

WHAT'S NEW?

Your Road Map for Open Enrollment Plan Year 2016-2017

APRIL 18

MAY 13

START

**April 6 -
April 17**

Access the Employee Benefits website and review the 2016-2017 benefit plan changes.

Open Enrollment begins April 18.

April 18

**April 18 -
May 13**

Choose your benefits in the ADP Portal. Add your dependents to coverage. Print your Confirmation Page.

May 13

Open Enrollment ends May 13.

**May 9 -
May 13**

Review the first Confirmation Statement you receive at home. Re-verify the benefits you elected. The last day to make changes or corrections is May 13.

If you added new dependents to coverage, respond to the Dependent Audit.

July 26

FINISH

MARICOPA COUNTY EMPLOYEE BENEFITS

A Message from Christopher Bradley, Director, Department of Employee Benefits and Health

To our fellow employees:

We are pleased to present the Maricopa County employee benefits program for 2016-2017. Your benefits are an important part of your “total compensation” package, and the County is maintaining its commitment to provide you with good, solid, and affordable options for the core benefits that are important to most employees. This 2016-2017 edition of the “What’s New?” booklet is the roadmap you can use to navigate through the Open Enrollment process.

Before you start, it’s important to note that we will have another “active” Open Enrollment this year. That means that your benefit elections for this year (2015-2016) won’t automatically carry over to next year. You’ll need to log into the ADP Benefit Enrollment System and either enroll in or waive participation in each benefit. You’ll receive a worksheet to help guide you through the process.

One of your first steps is to enroll in medical benefits. You can choose one of the three medical plan options:

- An HMO (administered by Cigna, with the OptumRx Co-Insurance Prescription Plan and Magellan Behavioral Health Plan).
- A PPO (administered by UnitedHealthcare, with the OptumRx Co-Insurance Prescription Plan and Magellan Behavioral Health Plan).
- A High Deductible Health Plan (HDHP) with Health Savings Account (administered by UnitedHealthcare, with the OptumRx HDHP Prescription Plan and United Behavioral Health Plan).

We’ve been able to keep premium increases for employees fairly modest. To do this, we had to make changes in some of the plans. The good news is that the copay for convenience care clinics (either at a provider in the community or at our own on-site health center) is being reduced in the HMO and PPO plans. However, deductibles and out-of-pocket maximums will be increasing in the PPO plan, and out-of-pocket maximums will be increasing in the HDHP with H.S.A. plan. We’ve also taken steps to better manage prescription drug costs. The benefit of these changes is reflected in lower premium increases, which keeps more money in your pocket. When you decide which medical plan to choose, it’s always a good idea to take a look down the road – review your health care costs, and consider which plan best meets your needs and those of your family.

When you make your next stop to consider your dental benefit options, you will see that there will be no changes in dental plans next year. For full-time benefits-eligible employees, there will be no increases in the premiums for the Cigna Dental PPO and Cigna Dental DHMO. Moving along the Open Enrollment path, you will find that the vision plan and premiums are not changing next year, but they will be administered by a new vendor. EyeMed will be replacing Avesis effective July 1, 2016. Life insurance, short-disability, and group legal plans are also not changing.

You will continue to have the opportunity to reduce your medical premiums if you complete a Biometric Screening and Health Assessment, as well as if you are tobacco-free (or complete a tobacco cessation course). If you have not already provided your consent to participate in wellness programs administered by StayWell, you will need to do so.

Thanks again to the Employee Benefits staff for all their hard work in preparing for this open enrollment. If you have any questions, they are available to assist you.

Sincerely,



Open Enrollment is April 18 at 8:00 am - May 13 at 5:00 pm

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TIP:

Open Enrollment for Plan Year 2016-2017 is **ACTIVE!**

You must access the ADP Benefit Enrollment System to choose your benefits or to waive coverage. If you do not, you will automatically be enrolled in Employee-Only coverage in the Cigna HMO. Your dependents will not have coverage.

Open Enrollment Overview

Open Enrollment is April 18 at 8:00 am - May 13 at 5:00 pm

This guide describes the changes in benefits and benefits administration effective July 1, 2016. For more detailed information about your benefits, visit www.maricopa.gov/benefits.

What is Open Enrollment and Why is it Important?

Open Enrollment is the one time of year when you can make new benefit elections, change your current ones, or waive coverage.

The decisions you make during Open Enrollment can have an impact on your health coverage and your finances, so it is important to learn about your options and make decisions that are best for you and your family.

What is an Active Open Enrollment?

“Active” Open Enrollment means that all benefits-eligible employees are required to access the ADP Benefit Enrollment System at <https://portal.adp.com> to elect benefits for Plan Year 2016-2017 or to waive coverage.

During Open Enrollment you can:

- Make new benefit elections, change your current ones, or waive coverage
- Add or drop dependents
- Elect the Flexible Spending Accounts
- Designate payroll contributions to a Health Savings Account
- Add or update your beneficiaries for life insurance

This Active Open Enrollment will allow for the collection of any missing Social Security numbers for dependents. Additionally, while in the ADP Portal, employees with dependents covered under their benefit plans will be required to attest that their dependents meet the eligibility requirements for coverage (**Attestation of Dependent Eligibility**.)

What Happens if I Don't Participate in Open Enrollment?

If you don't access the ADP Benefit Enrollment System to actively complete and submit your elections or to waive coverage, you will automatically be enrolled in Employee-Only coverage in these plans:

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

Your dependents will **not** have coverage. You will **not** be enrolled in vision, dental, or the flexible spending accounts. The only benefit elections that will carry over from this year to next are life insurance, short-term disability, and group legal.

All benefit elections are irrevocable, whether you waive coverage or complete your Open Enrollment elections. Changes cannot be made until July 1, 2017, unless you experience a Qualifying Event. Benefit premiums for benefits coverage will be deducted from each paycheck.

TIP:

Make your benefit decisions carefully. The elections you make are irrevocable and will remain in place for the entire Plan Year 2016-2017, unless you experience a Qualifying Event.



Open Enrollment Overview

Open Enrollment Timeline

April 12:

Open Enrollment Worksheets mailed to your home address.

April 18:

Open Enrollment begins at 8:00 a.m.

May 2:

First of two Confirmation Statements mailed to your home address.

May 13:

Open Enrollment ends at 5:00 p.m.

May 30:

Second Confirmation Statement mailed to your home address.

June 27 – July 26:

Dependent Audit takes place to verify your dependents are eligible for coverage.

July 1:

New benefit plans become effective.

July 19 – September 30:

Biometric Screenings and Health Assessments take place.

When Do Benefits Begin?

Benefits elected during Open Enrollment begin July 1, 2016.

For new employees (or newly benefits-eligible employees) hired on or after July 1, 2016, benefits begin on the first day of the month following date of hire or date of benefits eligibility.

When Do Benefits End?

Benefits end on the last day of the month in which benefits ineligibility occurs.

Who is an Eligible Employee?

An employee of Maricopa County or the Superior Court (whose compensation is paid by the County) is eligible for benefits coverage through the County's health and welfare plans if he or she works at least 19 hours per week on a regular basis, or is eligible for benefits pursuant to the terms of a contract with the County (including Intergovernmental Agreements.)

Temporary workers and independent contractors are ineligible to participate in the County's health and welfare plans.

Who is an Eligible Dependent?

A dependent eligible for coverage is an employee's legal spouse and an employee's dependent child(ren) and young adult(s) up to age 26 (regardless of marital, student, residency or tax dependency status.)

Child/young adult includes the employee's natural child, stepchild, legally adopted child, child placed with the employee by court order for adoption, or child for whom the employee has been awarded legal guardianship.

Additionally, a child who is permanently and totally disabled is eligible for coverage at any age provided he/she was medically certified as being permanently and totally disabled prior to his or her 26th birthday.

Open Enrollment Overview

Open Enrollment is April 18 at 8:00 am - May 13 at 5:00 pm

Social Security Numbers

A valid Social Security Number is required for every dependent age 1 and older who will be covered under a benefit plan.

New Hires During Open Enrollment

New Hires making their New Hire elections before April 18, 2016:

1. Access the ADP portal at <https://portal.adp.com>.
2. Complete Plan Year 2015-2016 "New Hire" benefit elections.
3. Print your Confirmation Page with your confirmation number.
4. Return to the ADP portal on or after April 18, 2016 to complete Plan Year 2016-2017 "Open Enrollment" benefit elections.

New Hires making their New Hire elections on or after April 18, 2016:

1. Access the ADP portal at <https://portal.adp.com>.
2. Complete Plan Year 2015-2016 "New Hire" benefit elections.
3. Click "**SUBMIT**" and go past the "**ROLLOVER**" Screen.
4. Click "**CONTINUE**" to complete Plan Year 2016-2017 "Open Enrollment" benefit elections.
5. Click "**SUBMIT**" again.
6. Print your Confirmation Page with your confirmation number.

Family Status Changes

Employees recording a Family Status Change between April 18 and June 30:

1. Access the ADP Portal at <https://portal.adp.com>.
2. Click on the Family Status Change link and record your Qualifying Event (marriage, divorce, birth, etc.). Complete Plan Year 2015-2016 benefit elections.
3. Click "**SUBMIT**" and go past the "**ROLLOVER**" screen.
4. Click "**CONTINUE**" to complete Plan Year 2016-2017 benefit elections.
5. Click "**SUBMIT**" again.
6. Print your Confirmation Page with your confirmation number.

TIP:

If you experience a Qualifying Event (such as birth, marriage, divorce, etc.) between April 18 and June 30, 2016 and you complete a Family Status Change in the ADP portal, remember to also complete the "Rollover Event" in the portal to update your Open Enrollment elections for Plan Year 2016-2017.

You have only **30 calendar days** from your Qualifying Event effective date to do this.

Contact the Employee Benefits Division for assistance at 602.506.1010.

What's New: Plan Design Changes

Medical Plan Overview

The County will continue to offer three distinct medical plan options:

Administered by	Type of Plan	Prescription	Behavioral Health	Employee Assistance Program
Cigna	HMO	OptumRx Co-Insurance Prescription Plan	Magellan	Magellan
UnitedHealthcare	PPO	OptumRx Co-Insurance Prescription Plan	Magellan	Magellan
UnitedHealthcare	HDHP with H.S.A.	OptumRx HDHP Prescription Plan	United Behavioral Health	Magellan

1. HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), where the PCP 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.

2. 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.

3. HDHP (High Deductible Health Plan)

An HDHP is a health insurance plan with lower premiums and a higher deductible than a traditional health plan. With an HDHP, the plan pays nothing toward health care services, except for in-network preventive care, until the deductible has been met. There is access to a broad range of in-network providers, and both in and out-of-network coverage is available. Under IRS regulations, a health savings account may be opened to set aside money to pay for eligible health care expenses.

TIP:

Take the time to study all the medical plans being offered to make sure you enroll in the plan that's right for you and your family.

Additional benefits information may be found at www.maricopa.gov/benefits/oe1617.html.

Medical Plan Changes

What's New: Plan Design Changes

Cigna HMO

- Convenience care clinic copay will decrease from \$20 to \$10
- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status
- Administration of the Diabetes Management Program will move to Cigna

UnitedHealthcare PPO

- Convenience care clinic copay will decrease from \$30 to \$20
- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status
- Administration of the Diabetes Management Program will move to UnitedHealthcare
- Deductibles (**In-Network**) will increase:
 - Individual: from \$350 to \$750
 - Family: from \$700 to \$1,500
- Deductibles (**Out-of-Network**) will increase:
 - Individual: from \$700 to \$1,500
 - Family: from \$1,400 to \$3,000
- Out-Of-Pocket Maximums (**In-Network**) will increase:
 - Individual: from \$3,000 to \$3,500
 - Family: from \$6,000 to \$7,000
- Out-Of-Pocket Maximums (**Out-of-Network**) will increase:
 - Individual: from \$6,000 to \$7,000
 - Family: from \$12,000 to \$14,000

UnitedHealthcare HDHP with H.S.A.

- Coverage for newborns will extend to first four days only following birth, unless added to coverage
- COBRA participants will have one rate for medical coverage, regardless of tobacco use status
- Member coinsurance (**In-Network**) will increase from 10% to 15%
- Out-Of-Pocket Maximums (**In-Network**) will increase:
 - Individual: from \$3,000 to \$3,275
 - Family: from \$6,000 to \$6,550
- Out-Of-Pocket Maximums (**Out-of-Network**) will increase:
 - Individual: from \$6,000 to \$6,550
 - Family: from \$12,000 to \$13,100
- If contributing to an H.S.A., an annual minimum employee contribution of \$240 is required
- H.S.A. Contribution Limits will increase:
 - Family: from \$6,650 to \$6,750 (Individual limit will remain at \$3,350)

TIP:

If you are enrolling in the UnitedHealthcare HDHP with H.S.A. for the first time you will need to open a bank account. Remember to add your beneficiaries to your bank account.

Cigna HMO

Medical Copay/Out-of-Pocket Costs

Benefit Provision	HMO In-Network Coverage Only
Plan Deductible Applies to certain inpatient/outpatient facilities only. Individual and family deductibles aggregate.	\$350 Individual \$700 Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum****	\$1,600 Individual \$3,200 Family
Preventive Care	\$0 (FREE)
Primary Care Physician	\$30
Convenience Care Clinic Visit	\$10
Specialty Care Physician - CCN/Non-CCN	\$45* / \$70**
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** after deductible
Allergy Injections - PCP/CCN; Non-CCN	\$13* / \$28**
Independent Lab and X-ray Facility	\$0
Inpatient Hospital Facility Services (including delivery)	\$250 after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	\$0
Outpatient Hospital Facility Services	\$125 after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	\$30/\$45*/\$70**, 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 (copay applies to each item)	\$75 DME; \$0 consumable supplies
External Prosthetics	\$0
Chiropractic Services; 24 days/year	\$30
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 days combined/year	\$45
Cardiac Rehab; 36 days/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 information on the Benefits Home Page under the Medical or Open Enrollment tab.

* You pay lower copays when you use a specialist that is Cigna Care Designated (CCD).

** You pay higher copays when you use a specialist without the CCD designation. Not all specialties are included in the CCD. When the specialty is not included in the CCD, the higher Non-CCD copay applies.

*** Does not apply to inpatient facility services. Subject to applicable place of service and plan deductible. Associated ancillary charges are subject to the applicable place of service and deductible.

**** Out-of-Pocket Maximum **INCLUDES** medical copays and deductibles. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** out-of-pocket prescription costs.

Medical Copay/Out-of-Pocket Costs

Benefit Provision	PPO	
	In-Network	Out-of-Network
Plan Deductible One way accumulation only; Out-of-Network to In-Network. Individual and family deductibles aggregate.	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	10%	50%
Out-of-Pocket Maximum**** One way accumulation only; Out-of-Network to In-Network.	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Preventive Care	\$0 (FREE)	Covered In-Network only
Primary Care Physician	\$40	50% after deductible
Convenience Care Clinic Visit	\$20	50% after deductible
Specialty Care Physician Services - Tier 1 / Non-Tier 1	\$55* / \$70**	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$100/type of scan/day*** plus 10% coinsurance after deductible	50% after deductible ***
Allergy Injections - Tier 1 / Non-Tier 1	\$18* / \$33**	50% after deductible
Independent Lab and X-Ray Facility	\$0	50% after deductible
Inpatient Hospital Facility Services (including delivery)	10% after deductible	50% after deductible
Inpatient Professional Services (Surgeon, Anesthesiologist)	10% after deductible	50% after deductible
Outpatient Hospital Facility Services	10% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services after deductible	50% after deductible
Urgent Care	\$75, waived if admitted to hospital	\$75, waived if admitted to hospital
Emergency Room	\$200, waived if admitted to hospital	\$200, waived if admitted to hospital
Ambulance	10% after deductible	10% after deductible
Durable Medical Equipment/Medical Supplies - No annual limit	10% after deductible	50% after deductible
External Prosthetics	10% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out-of-Network)	\$40	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined /year (combined In and Out-of-Network)	\$55	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of-Network)	\$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 information on the Benefits Home Page under the Medical or Open Enrollment tab.

* You pay lower copays when you use a specialist with the UnitedHealthcare Premium Tier 1 designation.

** You pay higher copays when you use a specialist who does not have the UnitedHealthcare Premium Tier 1 designation. When the specialist does not have the UnitedHealthcare Premium Tier 1 designation, the higher Non-UnitedHealthcare Premium Tier 1 copay applies.

*** Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible. Associated ancillary charges are subject to the applicable place of service coinsurance and deductible.

**** Out-of-Pocket Maximum **INCLUDES** all medical copays, deductibles, and coinsurance. It also includes Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** Out-of-Pocket prescription costs.

**UnitedHealthcare
HDHP with
H.S.A.**

Medical Copay/Out-of-Pocket Costs

HDHP

Benefit Provision	In-Network	Out-of-Network
Plan Deductible Cross accumulation; In-Network and Out-of-Network. Individual and families deductibles aggregate.	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Standard Percent of Coinsurance	15%	50% of max reimbursable charge
Out-of-Pocket Maximum Cross accumulation; In-Network and Out-of-Network.	\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
Preventive Care	\$0 (FREE) no deductible	Covered In-Network only
Primary Care Physician	15% after deductible	50% after deductible
Convenience Care Clinic Visit	15% after deductible	50% after deductible
Specialty Care Physician	15% after deductible	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible	50% after deductible
Allergy Injections	15% after deductible	50% after deductible
Independent Lab and X-Ray Facility	15% after deductible; \$0 (FREE) no deductible if preventive	50% after deductible
Inpatient Hospital Facility Services (including delivery)	15% after deductible	50% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	15% after deductible	50% after deductible
Outpatient Hospital Facility Services	15% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been determined)	15% after deductible	50% after deductible
Urgent Care	15% after deductible	15% after deductible
Emergency Room	15% after deductible	15% after deductible
Ambulance	15% after deductible	15% after deductible
Durable Medical Equipment/Medical Supplies No annual limit	15% after deductible	50% after deductible
External Prosthetics	15% after deductible	50% after deductible
Chiropractic Services; 24 visits/year (combined In and Out- of-Network)	15% after deductible	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy, 60 visits combined/year (combined In and Out-of-Network)	15% after deductible	50% after deductible
Cardiac Rehab; 36 visits/year (combined In and Out-of- Network)	15% after deductible	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)	15% after deductible	Covered In-Network only

What's New: Plan Design Changes

Prescription Plan Changes

OptumRx Co-Insurance Prescription Plan

(For enrollees in the Cigna HMO or UnitedHealthcare PPO Plans)

- There is a new name for the Prescription Plan: OptumRx Co-Insurance Prescription Plan (formerly the Catamaran Co-Insurance Prescription Plan)
- There will be a new Formulary (called the Premium Formulary) excluding coverage for certain Brand-Name drugs offering no clear clinical advantage over less costly Brand or Generic drugs
- Mail order pricing for retail prescriptions purchased at the On-site Pharmacy will be eliminated
- E-prescribing will be implemented, allowing a physician to electronically send a prescription to your pharmacy, view what other drugs you are taking, and view what drugs your plan pays and at what tier levels
- The cap on coinsurance is increasing for all tiers; refer to the chart below:

TIER	FROM	TO
Generic	No Change	No Change
Preferred Brand Retail 30-day	\$60	\$80
Preferred Brand Retail 90-day	\$180	\$240
Preferred Brand Mail Order 90-day	\$105	\$160
Non-Preferred Brand Retail 30-day	\$110	\$120
Non-Preferred Brand Retail 90-day	\$330	\$360
Non-Preferred Brand Mail Order 90-day	\$275	\$300
Specialty Preferred Brand 30-day	\$105	\$125
Specialty Non-Preferred Brand 30-day	\$275	\$300

TIP:

Make sure to add your dependents as you make your benefit elections.

Also make sure to designate your beneficiaries for life and accident insurance.

OptumRx HDHP Prescription Plan

(For enrollees in the UnitedHealthcare HDHP Plan)

- There is a new name for the Prescription Plan: OptumRx HDHP Prescription Plan (formerly the OptumRx Prescription Plan)
- "Medical Necessity" reviews on Specialty drug prescriptions will be implemented
- 30-day fills at retail pharmacy for Specialty drugs will require use of mail order through OptumRx Specialty Pharmacy

What's New: Plan Design Changes

Other Plan Changes

Dental:

- No plan changes
- Delta Dental rates increasing per contract for full-time active employees
- All dental rates increasing for part-time active employees

Vision: New Vendor - EyeMed Vision Care, effective July 1, 2016

Maricopa County has contracted with a new vision vendor to deliver a wide array of vision services to employees and their dependents.

EyeMed Vision Care is America's fastest growing vision benefits company, serving over 40 million members nationwide. EyeMed understands that members have different needs and preferences, so they offer services through a network with a mix of both independent and retail providers as well as convenient online options. They are committed to providing exceptional customer service, along with easy-to-use member tools available through their website and smart phone app. Welcome EyeMed - our newest vendor partner!

- No plan or rate changes

Short-Term Disability:

- No plan or rate changes

Life Insurance:

- No plan or rate changes

Flexible Spending Accounts:

- No plan changes

Group Legal:

- No plan or rate changes

Administrative

1. The **Benefits Effective Date** is changing to first day of the month following date of hire or date of benefits eligibility.
2. Dependent Verification Process (audit) - corrections due to non-compliance will only be considered within 60 days of the benefits effective date.

TIP:

When you are ready to finalize your benefit elections in the ADP Portal make sure you click on the "**SUBMIT**" button to complete the process. Make a note of your confirmation number.

Dependent Verification Process

DISCLAIMER:

The benefits described herein are summaries of the County's official plan documents and contracts that govern the Benefits Program. In the event of a discrepancy between the information in this booklet and the official documents and contracts, the official documents and contracts govern.

TIP:

If you add new dependents during Open Enrollment, do not ignore the Dependent Verification Letter (audit letter) mailed to your home. If you do not respond to the audit, your dependents will be dropped from coverage.

Soon after the start of the new Plan Year, a Dependent Audit will be conducted to validate that all newly-added dependents enrolled in benefits coverage are eligible to participate in the County's benefit plans. Employees will be sent a letter from the Maricopa County Dependent Verification Service Center, managed by ADP, requesting documentation of a dependent's eligibility.

To avoid having your dependent dropped from coverage, respond to the letter by following three simple steps to submit documentation:

1. Gather the documentation requested (as specified in the audit letter.)
2. Fax, mail, or upload the documentation using the Cover Sheet provided.
3. Submit the documentation by the due date.

Failure to respond as directed will result in your dependent(s) being dropped from coverage retroactively. Payment of claims incurred during the dependent's ineligibility must be reimbursed to the County.

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

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

July 26, 2016: Dependent Audit ends.

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

August 9, 2016: Additional grace period ends.

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

Note: Dependents who have previously been approved as eligible for coverage **AND** who had coverage (medical, vision, and/or dental) in Plan Year 2015-2016 will not be re-audited.

**Medical,
Prescription,
Behavioral
Health**

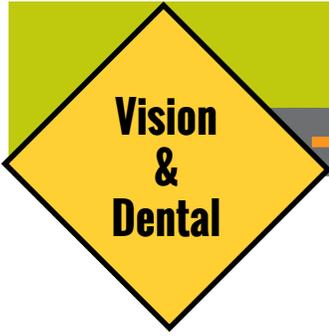
2016-2017 Rate Sheets

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Incentives
Cigna HMO	Employee	80.78	20.78
	Employee + Spouse	155.48	95.48
	Employee + Child(ren)	123.70	63.70
	Employee + Family	212.82	152.82
UnitedHealthcare PPO	Employee	103.58	43.58
	Employee + Spouse	225.60	165.60
	Employee + Child(ren)	187.02	127.02
	Employee + Family	313.28	253.28
UnitedHealthcare HDHP with H.S.A.	Employee	65.58	5.58
	Employee + Spouse	86.20	26.20
	Employee + Child(ren)	76.98	16.98
	Employee + Family	114.64	54.64

Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Incentives
Cigna HMO	Employee	359.06	299.06
	Employee + Spouse	693.52	633.52
	Employee + Child(ren)	568.48	508.48
	Employee + Family	910.44	850.44
UnitedHealthcare PPO	Employee	381.86	321.86
	Employee + Spouse	763.64	703.64
	Employee + Child(ren)	631.80	571.80
	Employee + Family	1,010.90	950.90
UnitedHealthcare HDHP with H.S.A.	Employee	343.86	283.86
	Employee + Spouse	624.24	564.24
	Employee + Child(ren)	521.76	461.76
	Employee + Family	812.26	752.26



2016-2017 Rate Sheets

Vision

Plan	Tier	Full-Time Active Employee Monthly Premium	Part-Time Active Employee Monthly Premium
EyeMed	Employee	1.32	4.06
	Employee + Spouse	2.90	7.96
	Employee + Child(ren)	2.18	7.68
	Employee + Family	3.90	11.86

Dental

Plan	Tier	Full-Time Active Employee Monthly Premium	Part-Time Active Employee Monthly Premium
Cigna Prepaid (DHMO)	Employee	4.56	6.44
	Employee + Spouse	8.58	11.32
	Employee + Child(ren)	11.18	15.32
	Employee + Family	12.88	17.90
Cigna (PPO)	Employee	14.94	24.24
	Employee + Spouse	32.86	53.36
	Employee + Child(ren)	35.60	57.76
	Employee + Family	45.78	74.18
Delta (PPO)	Employee	23.90	33.20
	Employee + Spouse	52.66	73.16
	Employee + Child(ren)	57.02	79.18
	Employee + Family	73.46	101.86

2016-2017 Rate Sheets

Life Insurance

Coverage Multipliers per \$1,000 or \$5,000 Worth of Coverage		Monthly Employee Premium Per \$1,000/Salary
Additional Accidental Death and Dismemberment - Employee; Coverage per \$1,000		0.020
Additional Accidental Death and Dismemberment - Family; Coverage per \$1,000		0.035
Dependent Child Life; Coverage per \$5,000		0.100
Additional Life / Spouse Life - Non-Tobacco Use		Monthly Employee Premium Per \$1,000/Salary
Non-Tobacco	Under 25	0.032
Non-Tobacco	25-29	0.038
Non-Tobacco	30-34	0.050
Non-Tobacco	35-39	0.056
Non-Tobacco	40-44	0.074
Non-Tobacco	45-49	0.120
Non-Tobacco	50-54	0.184
Non-Tobacco	55-59	0.312
Non-Tobacco	60-64	0.528
Non-Tobacco	65-69	0.760
Non-Tobacco	70 and older	1.408
Additional Life / Spouse Life - Tobacco Use		Monthly Employee Premium Per \$1,000/Salary
Tobacco User	Under 25	0.052
Tobacco User	25-29	0.056
Tobacco User	30-34	0.064
Tobacco User	35-39	0.109
Tobacco User	40-44	0.155
Tobacco User	45-49	0.308
Tobacco User	50-54	0.567
Tobacco User	55-59	0.578
Tobacco User	60-64	0.896
Tobacco User	65-69	1.096
Tobacco User	70 and older	1.800

2016-2017 Rate Sheets

Other Benefits

Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0028
50%	0.0044
60%	0.0084

Examples:

Comparison of STD Premium at Various Salary Levels			
Annual Earnings	Bi-Weekly Premium Short-Term 60%	Bi-Weekly Premium Short-Term 50%	Bi-Weekly Premium Short-Term 40%
25,106	8.79	4.60	2.93
40,503	14.18	7.43	4.73
50,336	17.62	9.23	5.87
61,922	21.67	11.35	7.22
73,923	25.87	13.55	8.62
115,981	40.59	21.26	13.53

Group Legal

Other Services	Monthly Employee Premium
Hyatt Legal	15.74

Available Tools and Resources

ADP Portal

<https://portal.adp.com>

ADP Password Resets

Maricopa County OET
Customer Service Center
602.506-4357 (6-HELP)

Benefits Websites, EBC

Intranet and Internet

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

Cigna Medical/Claim Information

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

Cigna Pre-Enrollment Phone Line (Available April 1)

Speak directly with a Cigna representative who can answer your questions about the Cigna HMO
800.564.7642

General Questions

Maricopa County Employee Benefits Division
602.506.1010

Review Cost of Medication and Lower Cost Alternatives

www.mycatamaranrx.com
(for enrollees in the Cigna HMO or UnitedHealthcare PPO only)

Short-Term Disability Calculator

www.maricopa.gov/benefits/pdf/2016/STD/2016stdcalculator.xls

Specific Benefit Questions

Contact vendors directly; see vendor listing on Contact Information page on last page of this booklet

UnitedHealthcare Pre-Enrollment Phone Line

(Available April 1)

Speak with a UnitedHealthcare representative who can answer your questions about the UnitedHealthcare PPO and HDHP with H.S.A.
888.876.7098 or www.welcometouhc.com/maricopa

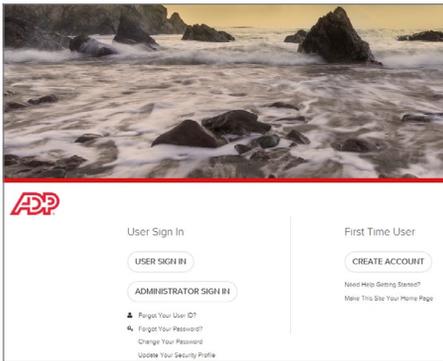
Will New ID Cards Be Issued?

Vendor	Issuing a New ID Card for 2016-2017	
	YES	NO
OptumRx (Co-Insurance Prescription Plan)	X	
Cigna Dental PPO	X*	
Cigna Prepaid Dental HMO	X*	
Cigna Medical HMO	X*	
Delta Dental	X*	
EyeMed Vision	X	
ReliaStar Life Insurance Company, a member of the VOYA family of companies		X
Magellan		X
Sedgwick		X
UnitedHealthcare PPO	X*	
UnitedHealthcare HDHP with H.S.A.	X*	

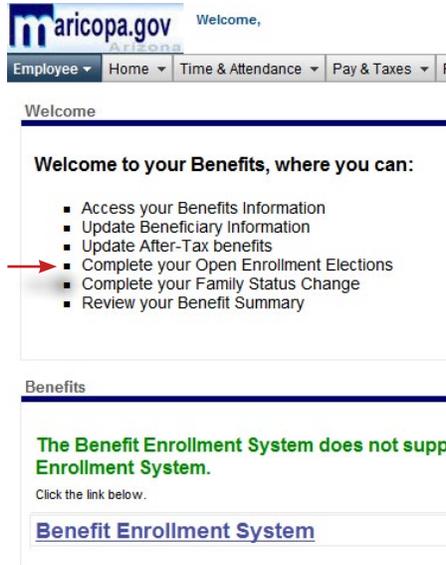
* New enrollees only

How to Complete Your Open Enrollment in ADP

1. Refer to the Open Enrollment Worksheet that was mailed to your home address to help you with your online enrollment.
2. Log in to the ADP portal between April 18 and May 13, 2016: <https://portal.adp.com>.
 - For help with User ID or Password, click on the links titled:
 - Forgot your User ID
 - Forgot your Password



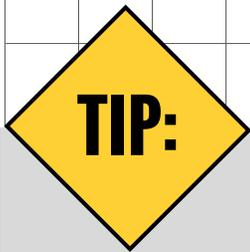
- If you experience login problems, call the Maricopa County OET Customer Service Center at 602.506-HELP or e-mail: helpdesk@mail.maricopa.gov
3. Click on the 'Benefits' tab and then the 'Welcome' link on the drop-down menu.
 4. Click on the 'Benefit Enrollment System' link.
 - Please note that after 15 minutes of inactivity, you will be logged out of the Benefit Enrollment System. Your changes will be saved as long as you return to the site and finish your elections by 8 PM MST on the same day.



5. Read the 'Welcome' page and press 'Continue.'
6. Click on the "Open Enrollment" link.
7. The Benefit Enrollment System is programmed to take you through each available benefit option (medical, vision, dental, etc.) Through this 'Top-Down' process you will need to:
 - a. Read the instructions (in the left-hand column) for completing each page.
 - b. Review your list of dependents. Dependents must be listed in the Dependent Maintenance Page in order to be enrolled in each benefit option (medical, vision, dental) later.
 - c. Update your beneficiaries for life and accident insurance coverage.

- d. Review and update your benefit elections. Make sure that dependents are enrolled by checking the box next to their names under each benefit option (medical, vision, dental).
 - e. Enter an annual contribution goal (for flexible spending accounts and/or health savings account.) Annual re-enrollment is required for these benefits.
 - f. Click on the '**SUBMIT**' button on the '2016-2017 Benefit Summary' page to save your elections. Make a note of your confirmation number.
 - g. Read and respond to the 'Certification Statement.' Enter your email address to receive an email acknowledgement that you completed your Open Enrollment elections or click '**CANCEL**' to skip this question.
 - h. **Print your 2016-2017 'Confirmation Page' for your records.**
 - i. When you see the 'Thank You' page, your enrollment has been completed.
8. A final Confirmation Statement will be mailed to you on May 30.

Notices



To reduce your healthcare costs, make sure all your providers are In-Network.

A Provider Network is a list of doctors, other health care providers, urgent care clinics, hospitals, and pharmacies that a health plan has contracted with to provide healthcare to the plan's members. These providers are called "In-Network providers." A provider that has not contracted with the plan is called an "Out-of-Network provider."

"Important Notices" regarding the Maricopa County Employee Benefits Program may be found under the "Notices" tab on the Employee Benefits home page located on the EBC and Internet at:

- EBC: <http://ebc.maricopa.gov/benefits>
- Internet: <http://www.maricopa.gov/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

Provider Contact Information

Maricopa County Employee Benefits Division

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

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

www.maricopa.gov/benefits
BenefitsService@mail.maricopa.gov

Maricopa County Wellness Works

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

Medical Plans

Cigna Group #3205496

Customer Service (800) 244-6224
Pre-Enrollment Questions (800) 564-7642
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/cm gaz

UnitedHealthcare Group #901632

Customer Service (888) 876-7098
Healthy Pregnancy Program (888) 246-7389
myNurseline (855) 466-7886

www.myuhc.com

Prescription Plans

OptumRx Co-Insurance Prescription Plan Group #512229

Member Services (866) 312-1597
Prior Authorization (877) 665-6609
Home Delivery (888) 637-5121
Briova Rx Specialty Pharmacy (866) 325-1783
Medication Therapy Mgt. (866) 352-5310

www.optumrx.com/mycatamaranrx

OptumRx Plan (UnitedHealthcare HDHP with H.S.A.) Group #901632

(888) 876-7098 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

United Behavioral Health (UnitedHealthcare HDHP with H.S.A. 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 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

ReliaStar Life Insurance Company, a member
of the VOYA family of companies
Policy #67444-3

(855) 369-9500

Short / Long-Term Disability

Sedgwick Group #435000

Short-Term Disability (800) 599-7797
Long-Term Disability (800) 495-9301
www.vpaweb.com/index.aspx

Retirement

Arizona State Retirement System

Phoenix (602) 240-2000
Outside Phoenix (800) 621-3778
www.azasrs.gov

Public Safety Retirement System

(602) 255-5575 www.psprs.com

Nationwide Retirement Solutions Deferred Compensation

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

www.maricopadc.com

Other

Automatic Data Processing, Inc. (ADP) Flexible Spending Accounts

(800) 654-6695
Activate Debit Card: (877) 368-7517
<https://myspendingaccount.adp.com>

Maricopa County Dependent Verification Service Center

ADP - DVS
PO Box 2338
Alpharetta, GA 30023-2338
(800) 847-8531 6 AM - 6 PM MST
Fax: (866) 400-1686
www.adpdvs.com

COBRA Administrator

(855) 219-5022
Call for applicable fax number
<https://www.benedirect.adp.com>

Initial enrollment forms:

ADP COBRA Services
PO Box 2968
Alpharetta, GA 30023-2968

Initial and ongoing payments:

COBRA Benefit Services
PO Box 7247-0367
Philadelphia, PA 19170-0367

MetLaw® Hyatt Legal Plans

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

Optum Bank

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

StayWell

(877) 678-8926 maricopa.staywell.com