Home Page or go to www.mycignaplans.com to compare plans.

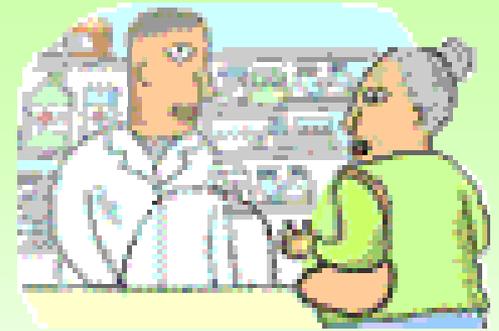
*CIGNA Care Network Specialist

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Pharmacy Plan



WHI Pharmacy Benefits

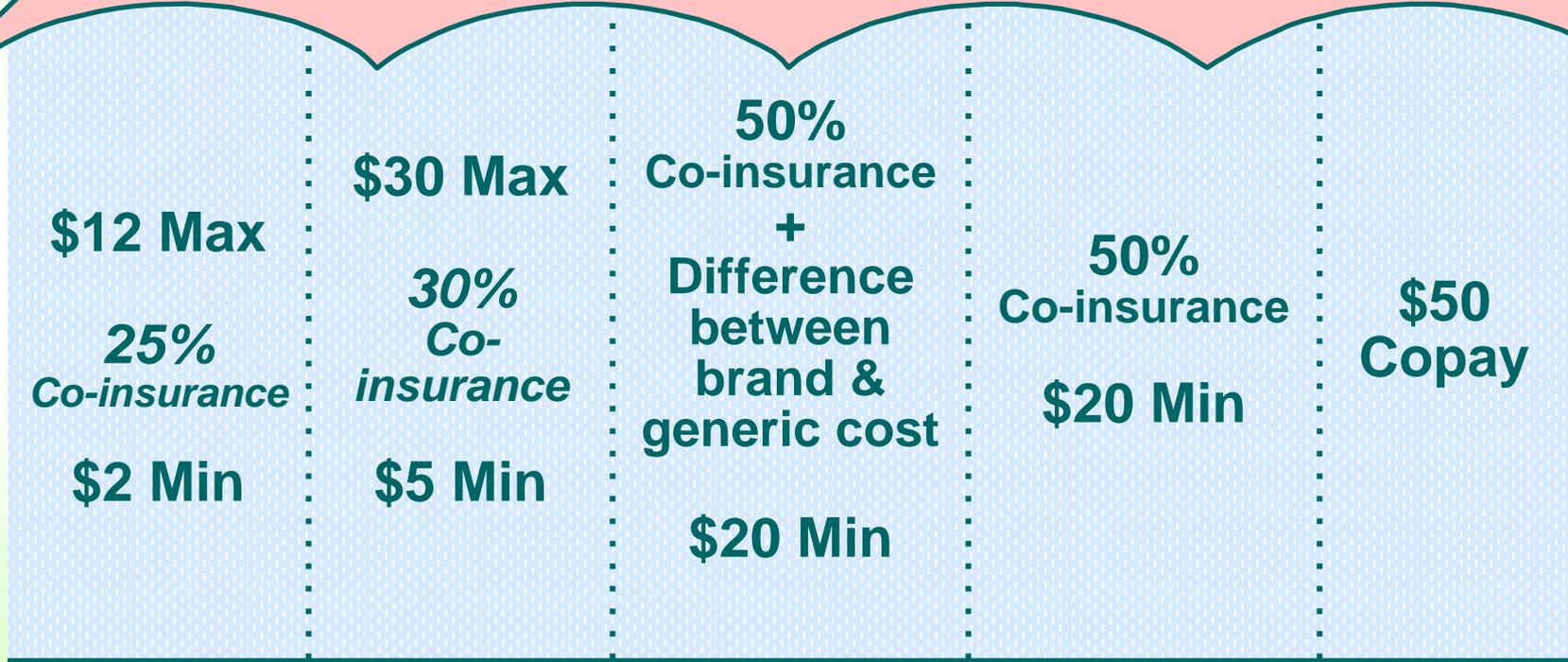


- 2 Pharmacy Benefit Options are Available (except for Choice Fund H.S.A.)
 - Co-insurance-based, multi-tier pharmacy plan that uses a preferred medication list
 - Consumer Choice pharmacy plan – a consumer-driven plan that does not use a preferred medication list and offers free preventive generic medications

Choosing Your Pharmacy Plan

Co-insurance Pharmacy Plan
Annual Out-of-Pocket Maximum
\$1,500 Single/\$3,000 Family

COST



Generic

Preferred Brand

Non-Preferred Brand
with Generic

Non-Preferred Brand
with No Generic

Non-Formulary
Specialty Drugs

FREEDOM OF CHOICE

www.mywhi.com

Choosing Your Pharmacy Plan

Consumer Choice Pharmacy Plan

\$1,500/\$3,000 Annual Out-of-Pocket Maximum

- ◆ \$300 Individual or \$500 Family
- ◆ 100% Employer funded
- ◆ Any unused amount is carried over to next year

- ◆ \$300 Individual or \$500 Family
- ◆ 100% Employee paid

- ◆ 80% covered by Employer
- ◆ 20% covered by Employee

- ◆ \$50 copay; does not apply to pharmacy account, deductible or insurance levels

Pharmacy Reimbursement Account

Deductible

Insurance Coverage

Specialty Drug

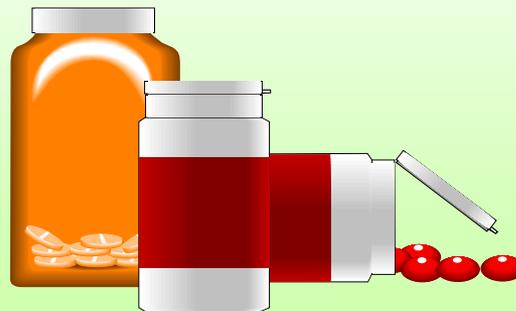
Preventive generic medications are free!

www.mywhi.com

Short-Term Prescription Needs

- Up to a 30 day supply from participating retail pharmacies
 - Walgreens
 - Safeway
 - Albertson's
 - Basha's
 - Fry's
 - Costco

- CVS
- Target
- Sam's Club
- Wal-Mart
- Kmart
- Other independent pharmacies
- CIGNA CMG facilities



www.mywhi.com

Long-Term Prescription Needs



- 3-month (84-91 day) supply required for all maintenance medication, after two 30-day fills
- Advantage 90™ Retail:
 - Walgreens, Bashas, Albertson's, Fry's, Kmart, Safeway, Sam's Club, Target, Walmart, CVS retail pharmacies, and more
 - Mail delivery via Walgreens Mail Service



Employee Health Initiatives Department Employee Wellness

ebc.maricopa.gov/ehi/wellness.aspx

Mobile On-Site Mammography (MOM)

- Obtain your preventive exam on-site; it's convenient, quick and easy!
- No cost to you
- By appointment only
- Available to all female employees 40 years and up if enrolled in a County-sponsored CIGNA medical plan
- MOM also accepts other insurance
- At various work locations
- Results are mailed to your home address
- Watch for [e*Nouncements](#)

[M.O.M. web page](#)



Prostate On Site Project (POP)

- Available to male employees 40 years and up enrolled in a County-sponsored CIGNA medical plan
- At various work locations
- No cost to you
- Prostate Specific Antigen (PSA) blood test and Digital Rectal Exam
- Results mailed to home address
- By appointment only
- Watch for [e*Nouncements](#)

[P.O.P. web page](#)



Life Line Ultrasound Screenings

- Available to all employees regardless of insurance coverage
- Offered once a year
- Screenings/Tests for:
 - Osteoporosis/Bone Density \$20
 - Carotid Artery \$35
 - Abdominal Aortic Aneurysm \$35
 - Peripheral Arterial Disease \$35
- Lower pricing is available when 3 or more tests are purchased
- Costs can be reimbursed through your Mariflex Flexible Spending Account



Flu & Pneumonia Immunizations

- Available to Employees enrolled in a County-sponsored CIGNA medical plan
- Free Flu and Pneumonia immunizations
- Coupons available for covered family members to receive shots at a local pharmacy
- CIGNA clinics available on walk-in basis
- Various work locations during Oct. – Nov.
- Watch for [e*Nouncements](#)



Blueprint For Wellness

- Available to Employees enrolled in a County-sponsored WHI pharmacy plan who have not participated in Blueprint in the last 6 months
 - More than 30 lab tests
 - Optional Prostate Specific Antigen test (males over 40)
 - Optional Fecal Occult at home kit (males/females over 50)
 - Biometric screening
 - Online Health Risk Assessment (must complete in order to get lab test results)
 - A Personal Wellness Report is available online and will also be mailed to your home

Watch for [e*Nouncements](#)



Biometric Screening

- Available to employees enrolled in a County-sponsored CIGNA medical plan
- Save up to \$120 per year on medical insurance premiums
- No cost to you
- Consists of:
 - Personal health history
 - Measurements for height, weight, waist circumference, body fat composition, cholesterol & glucose levels and blood pressure
- By appointment only
- Watch for [e*Nouncements](#)



Health Risk Assessment

- Available to employees enrolled in a County-sponsored CIGNA medical plan
- *Save up to \$120 per year on your medical insurance premiums*
- Take or update your Health Risk Assessment online at www.myCIGNA.com



Healthy Pregnancies, Healthy Babies Program

- Comprehensive maternity support program for employees enrolled in a County-sponsored CIGNA medical plan
- No cost to you
- Education, assessment and care plan
- Incentive available at program completion
 - \$150 if enrolled in first trimester
 - \$75 if enrolled in second trimester
- Call (800) 615-2906 on or after July 1, 2008 to enroll
- Visit the [EHI home page](#) and click on the [Wellness](#) tab



Health Coaching Program

- Confidential, voluntary program through Magellan for employees enrolled in a County-sponsored CIGNA medical plan
- For employees with certain risk factors identified by biometric screening
- No cost to you
- Health coaching can help you:
 - Develop an action plan
 - Overcome personal challenges
 - Stay motivated
- If you qualify, a Health Coach will contact you via the telephone to start the process



Mobile On-Site Dentist

- Available to employees enrolled in a County-sponsored Dental plan:
 - CIGNA Dental
 - Delta Dental
- Provides full service general dentistry
 - Complete examinations
 - Digital X-Rays
 - Restorative services including crowns and bridges
- Make Appointments via www.onsitedental.com or call 888-411-2290 between 9 AM and 6 PM, Monday - Friday
- Watch for [e*Nouncements](#)



Diabetes Management Program

- Available to employees and dependents enrolled in a County-sponsored WHI prescription plan who are diagnosed with diabetes
- Provides free diabetic medication and supplies for 1 year
- Must meet 9 measures to qualify
- Can renew annually
- Call 602-506-3758 to enroll

[Diabetes Management Brochure](#)



Healthy Living Diabetes Care Management Program

- Educational program provided by WHI and Joslin Diabetes Center
- Upon program completion Employees & dependents who complete the requirements of the Diabetic Management Program are eligible for the Healthy Living Program
- Participants will be reimbursed for up to 9 diabetic-related office visit copays during the plan year.
- Call 602-506-3758 to find out more information



Healthy-At-Heart Program

- Available to all employees and dependents regardless of insurance coverage
- Free 12-month program
- Provides Information on heart health
- Literature sent to your home or available electronically
- Receive recipes, exercise tips, and free goodies
- Complete and mail enrollment form on the [Healthy-At-Heart page](#)



Well Aware Disease Management

- Disease Management Programs available to employees and dependents enrolled in a County-sponsored CIGNA medical plan:
 - Asthma
 - Diabetes
 - Chronic Obstructive Pulmonary Disease
 - Low Back Pain
 - Weight Complications
 - Heart Disease
 - Targeted Conditions
 - Fibromyalgia, Acid-related disorders, atrial fibrillation, decubitus ulcer, hepatitis C, inflammatory bowel disease, irritable bowel syndrome, osteoarthritis, osteoporosis, and urinary incontinence
- A WellAware nurse may contact you directly or you may enroll by calling 866-797-5833



24-Hour Health Information Line

- For employees and dependents enrolled in a County-sponsored medical plan
- Call (800) 564-8982
- Speak to a nurse at any time for:
 - Answers to your questions
 - Suggestions for helpful home care
 - Assessment of symptoms and direction to the most appropriate care
- Access to Health Information Library



Chronic Disease Self-Management Program

- Available to employees enrolled in a County-sponsored CIGNA medical plan
- 6-week course, 2 ½ hours per class
- No cost to you
- Develops skills to coordinate and manage your health
- Learn how to deal with problems such as:
 - Frustration, anger, fatigue and pain
 - Appropriate exercise for maintaining and improving strength, flexibility and endurance
 - Appropriate use of medications
 - Nutrition
 - Goal setting
 - Communicating effectively with family, friends and health professionals
- Offered twice a year
- Watch for [e*Nouncements](#)



Weight Watchers at Work

- Available to all employees
 - 10-week Course
 - \$120/course
 - At various work locations
 - Community locations (for employees and dependents)
 - Includes program materials
- Employees and dependents covered by CIGNA are eligible for the Waisting Away incentive:
 - Attend 8 of 10 Weight Watcher classes
 - Lose 10 pounds
 - Receive \$110 American Express Gift card

[Waisting Away web page](#)



Am I Hungry?

- Available to employees enrolled in a county sponsored CIGNA medical plan.
- 8-week workshop that guides you through a whole new way of managing your weight.
- Learn how to:
 - Be in charge of your eating instead of feeling out of control
 - Eat the foods you love without overeating – and without guilt
 - Eat healthier foods without depriving or restricting yourself
- Register via Pathlore LIF160
- Watch for [e*Nouncements](#)



CIGNA's Healthy Rewards

- CIGNA Member Discount Program for employees and dependents enrolled in a county-sponsored CIGNA medical plan
 - Weight Management and Nutrition
 - Jenny Craig/Weight Watchers
 - Registered Dieticians
 - Fitness
 - Club and Equipments Discounts
 - 10,000 Steps/Day Program
 - Vision and Hearing Care
 - Tobacco Cessation Program
 - Alternative Medicine
 - Acupuncture, Massage, Chiropractic
 - Mind/Body Programs
 - Dental Care
 - Vitamins/Health and Wellness Products
 - Healthy Lifestyle Products
- Information available via www.cigna.com
 - Type in Healthy Rewards in the Search box



CIGNA On-Site Services

- Monthly consultations for employees enrolled in a County-sponsored CIGNA medical plan:
 - Nutritionist
 - WellAware Disease Management Nurse
 - Exercise Physiologist
 - Biometric Screenings (Cholesterol, Glucose, Waist Circumference, Body Mass Index, Body Fat Percentage, and Blood Pressure)
- By appointment only
- At various work locations
- Watch for [e*Nouncements](#)



Culprit & The Cure Class

- 6-week course
- Open to employees enrolled in a County-sponsored CIGNA medical plan
- No cost to you
- Learn how to:
 - reach a healthy weight and maintain it for life
 - prevent the disease your physician can only treat
 - get realistic tips, and ideas on how to eat right and exercise
 - set attainable goals
- Receive:
 - Stop and Go booklet during class
 - Culprit and the Cure book if you attended all classes
- Watch for [e*Nouncements](#)



Lunch N Learns

- Monthly Lunch N Learns on various topics
- Provided by qualified practitioners
 - medical doctors
 - alternative medicine providers
- Watch for [e*Nouncements](#)

[Lunch N Learns web page](#)



Wellness Expo

- Open to all employees
- Visit with health care vendors
- Receive:
 - educational information
 - preventive screenings
 - benefit information
 - ergonomic information



Fitness Center & Pure Fitness

- Fitness Center
 - 301 W. Jefferson St.
Suite B70 (basement)
 - Open 24-Hours/7 days
 - Locker Rooms
(showers/lockers)
 - Weights and Cardio
Equipment
 - Free for all employees
 - Must enroll
- Pure Fitness Discount
 - 11 locations
 - \$19/month

[Fitness Center web page](#)



Wellness Contact Information

- Lindsey Grantham, Wellness Coordinator
- 602-506-3758
- granthaml@mail.maricopa.gov
- Mailing address:
County Administration Building
301 W. Jefferson St., Suite 201
Phoenix, AZ 85003





Employee Health Initiatives

Vision Benefit

- Provided by EyeMed Vision Care
- In- and Out-of-Network coverage
- May be purchased separately if on medical waiver



EyeMed Vision In-Network Options

■ Glasses

- \$10 vision exam
- \$10 standard lenses
- Frame within \$130 retail allowance
- \$15 UV Coating and Tinting
- \$45 Scratch Resistance
- Up to 40% discount off additional complete eyeglass purchase
- Annual benefit

■ Contacts

- \$10 vision exam
- \$130 allowance
- Annual benefit

■ Lasik

- One-time benefit of \$150 plus 15% discount



Employee Assistance Program (EAP)

- Provided by Magellan Health Services
- Confidential counseling and referral services for you and your dependents
 - Available to all employees and their family members regardless if benefit eligible
- Easy prior authorization via phone call
- Free short-term counseling, up to 8 individual counseling sessions per person, per problem, per year



Behavioral Health and Substance Abuse Services

- Magellan Health Services
 - Confidential counseling and therapy
 - Behavioral health issues
 - Drug or alcohol dependency
 - In-Network and Out-of-Network services
 - Interactive website
 - www.magellanhealth.com
 - Note: CIGNA Choice Fund HSA plan uses CIGNA Behavioral Health

Magellan: In-Network

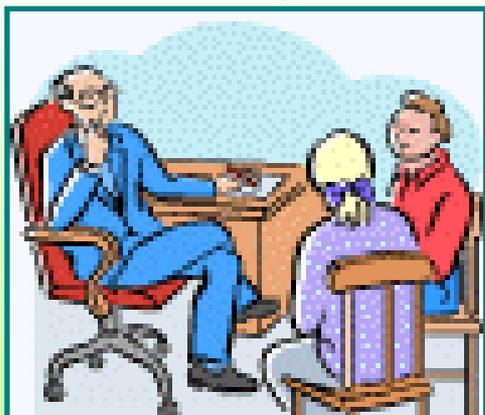


- All services require prior authorization
- \$10 outpatient individual therapy copayment
 - 30 visits per year*
- \$5 outpatient group therapy copayment
 - 60 visits per year*
- \$25 per day inpatient hospital care copayment
 - Up to 30 days per year*
- \$100 copayment per intensive outpatient program

**In-network and out-of-network visit limit is combined for individual and group therapy*

Magellan: Out-of-Network

- Benefit pays \$25 per visit for outpatient individual therapy
 - 30 visits per year*
 - You pay the balance of charges
- Benefit pays \$15 per visit for outpatient group therapy
 - 60 visits per year*
 - You pay the balance of charges
- Inpatient
 - Intensive Outpatient Program
 - Partial Hospitalization



****In-network and out-of-network visit limit is combined for individual and group therapy***

Dental Plan Choices

- CIGNA Dental

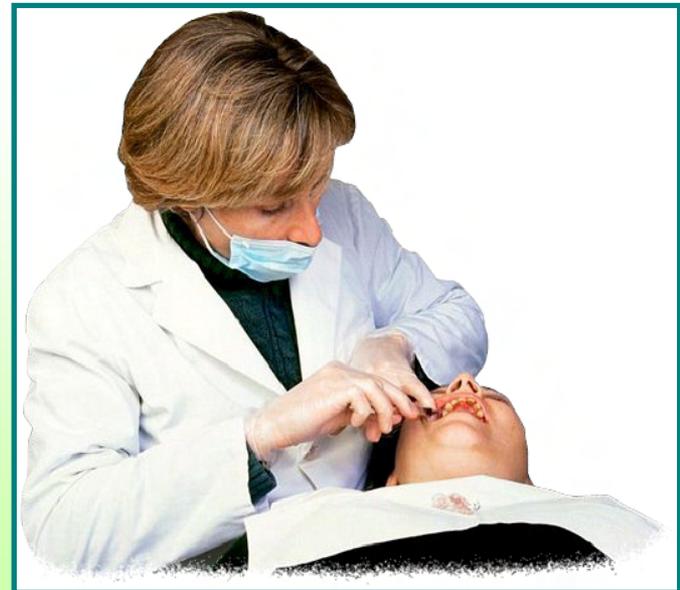
- In-network benefits
- Out-of-network benefits

- Delta Dental

- In-network benefits
- Out-of-network benefits

- Employers Dental Services (EDS)

- In-network benefits only



CIGNA Dental Benefits



- \$2,000 maximum per person/year
 - Deductible
 - \$50 individual
 - \$100 family
 - In-network
 - 100% coverage for diagnostic services
 - 80% coverage for restorative services
 - 50% coverage for major services
 - Out-of-network *
 - 80% coverage for diagnostic services
 - 60% coverage for restorative services
 - 50% coverage for major services
- * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage

Progressive/Regressive Feature

Year One - Effective 7/01/08 - Base Plan

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	80%	20%	60%	40%
Class III - Major Restorative Care	50%	50%	50%	50%
Class IV - Orthodontia	50%	50%	50%	50%

Year Two - Effective 7/01/09

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	85%	15%	65%	35%
Class III - Major Restorative Care	55%	45%	55%	45%
Class IV - Orthodontia	50%	50%	50%	50%

Year Three - Effective 7/01/10

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	90%	10%	70%	30%
Class III - Major Restorative Care	60%	40%	60%	40%
Class IV - Orthodontia	50%	50%	50%	50%

Progressive/Regressive Scenarios

ILLUSTRATION 1

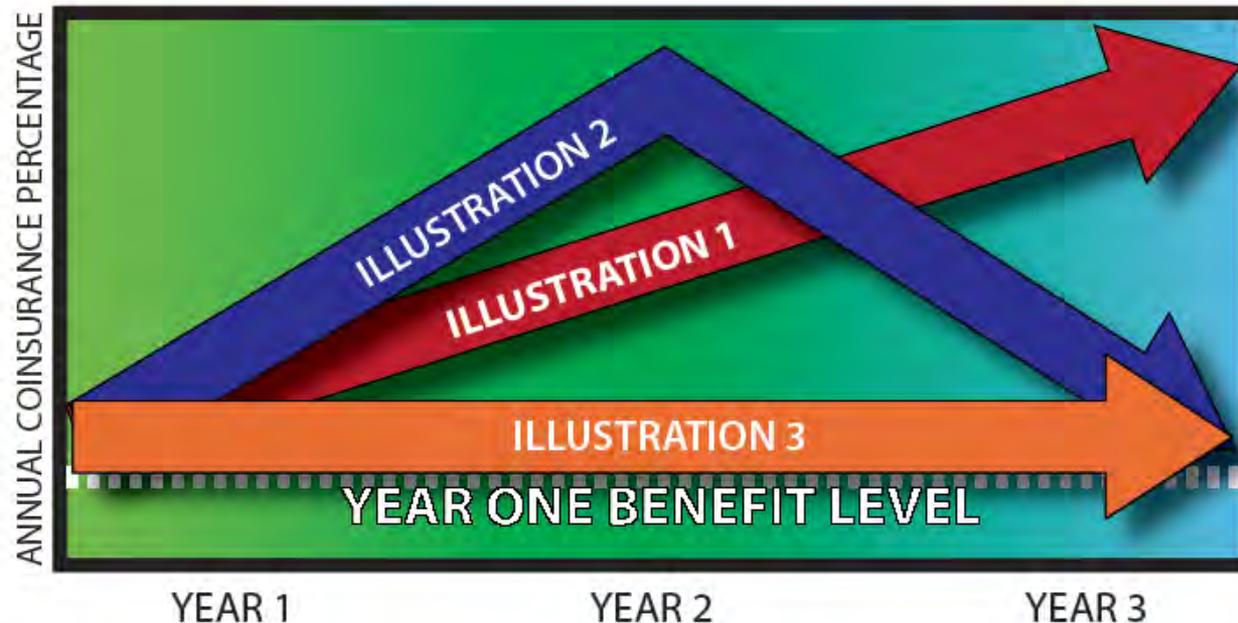
If you receive preventive care every plan year, your benefit level will increase the following plan year until it reaches the maximum level - year 3.

ILLUSTRATION 2

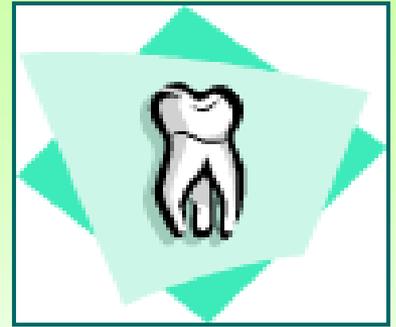
If you receive preventive care in plan year 1, your benefit level will increase in year 2. If you do not receive preventive care in year 2, your benefit level in year 3 will return to year 1 benefit level.

ILLUSTRATION 3

If you never receive preventive care, your benefit level will remain the same and never decrease below your base plan year.



Delta Dental Benefits



- \$2,000 maximum per person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network
 - 100% coverage for diagnostic services
 - 80% coverage for restorative services
 - 50% coverage for major services
- Out-of-network *
 - Claims paid at same percentage (100%, 80%, or 50%) as in-network
 - * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be 8 or older

EDS Benefits



- No annual per person maximum
- No deductible
- You select one dentist for the entire family from EDS network
- Copayment amounts determined by type of service
- Low or no copayments for diagnostic services
- Discounts on specialty care
- Orthodontic service covered at 25% discount

***Services in process at time of coverage are excluded.**

Life Insurance Benefits

- Provided by The Standard
- Basic Life with Accidental Death & Dismemberment (AD&D) Insurance
 - 1 x Annual Salary
 - Paid 100% by Maricopa County
- Additional term life and/or AD&D insurance for employee only or employee and family
 - Up to 5 times annual salary (\$500,000 maximum) with no medical underwriting, if you enroll as a new hire
- Lower rates for non-smokers
- Dependent spouse and child life insurance available

Life Insurance Beneficiary

- Married employees must designate at least 50% of life insurance proceeds to spouse unless:
 - Spouse signs a beneficiary designation form
 - Has form notarized and
 - Sends form to the Employee Health Initiatives Department



Short Term Disability Benefit



- Administered by Sedgwick CMS
- Choice of 4 coverage levels
 - Note: \$1,000 benefit maximum per week
 - Note: Policy has a pre-existing condition limitation
- Premium is taxable so that no taxes are deducted from the benefit payment
- Use the premium calculator on the EHI home page

Mariflex:

Flexible Spending Accounts

- Health care and/or day care expenses
 - Set pre-tax money aside
 - Annual pledge amount is available immediately
 - Lower your costs for these expenses
 - Increase your spendable income
 - Debit card available for \$0.75 per pay period
 - Good idea especially to help pay for 90-day maintenance medication refills
- Make your election for the amount you want to be withheld for the remainder of the fiscal year (through June 30th, 2009)



Mariflex: Flexible Spending Accounts (FSA) Benefit

■ Health Care Spending Account

- Medical, pharmacy, over-the-counter medication, dental, and vision expenses
- Limited Use Spending Account if in Choice Fund H.S.A. for dental or vision expenses
- \$5,200 fiscal year maximum

■ Dependent Care Spending Account

- Child care expenses
- Adult care expenses
- \$5,000 calendar year maximum



Mariflex Example

Improve Your Smile... Tax Free



Your tax savings will be approximately **\$332** annually by using a Health Care Spending Account.

(Filing Status: Single with standard deduction 15% tax bracket)

	BOB with Mariflex	JANE without Mariflex
Gross Income:	\$25,000	\$25,000
Medical expenses run through the plan:	- \$1,200	- \$0
Taxable Income:	\$23,800	\$25,000
Estimated Federal Income Tax:	- \$2,805	- \$2,985
Estimated Social Security (FICA) Tax:	- \$1,821	- \$1,913
Estimated State Tax:	- \$730	- \$790
<i>Pay check after taxes:</i>	<i>\$18,444</i>	<i>\$19,312</i>
Expenses not run through the plan	- 0	- \$1,200
Your Spendable Income:	\$18,444	\$18,112

This illustration is an example of potential federal tax savings based on a gross annual income of \$25,000 and does not pertain to any individual tax situation. You may receive additional tax savings from state and local taxes. Consult your tax advisor for more information. ⁷⁷

Additional Benefits

- Liberty Mutual
 - Discount Auto, Home, Renters Insurance
- Nationwide Retirement Solutions
 - Deferred Compensation

Group Legal Services

MetLaw

- A legal services plan that provides legal representation and services for a wide range of personal legal matters through plan attorneys
 - Court appearances
 - Document review & preparation
 - Debt collection defense
 - Wills
 - Family Matters
 - Real Estate Matters
 - Traffic Ticket Defense (except DUI/DWI)

Arizona State Retirement System

- 1 of 4 Public Employee Pension Plans
 - Defined benefit plan
- Membership is required if you meet the “20/20” test
 - At least 20 hours/week
 - At least 20 weeks/year
- Your Contribution
 - Based on gross wages
 - Retirement = 8.95% eff. 7/1/08
 - Long-term disability = 0.5%
- ASRS Member Handbook available at www.azasrs.gov



Benefit Premium Payments

- 24 deductions annually
- First two pay checks of each month
 - Two pay checks a year have no benefit deductions
- Exception
 - Mariflex, 26 deductions annually



What's Next?

- Review before your final benefit selection:
 - *Know Your Benefits and/or What's New for FY 08-09*
 - Vendor documents
 - Provider directories
- Go online through Employee Self-Service my.maricopa.gov to complete new hire enrollment within 30 days from hire date or benefits will be assigned to you
 - No changes are allowed until next open enrollment unless you have a qualified status change when you can add or drop dependents or drop plan but can't change medical plans



Qualified Status Change



■ Examples

- Marriage
- Birth of a child
- Adoption
- Divorce
- Death
- Change in employment status



- If a dependent loses eligibility, it is your responsibility to report the change
- You must notify Employee Health Initiatives within 30 days of the event to make the change

EHI Home Page

- EBC/Intranet
 - ebc.maricopa.gov/ehi
 - Only available via the Maricopa County network
- Internet
 - www.maricopa.gov/benefits



Final Tidbits

- Vendors mail ID cards and other related information to your mailing address
- Check your paycheck stub often
 - Ensure correct premium amount is deducted
 - Refunds of overpayments cannot be made more than 6 months from the date the error began



Next Steps...



- Enroll online through Employee Self Service @ my.maricopa.gov
 - Instructions are in the FY 08-09 “What’s New” or “Know Your Benefits” booklets.
 - Complete the worksheet in the “What’s New” booklet
 - Contact your PC/LAN Help Desk for user ID and password – (602) 506-HELP Central Help Desk
- **Submit elections within 30 days of hire date!**
 - No exceptions for late receipt of enrollment
 - ***Employees cannot get into PeopleSoft starting noon Tuesday through noon Thursday of payroll week***
 - For specific questions contact the vendors. Phone numbers are on the “Who to Contact” page
 - For general questions regarding benefits, contact EHI at (602) 506-1010