



# What's New with Your Benefits for Plan Year 2013-2014?

**Maricopa County  
Employee Benefits Program**

**Open Enrollment  
April 15<sup>th</sup> – May 10<sup>th</sup>**



# Agenda

- **Welcome and Introductions** Meg Blankenship
- **Guiding Principles** Christopher Bradley
- **Open Enrollment** Meg Blankenship
- **Benefit Plans / Wellness Changes** Meg Blankenship
- **Rates** Meg Blankenship
- **Available Tools and Resources / Reminders** Meg Blankenship
- **What's New in the System?** Victor Marino
- **Spring into Wellness** Julie Garcia
- **Closing** All

# Guiding Principles

*Christopher Bradley*

# Guiding Principles for Plan Year 2013-2014

- Provide a comprehensive benefits package to County employees
- Focus on preventive care and well-being of employees
- Minimize cost increases to **BOTH** employees and the County



# Open Enrollment

*Meg Blankenship*

# Open Enrollment



- **February 25 – March 29:** Biometric Screening, Health Assessment and Saliva Testing
- **March 25 – April 5:** 16 “What’s New With Your Benefits?” meetings
- **March 21 – April 5:** Training on the Cigna Choice Fund Medical Plan with Health Savings Account (HDHP)
- **April 8 - May 3:** One-on-one benefits counseling sessions
- **April 9:** Open Enrollment Worksheets mailed to employees’ home address
- **April 15:** **Open Enrollment begins at 8:00 a.m.**
- **April 29:** First of two Confirmation Statements mailed to employees’ home address
- **May 10:** **Open Enrollment ends at 5:00 p.m.**
- **May 20:** Final Confirmation Statements mailed out
- **July 1:** New benefit plans become effective
- **July 3 – August 15:** Dependent Verification Process



# Open Enrollment

## Open Enrollment for Plan Year 2013-2014 is 'Passive'

You must access the Benefit Enrollment System if you want to:

- Make new benefit elections or change your current ones
- Add or drop dependents
- Elect the Flexible Spending Account(s)
- Make contributions to a Health Savings Account
- Update your biometric screening, health assessment and non-tobacco user status
- Update your beneficiaries

## What happens if I don't complete Open Enrollment?

You will automatically be re-enrolled in the benefits coverage you have for the current Plan Year, 2012-2013

### Exceptions:

Flexible Spending Accounts  
Health Savings Account contributions

If you currently waive benefits:

You will continue to have your benefits waived

# Open Enrollment



## Biometric Screenings

Biometric Screenings are scheduled at various worksite locations until March 29, 2013

- Schedule is located on the EBC under Benefits Headlines
- Employees who have not yet enrolled in benefits but plan to do so need to go as a walk-in
- FAQ's can be accessed by clicking on the Biometric Screening logo on the Benefit Home Page

# New Hires During Open Enrollment



- If a New Hire accesses the Benefit Enrollment System **before** April 15, 2013, they must access the system again after April 15, 2013 to elect benefits for Plan Year 2013-2014.
- If a New Hire accesses the Benefit Enrollment System **after** April 15, 2013, they will complete their new hire elections for Plan Year 2012-2013. After clicking “Submit,” a screen will advise them to continue to complete Plan Year 2013-2014 benefit elections.

# Benefit Plan Changes

*Meg Blankenship*

# Sources of Benefit Plan Changes

- Consultant recommendations
- Benchmarking with other large employers
- Input from benefit vendors (Cigna, Catamaran, Magellan, etc.)
- Aggregate biometric screening and health assessment data suggests areas to target for Wellness
- Comments from Employee Benefits Satisfaction Survey
- Input from benefits staff, based on issues addressed with employees
- Employee Benefits Advisory Council
- Benefits Board of Trustees



# Medical Plan Changes

**Three distinct medical plan options (same as current)**

- HMO, PPO, HDHP w/Health Savings Account

## **Cigna Medical Group Plan (HMO) & Open Access Plus Plan (PPO)**

- Increase co-pay for bariatric surgery from \$500 to \$1,000
- Certain women's preventive services available at zero cost share required by Patient Protection and Affordable Care Act (PPACA)

## **Choice Fund Medical Plan with a Health Savings Account (HDHP)**

- Increase deductibles (required by IRS):
  - \$1,250 Individual coverage
  - \$2,500 Family coverage
- Increase HSA contribution limits (required by IRS):
  - \$3,250 Individual coverage
  - \$6,450 Family coverage
- Certain women's preventive services at zero cost share required by Patient Protection and Affordable Care Act (PPACA)

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2013/14  
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# Pharmacy Plan Changes



## Coinsurance Pharmacy (Catamaran)

- Prior authorizations required on certain medications
- Women's preventive medications available at zero cost share required by Patient Protection and Affordable care Act (PPACA)

## Cigna Pharmacy (Choice Fund)

- Step therapy for certain medications
- Mandatory 90-day fills on maintenance medications
- Eliminate coverage for Proton Pump Inhibitors (PPI's), non-sedating antihistamines, naproxen, and ibuprofen
- Enhanced clinical modules: specialty drugs in 30-day fills; *Dispense as Written* program
- Women's preventive medications available at zero cost share required by Patient Protection and Affordable care Act (PPACA)



# Behavioral Health Plan Changes



## Magellan:

- Increase co-pay from \$20 to \$25 for outpatient therapy
- Increase co-pay from \$5 to \$10 for outpatient group psychotherapy

# Dental Plan Changes



## Cigna Pre-Paid Dental Plan:

- New pre-paid dental plan; replaces EDS
- No annual per person maximum
- No deductible
- Co-pay amounts determined by type of service
- Orthodontics paid according to Patient Charge Schedule
- Low or no copays for preventive services
- Specialty care (such as pediatric dentistry) provided at a discount

# Vision Plan Changes



## **Avesis:**

- New vision plan; replaces EyeMed
  - \$10 co-pay on eye exam
  - Provides same annual coverage for vision exams, glasses or contacts
  
- Wal-Mart added to the provider network
  - \$68 frame allowance

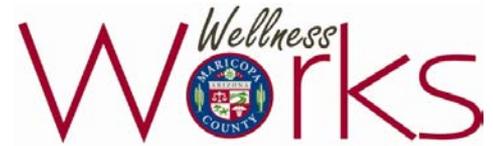
# Short-Term Disability Plan Changes



## Sedgwick:

- Waiting period reduced to two weeks

# Wellness Changes



- Participation in the three wellness initiatives will be incentivized equally per month:
  - \$20 for Biometric Screening
  - \$20 for Health Assessment
  - \$20 Non-tobacco User
  
- The Passport to Wellness Program is being discontinued

# Other Changes

## COBRA

- Employee Assistance Program (EAP) available through COBRA
- No plan changes allowed during initial enrollment

## Retirees

- The County's Retiree Plans & the Cigna Medicare Select Plan Plus Rx
  - Closed to new members effective July 1, 2013
  - May be discontinued after Plan Year 2013-2014
- Dental and vision coverage
  - Closed to new retirees

# Other Changes

## PATIENT PROTECTION AND AFFORDABLE CARE ACT

### Provisions Implemented January 1, 2013:

- Value of benefits on W2 forms
  - Medical
  - Pharmacy
  - Behavioral Health
- Higher Medicare payroll tax on earnings
  - \$200,000 (individual)
  - \$250,000 (couple)

### Provisions to be Implemented July 1, 2013:

- Uniform Summary of Benefits Changes (SBCs)
- Women's preventive services at zero cost share

# Rates for Plan Year 2013-2014

*Meg Blankenship*

# Monthly Medical Plan Rates 2013-2014

Bundled with Pharmacy & Behavioral Health



## Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions *
<b>Cigna Medical Group Plan (HMO)</b>	Employee	78.70	18.70
	Employee + Spouse	140.26	80.26
	Employee + Child(ren)	115.00	55.00
	Employee + Family	192.40	132.40
<b>Open Access Plus Plan (PPO)</b>	Employee	108.74	48.74
	Employee + Spouse	223.60	163.60
	Employee + Child(ren)	188.88	128.88
	Employee + Family	310.10	250.10
<b>Choice Fund Medical Plan w/ Health Savings Account (HDHP)</b>	Employee	60.00	-0-
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

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 ENROLLMENT  
 APRIL 15 - MAY 10

# Monthly Medical Plan Rates 2013-2014

Bundled with Pharmacy & Behavioral Health



## Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions *
<b>Cigna Medical Group Plan (HMO)</b>	Employee	326.30	266.30
	Employee + Spouse	619.50	559.50
	Employee + Child(ren)	510.96	450.96
	Employee + Family	813.60	753.60
<b>Open Access Plus Plan (PPO)</b>	Employee	356.34	296.34
	Employee + Spouse	702.84	642.84
	Employee + Child(ren)	584.84	524.84
	Employee + Family	931.30	871.30
<b>Choice Fund Medical Plan w/ Health Savings Account (HDHP)</b>	Employee	288.40	228.40
	Employee + Spouse	536.48	476.48
	Employee + Child(ren)	454.92	394.92
	Employee + Family	705.40	645.40

# Monthly Dental Plan Rates 2013-2014

Full-Time Active Employees



Plan	Tier	Monthly Employee Premium
Cigna PPO	Employee	16.02
	Employee + Spouse	35.24
	Employee + Child(ren)	38.16
	Employee + Family	49.08
Delta PPO	Employee	24.76
	Employee + Spouse	54.52
	Employee + Child(ren)	59.00
	Employee + Family	76.04
Cigna Prepaid	Employee	4.56
	Employee + Spouse	8.58
	Employee + Child(ren)	11.18
	Employee + Family	12.88

# Monthly Dental Plan Rates 2013-2014

## Part-Time Active Employees



Plan	Tier	Monthly Employee Premium
Cigna PPO	Employee	25.54
	Employee + Spouse	56.24
	Employee + Child(ren)	60.86
	Employee + Family	78.18
Delta PPO	Employee	34.28
	Employee + Spouse	5.52
	Employee + Child(ren)	81.70
	Employee + Family	105.14
Cigna Prepaid	Employee	6.28
	Employee + Spouse	11.04
	Employee + Child(ren)	14.96
	Employee + Family	17.46

# Monthly Vision Plan Rates 2013-2014



Full-Time Active Employees

Plan	Tier	Monthly Employee Premium
Avesis	Employee	1.32
	Employee + Spouse	2.90
	Employee + Child(ren)	2.18
	Employee + Family	3.90

# Monthly Vision Plan Rates 2013-2014



## Part-Time Active Employees

Plan	Tier	Monthly Employee Premium
Avesis	Employee	4.06
	Employee + Spouse	7.96
	Employee + Child(ren)	7.68
	Employee + Family	11.86



# Other Plan Rates 2013-2014

- **Short-Term Disability:** No rate increase
- **Life Insurance:** No rate increase
- **Group Legal Plan:** No rate increase

# Available Tools & Resources



- **Information available on Benefit Home Page**
- EBC Intranet and Internet
  - <http://ebc.maricopa.gov/ehi> or <http://www.maricopa.gov/benefits>
- Medical plan comparison
  - [www.mycignaplans.com](http://www.mycignaplans.com)
  - **Open Enrollment ID: MaricopaCounty2013**
  - **Open Enrollment Password: cigna**
- Cigna Pre-Enrollment Line: 800-401-4041
- **What's New With Your Benefits? meetings**
- Class/webinars about the Choice Fund Medical Plan with an H.S.A.
- **“What's New with Your Benefits for 2013-2014?” booklet**
- Call vendors with coverage questions
- **Call Employee Benefits at 602.506.1010, press 2 and 2 again**

# Benefits Counseling



Counselors will be available to provide individual counseling for employees to help them better understand their benefit options.

- 30-minute sessions available at various County locations
- Counseling dates: April 8<sup>th</sup> through May 3<sup>rd</sup>
- Employees **must** register for an appointment
- Schedule will be on the Benefits Home Page “Open Enrollment” tab

<http://ebc.maricopa.gov/ehi> or [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)



# Important Reminders

*Meg Blankenship*

# Reminders



Log in is through <https://portal.adp.com>

To complete your Open Enrollment elections, navigate to the Benefits tab then click on the Benefit Enrollment System link.

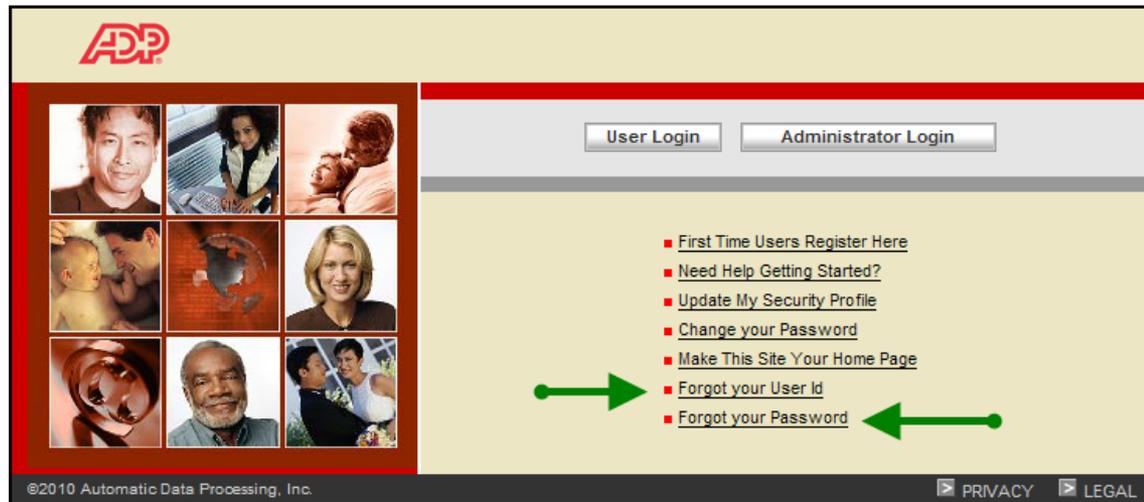
The screenshot shows the maricopa.gov website with the following elements:

- Header: maricopa.gov, Welcome, Victor Marino, Log Off
- Navigation: Employee, Home, Time & Attendance, Pay & Taxes, Personal Information, Benefits (highlighted)
- Sub-navigation: Welcome, Spending Accounts
- Main Content: "Welcome to your Benefits, where you can:" followed by a list of actions: Access your Benefits Information, Update Beneficiary Information, Update After-Tax benefits, Update Dependent information, Complete your Open Enrollment Elections, Complete your Family Status Change, Review your Benefit Summary, Compare Medical and/or Dental Plans, Search for a Medical or Dental provider.
- Callout 1: A blue dashed arrow points from the "Welcome" link in the sub-navigation to the "Welcome" link in the main content area. A speech bubble says: "Click 'Welcome' under the Benefits Tab then Click the link 'Benefit Enrollment System'".
- Callout 2: A green arrow points from the "Benefit Enrollment System" link in the "Benefits" section to the "Benefit Enrollment System" link in the main content area.
- Footer: © 2012 Automatic Data Processing, Inc. Privacy | Legal

# Reminders



- For help with User ID or Password, click on the links titled:
  - Forgot Your User ID
  - Forgot Your Password
- If experiencing login problems, call OET Customer Care Center at (602) 506-HELP or e-mail them at [helpdesk@mail.maricopa.gov](mailto:helpdesk@mail.maricopa.gov)





# Reminders

- Open Enrollment **begins** April 15, 2013 @ 8:00am and **ends** on May 10, 2013 @ 5:00pm.
- Passive Open Enrollment –
  - No action by employee will result in automatic re-enrollment in this year's benefits, with a few exceptions.
- You must complete a Biometric Screening and Health Assessment to receive the medical premium reductions.
- No saliva test needed if you previously completed and passed the saliva test.
- **Elections are irrevocable**, and cannot be changed until July 1, 2014 unless there is a Qualifying Event.
- If you add a dependent during Open Enrollment, you will be sent a letter from the Dependent Verification Service asking for proof of your dependent's eligibility for coverage. Failure to respond will result in your dependent being dropped from coverage.

# Role of Department Representatives

- Distribute Open Enrollment information
- Help employees access the Benefit Enrollment System
- Contact employees on leave of absence
- Provide computer resources, if necessary
- Refer employees:
  - **To the OET Customer Care Center at 602.506.4357 (6HELP) for password resets and systems issues**
  - **To vendors for specific benefit questions**
  - **To Employee Benefits Division for general questions 602.506.1010**
  - **To benefits website, Open Enrollment tab, for benefits information**
  - **To Cigna Pre-Enrollment phone line – 800.401.4041**
- Inform employees about the one-on-one counseling sessions
- Encourage every benefits-eligible employee to complete their elections

# Open Enrollment Dates

**April 15, 2013** at 8:00am to **May 10, 2013** at 5:00pm

## Questions?

# What's New in the System?

*Victor Marino*

# Enrollment Website Enhancements

- “You Are Here” Indicator
- Contribution Converter
- Side-by-Side Summaries
- Revised Rollover Process

# “You Are Here” Indicator

**MARICOPA COUNTY** LOGOFF

PLAN INFORMATION | FORMS LIBRARY | CONTACTS | FAQs | HELP

**INSTRUCTIONS**

**Step 1:** Use the "Help I Decide" on the right of the screen to compare benefits features under your available medical plans.  
Username: MaricopaCounty2013, Password: cigna

**Step 2:** Select from the Medical plan options in the table to the right.

**Step 3:** Indicate which of your dependents you wish to cover for medical by placing a check mark in the box next to their name.

Additional plan information is available at [ebc.maricopa.gov/ehi](http://ebc.maricopa.gov/ehi) or [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits). The *Know Your Benefits* booklet and other plan information are available at these locations.

**Step 4:** Click on the Continue button when you are finished.

**Your enrollment progress:**  
Dependents > Beneficiaries > **Benefits** > Submit

**Medical**  
2013 - 2014 election: Cigna Medical Group Plan (CMG) for Employee Only.  
Costs shown are per pay period amounts.

Plan Options		<a href="#">Help Me Decide</a>			
Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family	
<input type="radio"/> Waived Medical Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/> <a href="#">Choice Fund Medical Plan (HSA)</a>	\$30.00	\$37.41	\$34.10	\$42.68	
<input checked="" type="radio"/> <a href="#">Cigna Medical Group Plan (CMG)</a>	\$39.35	\$70.13	\$57.50	\$96.20	
<input type="radio"/> <a href="#">Open Access Plus Plan (OAP)</a>	\$54.37	\$111.80	\$94.44	\$155.05	

**Dependent Coverage**  
You do not have any dependents on file.

**Continue** **Cancel**

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# Contribution Converter

Employees are required to enter an annual goal amount for Health Care Flexible Spending Accounts, Dependent Care Flexible Spending Account, and Health Savings Account. During Open Enrollment, the new “Calculate Per Pay Period Contribution” feature allows employees to see how much will be deducted from each pay check.

**INSTRUCTIONS**

**Step 1:** Enter the amount you wish to contribute to the Health Care Flexible Spending Account for the current plan year (July 1 - June 30). You may elect from \$26.00 to \$2,500.00. You can use the Calculate Per Pay Period Contribution Button to view your contribution as a per pay period amount.

If a qualified Family Status Change makes you eligible to change your HCFA election and you wish to do so, enter the **new amount** you wish to contribute for the current plan year. The system will take your new contribution amount, subtract any contributions already made in the current plan year, and divide the remainder by the number of pay periods left in the current plan year.

If a qualified Family Status Change makes you eligible to cancel your HCFA election and you wish to do so, enter a "0" in the Contribution Amount field.

**Step 2:** You can also use the [worksheet](#) to the right to calculate how much you

Your enrollment progress:  
 Dependents > Beneficiaries > **Benefits** > Submit

**Health Care Flexible Spending Account**  
 2013 - 2014 election: Waived Participation.

**Contribution Amount**  
 \$  **CALCULATE PER PAY PERIOD CONTRIBUTION**

**Contribution Worksheet**

Eligible Expenses	Expected Expense
Deductibles or co-payments under your or your spouse's benefit plans	\$ <input type="text" value="0.00"/>
Vision care expenses	\$ <input type="text" value="0.00"/>
Dental expenses	\$ <input type="text" value="0.00"/>
Medical equipment or supplies	\$ <input type="text" value="0.00"/>
Health Care Professional services	\$ <input type="text" value="0.00"/>
Medical treatment such as acupuncture and healing services	\$ <input type="text" value="0.00"/>
Other eligible medical expenses not covered by your medical plan	\$ <input type="text" value="0.00"/>
<b>Total Estimated Eligible Expenses</b>	\$ <input type="text"/> <b>Update</b>

Message from webpage: Your per pay period contribution amount would be \$80.00

# Side-by-Side Summaries

No more switching from screen to screen! A link in the Main Menu allows employees to view their elections for the current and future Plan Years, side by side. This link is available during Open Enrollment.

LOGOFF



Continue



Print

### 2012-2013 Benefit Summary

Personal Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Base Salary: \_\_\_\_\_

Dependents

You do not have any dependents on file.

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Waived Medical Benefit Plan	No Coverage	\$0.00	\$0.00
Biometric Screening Premium Reduction	Biometric Screening Premium Reduction does not apply		\$0.00	\$0.00
Health Assessment Premium Reduction	Health Assessment Premium Reduction does not apply		\$0.00	\$0.00
Non-Tobacco User Premium Reduction	Non-Tobacco User Premium Reduction does not apply.		\$0.00	\$0.00
HICN Collection	Neither I nor any of my dependents are enrolled in Medicare.	Employee Only	\$0.00	\$0.00

### 2013-2014 Benefit Summary

Personal Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Base Salary: \_\_\_\_\_

Dependents

You do not have any dependents on file.

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Waived Medical Benefit Plan	No Coverage	\$0.00	\$0.00
Biometric Screening Premium Reduction	You must make an election		\$0.00	
Health Assessment Premium Reduction	You must make an election		\$0.00	
Non-Tobacco User Premium Reduction	Non-Tobacco User Premium Reduction does not apply.		\$0.00	\$0.00
HICN Collection	Neither I nor any of my dependents are enrolled in Medicare.	Employee Only	\$0.00	\$0.00
Pharmacy	Waived Pharmacy Benefit Plans	No Coverage	\$0.00	\$0.00

EMPLOYEE BENEFITS

2013/14

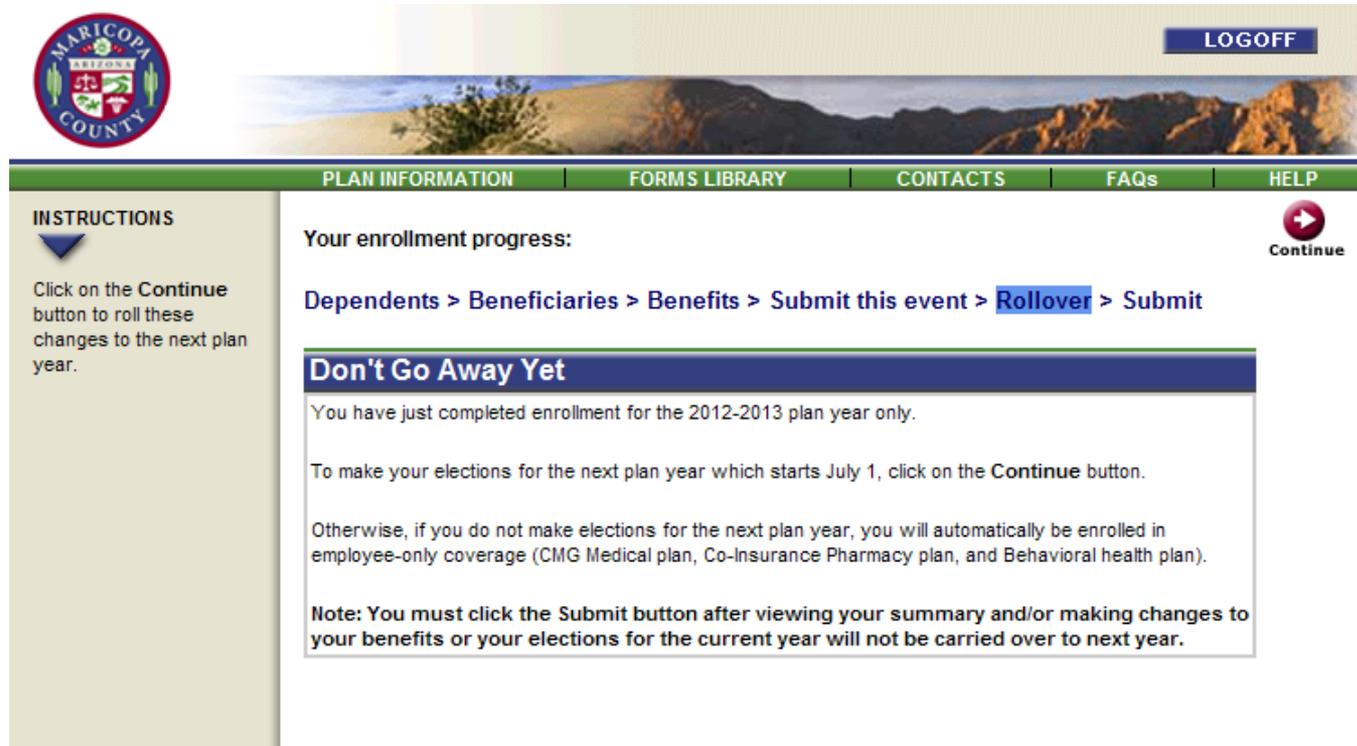
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# Revised Rollover Process

Making New Hire elections or performing a Qualified Family Status Change can be confusing. The process for enrolling in benefits for two Plan Years at one time is now more intuitive.



The screenshot shows the Maricopa County Employee Benefits enrollment system. At the top left is the Maricopa County logo. In the top right corner, there is a "LOGOFF" button. Below the logo and logoff button is a navigation bar with the following links: PLAN INFORMATION, FORMS LIBRARY, CONTACTS, FAQs, and HELP. The main content area is divided into two columns. The left column is titled "INSTRUCTIONS" and contains a downward-pointing arrow and the text: "Click on the Continue button to roll these changes to the next plan year." The right column is titled "Your enrollment progress:" and shows a breadcrumb trail: "Dependents > Beneficiaries > Benefits > Submit this event > Rollover > Submit". Below the breadcrumb trail is a section titled "Don't Go Away Yet" with a blue header. The text in this section reads: "You have just completed enrollment for the 2012-2013 plan year only. To make your elections for the next plan year which starts July 1, click on the Continue button. Otherwise, if you do not make elections for the next plan year, you will automatically be enrolled in employee-only coverage (CMG Medical plan, Co-Insurance Pharmacy plan, and Behavioral health plan). Note: You must click the Submit button after viewing your summary and/or making changes to your benefits or your elections for the current year will not be carried over to next year." In the top right corner of the main content area, there is a red circular button with a white right-pointing arrow and the text "Continue" below it.

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APRIL 15 - MAY 10



# Spring Into Wellness

*Julie Garcia*

EMPLOYEE BENEFITS

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# 2012 Top Health-Risk Factors\*

- 67% pre-hypertensive or hypertensive
- 16% have elevated blood glucose levels
  - 9% indicate they have been diagnosed with diabetes
- 46% at risk of heart disease (low HDL Cholesterol)
- 72% have 3 or more at-risk measures (Metabolic Syndrome)
- 19% at risk based on stress

\* Based on 2012 Health Assessment and Biometric Data



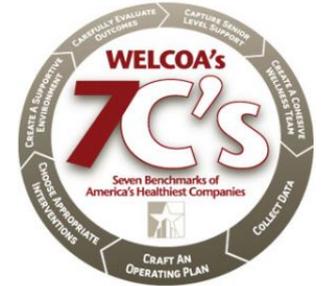
# 2013 Biometric Screening Campaign Update



- Thank you!
- Approximately 4,700 County employees screened. Goal 9,250.
- Biometric Screening will end March 29<sup>th</sup>.



# Seven Benchmarks of Results-Oriented Workplace Wellness Programs



1. Senior Level Support
2. Cohesive Wellness Teams
3. Collecting Data To Drive Health Efforts
4. Crafting An Operating Plan
5. Choosing Appropriate Interventions
6. Create A Supportive Environment
7. Consistently Evaluating Outcomes



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ENROLLMENT  
APRIL 15 - MAY 10

# Strategies:

- Focus on risk-factors and avoid focusing on overweight and obesity – Health at ALL Sizes!
- Focus on improvement of health indicators (individual and department)
- Implement a non-judgmental approach



# Call to Action:

- Director Support
  - Encouragement and Participation
- Department Wellness Teams
  - Identify a champion/co-champions



# Questions:



**JULIE GARCIA, MA CWWS**  
**602-506-3758**

