

Maricopa County Employee Benefits Program

2022 BENEFITS OPEN ENROLLMENT GUIDE



**YOUR BENEFITS
YOUR CHOICE**



OPEN ENROLLMENT

April 11 - May 6, 2022

| Action required by all





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Introduction

Maricopa County gives you access to benefits and resources to help you take care of your physical, emotional, and financial health. It's up to you to choose the benefits that best meet your needs. Open Enrollment is your annual opportunity to choose the benefits that are best for you and/or your family.

Open Enrollment April 11 - May 6 ACTION REQUIRED

This year **ACTION IS REQUIRED FOR ALL** during Open Enrollment. If you do not take action to re-enroll, your coverage will end June 30, 2022 and will not carry over.

This Open Enrollment Guide will aide you in evaluating your options. Review it with your family to ensure you choose the coverage that's right for you.

Contact the benefits team at 602-506-1010, if you have questions or need assistance.

Open Enrollment is Active

Active Open Enrollment means that all benefits-eligible employees must take action. Employees are required to access the BenefitSolver portal: benefits.maricopa.gov to elect benefits for Plan Year July 1 – December 31, 2022. The BenefitSolver portal can be accessed from anywhere there is internet access.

During Open Enrollment you can:

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

If no action is taken to re-enroll during this Open Enrollment period, coverage will end June 30, 2022. This includes Medical, Dental, Vision, Health Savings Account, and Flexible Spending Accounts. Your dependents will not have coverage. The only benefit elections that will carry over from this year are Life Insurance, Short-Term Disability, Group Legal, Smart Savings, and Pet Benefits.

All benefit elections are final. Changes cannot be made until Open Enrollment for Plan Year Start date of January 1, 2023, unless you experience a Qualifying Life Event. There are no exceptions.



Plan Year Changing to Calendar Year

Maricopa County's benefits plans are changing from fiscal year to calendar year. The enrollment decisions you make during this enrollment period will begin July 1, 2022 and end on December 31, 2022. This is a six-month transitional plan year. There will be another mini Open Enrollment in the Fall of 2022 for employees to enroll in or waive coverage, change plans, and make Flexible Spending and Health Savings Account elections for January to December, 2023.

A calendar year plan:

- Aligns with Medicare and Marketplace Enrollment
- Allows members to take full advantage of IRS increases to maximums on Flex Spending and Health Savings Accounts
- Is simpler for new employees, since most are used to a calendar year
- Coincides with an individual's taxes, W2's and 1095C forms

A 6-month transitional plan year means:

- The full County Health Savings Account (HSA) contributions (\$500 Employee Only / \$1,000 Family) will be made in July 2022 and January 2023. The contribution will be pro-rated for mid-year enrollees only.
- Flexible Spending Accounts contributions will also be pro-rated.
- Deductible, out-of-pocket maximum amounts, and visit limits will not be pro-prorated and will reset January 1, 2023.

Deduction Frequency Changing to Bi-weekly

The total cost of benefits is expected to remain flat because healthcare claims have not yet returned to what they were before the pandemic. The total annual cost for benefits is projected to be \$201M.

Monthly employee premiums, will also remain flat. However, effective with paycheck dated July 20, 2022, the amount will be based on 26 deductions instead of 24. This means that deductions will be taken from every paycheck and the per paycheck amount will be less than you see currently through December 31, 2023. Refer to pages 15-19 for premium contribution amounts.



Plan Changes

Cigna HMO Plan

***NEW Pharmacy Benefit managed by Cigna as of July 1.**

There is a new Prescription Drug List, the Value 3-Tier, that you can access to ensure your current medications will be covered or to find the lowest cost alternatives. Refer to the table below for plan design information. Certain preventive medications will be covered at no cost. Specialty medications have a higher coinsurance and coinsurance maximum. The **out-of-pocket maximum** remains \$1,500 Individual/\$3,000 Family.

Tier Level	Coinsurance	Coinsurance Maximum		
		Retail 30 Days	Retail 30 Days	Home Delivery 90 Days
Generic	25%	\$18	\$54	\$42
Preferred Brand	25%	\$80	\$240	\$160
Non-Preferred Brand	50%	\$200	\$600	\$500

If you utilize Home Delivery or Specialty pharmacy you must transfer your prescriptions to Express Scripts and Accredo, respectively.

Diabetes medications and supplies will now be covered under pharmacy.

You must present your new Cigna ID card at the pharmacy for your medications to continue to be covered under the plan.

***NEW Behavioral Health Benefit managed by Cigna July 1.**

The Cigna Medical Group network provides In-Network behavioral health coverage in Maricopa County only, the same as medical coverage. There will still be a \$25 copay for outpatient services, this includes visits for Ongoing Medication Management, and a \$250 copay for Inpatient Hospitalization.

There is no Out-of-Network coverage. Please refer to the Summary Plan Description for additional coverage information. To locate an In-Network provider go to Cigna.com. Follow the prompts and enter the network Cigna Medical Group for the HMO plan.

UnitedHealthcare PPO Plan

***NEW Pharmacy Benefit managed by UnitedHealthcare as of July 1.**

There is a new Prescription Drug List, the Traditional 3-Tier, that you can access to ensure your current medications will be covered or to find lower cost alternatives. Refer to the table to the left for plan design information. Certain preventive medications will be covered at no cost. Specialty medications have a higher coinsurance and coinsurance maximum. There are no changes to the out-of-pocket maximums.

Specialty Pharmacy continues to be Optum Specialty Pharmacy. Home Delivery will be through OptumRx. OptumRx will appear on new Medical ID cards, but this is not the same as the OptumRx Coinsurance Prescription Plan. **You must present your new ID card at the pharmacy for your medications to be covered.**

***NEW Behavioral Health Benefit managed by UnitedHealthcare as of July 1.**

The UnitedHealthcare Choice Plus network provides In-Network and Out-of-Network behavioral health coverage. The coverage for In-Network Outpatient therapy will remain the same. There will still be a \$25 copay per visit and an Ongoing Medication Management copay of \$10 per visit. The Inpatient Hospitalization copay is \$25 per day. There will be a 50% coinsurance after the deductible for Out-of-Network services. Please refer to the Summary Plan Description for additional coverage information.

To maximize your benefits, we recommend you locate an In-Network provider. To do so go to myuhc.com for current members or liveandworkwell.com enter **access code: UHC** for prospective members.

High Deductible Health Plans

The CARES act that was enacted in the earlier part of the pandemic allowed Telehealth visits to be covered 100% with no deductible for a limited time.

That waiver expires at the end of this plan year, June 30, 2022. A deductible of \$1,500 / \$3,000 then 15% coinsurance will once again apply to Telehealth.

The High Deductible Health plans will continue to be managed by Cigna and UnitedHealthcare.

The UnitedHealthcare High Deductible Health Plan is getting a New Prescription Drug List (PDL), the Traditional 3-Tier. This is the same PDL that the PPO enrollees will use. It is very similar to the PDL for Plan Year 2021-2022, but members are encouraged to review the PDL to see how medications will be covered.

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is a great way to defer taxes and save money for out-of-pocket medical expenses for you and your eligible dependents now and into retirement. The savings and any investment earnings are yours to keep when you retire or leave the County. The County's High Deductible Health Plans (HDHP) are HSA eligible plans.

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

- Must not have other health coverage, other than a qualified high deductible health plan
- Must not be enrolled in Medicare
- Must not be claimed as a dependent on someone else's Federal income tax return
- Must not have a Medical Flexible Spending Account with a balance

Once you are enrolled in Medicare, you no longer qualify to make contributions to a Health Savings Account. The exception is if you defer your enrollment in Medicare.

Retirement heads-up: Part A coverage begins six months before the date you apply for Medicare (or Social Security Income), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.

Consult a tax advisor for further guidance.

The annual Health Savings Account (HSA) IRS Contribution Limit increased from:

- \$3,600 to \$3,650 for individual coverage.
- \$7,200 to \$7,300 for family coverage.
- \$1,000 Catch-up (for individuals age 55 and older)
- The County HSA contribution remains \$500 individual/\$1,000 family.

The HSA contribution limit for the short plan year (July 1 – December 31, 2022) is:

Individual	\$1,471
Family.....	\$2,941

These amounts DO NOT include the Employer contribution. You are required to designate an annual election. However, changes are allowed throughout the Plan Year.

- If you choose to not contribute your money into your HSA, you must select \$0 to receive the County's contribution.
- You must use a mailing address, not a PO Box, to open an HSA.
- The HSA will be funded on July 20, 2022.

Medical and Limited Flexible Spending Accounts (FSA)

A Medical Flexible Spending Account is a way to defer taxes and be reimbursed for eligible medical, dental and vision expenses for you and your eligible dependents in the plan year in which you participate. Funds that are not used by the end of the plan year are forfeited. Members enrolled in the PPO, HMO or HDHP with no Health Savings Account (HSA) are eligible for a Medical FSA.

Members enrolled in a Health Savings Account (HSA) are not eligible for a Medical FSA but can choose a Limited FSA. Medical expenses can not be reimbursed from the Limited FSA, only eligible dental and vision expenses.

The annual maximum contribution for the Medical FSA and Limited Medical FSA is increased from \$2,750 to \$2,850.

The **contribution limit** for the short plan year (July 1 – December 31, 2022) is: \$1,425

- Select the amount of your contribution in the benefit enrollment system, BenefitSolver. You must make a contribution election during Open Enrollment if you wish to participate in an FSA from July 1 – December 31, 2022.

HSA / FSA Coordination Rule

You cannot have both an HSA and a Medical FSA. If you switch from an HMO or PPO to a HDHP plan during Open Enrollment you must exhaust your Medical FSA balance before the end of the current plan year, June 30, 2022.

If not, you will not be able to contribute or receive any contribution to the HSA until the end of the FSA grace period (76 days after the end of the plan year). This does not include the Dependent Care FSA or the Limited FSA.

Dependent Care FSA (DCFSA)

Set aside money tax-free to be reimbursed for eligible child-care expenses. **This is not for medical expenses.**

The DCFSA can be used for:

- Dependent children under age 13
- Tax dependent adults not able to care for themselves and incurring adult day care expenses

The annual maximum contribution to the DCFSA remains \$5,000. The contribution limit for the short plan year (July 1 to December 1, 2022) is \$2,500.

You must make a contribution election during Open Enrollment if you wish to participate in the DCFSA from July 1 – December 31, 2022.

EyeMed Vision Plan

The annual frame allowance will **increase** from \$130 to \$150.

Life Insurance

No plan changes.

Note: During Open Enrollment you may elect or increase your Additional Life Insurance by one time your annual base salary (up to \$750,000) without having to provide Evidence of Insurability (EOI). Increases of more than one time your annual base salary up to five times maximum are subject to EOI.

*NEW Employee Assistance Program (EAP) Vendor

ComPsych is the County's new EAP vendor effective July 1.

The EAP continues to provide 12 confidential, complimentary consultations to employees and household members per event per year. ComPsych also offers virtual support, an online provider directory, Work-Life Solutions, Legal Guidance, Financial Resources, and Interactive Digital Tools. More information available July 1.

No Changes

There are no plan changes to these benefits: Dental, Group Legal, Pet Benefits, Smart Savings, and Short-Term Disability. Remember you can enroll in Pet Insurance and Smart Savings any time during the year.



Before Open Enrollment:

- Visit maricopa.gov/Open-Enrollment to review benefit changes.
- Attend an Open Enrollment webinar.
- Review informational videos:
 - ✓ [Benefits 101](#)
 - ✓ [Understanding the High Deductible Health Plan?](#)
 - ✓ [What is a Health Savings Account \(HSA\)?](#)
- Log into the Benefitsolver enrollment system at benefits.maricopa.gov to review your Benefit Summary.
- Compare options to decide which ones are best for you.
- If enrolling in the Cigna HMO Plan for the first time, select a Primary Care Physician (PCP) from the Cigna Medical Group network at cigna.com.
- If enrolling in the Cigna Pre-Paid Dental Plan for the first time, select a [Primary Care Dentist \(PCD\)](#) before making your elections.
- Gather documentation (i.e., marriage certificate, birth certificate, most recent tax return) for Verification of newly- added dependents.*

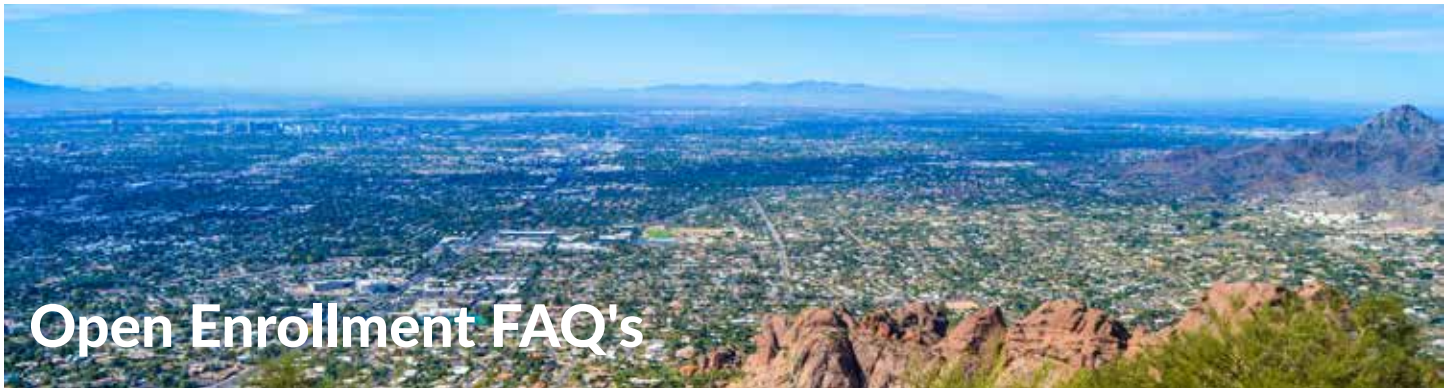
During Open Enrollment:

- Access the BenefitSolver enrollment system at benefits.maricopa.gov starting April 11, 2022.
- Make any plan elections or changes you need for July to December 2022 – Be sure to elect medical, dental and vision coverage! Re-enroll your dependents. Coverage does not rollover.
- Select a contribution amount if you are electing a Flexible Spending Account or Health Savings Account.
- Once you have reviewed your elections and they are accurate, click “Approve” and then select “I Agree” to submit your enrollment.
- If applicable, upload documentation required for verification of any newly-added dependents*.
- Complete your elections by **May 6, 2022 at 5:00 pm** Arizona time.
- Print a copy of your Open Enrollment Benefit Summary** for your records.

After Open Enrollment:

- If you added new dependents to coverage upload verification documentation and respond no later than **May 25, 2022***.
- Failure to respond or provide sufficient proof of eligibility will result in your dependent(s) not being enrolled in coverage*.
- Securian Life Insurance will mail you a letter with instructions on how submit an Evidence of Insurability form for life insurance.
- Review your Open Enrollment Benefit Summary in the Benefitsolver enrollment system at benefits.maricopa.gov to know which benefits you elected from July to December 2022.
- Print a copy of your confirmation statement** for your records once you receive notification from Benefitsolver that the confirmation is available.

***Note:** Dependents who have previously been approved as eligible for coverage **AND** who had coverage (medical, vision, and/ or dental) in Plan Year 2021-2022 will not be re-verified.



Open Enrollment FAQ's

When Do Benefits Begin?

- Benefits elected during Open Enrollment are effective from July 1 to December 31, 2022.
- Benefit deductions will begin with the July 20, 2022 paycheck.
- For new employees (or newly benefits-eligible employees) benefits begin on the first day of the month following date of hire or **date of benefits eligibility**.
- Benefits elected as a result of a Life Event begin the date of the event.

Will I Receive a New ID Card after Open Enrollment (OE)?

- Yes, if you enroll in the PPO Plan.
- Yes, if you enroll in the HMO Plan.
- Yes, if you switch plans or are a new enrollee.
- Yes, if your current FSA card is expiring or you are a new enrollee. Existing members will have Medical or Limited Medical FSA funds added to their current card.

What if I Am a New Hire during OE?

If you made your new hire elections before April 11, 2022:

1. Return to the BenefitSolver enrollment system at benefits.maricopa.gov between April 11, 2022 and May 6, 2022 to complete Open Enrollment
2. If you add a new dependent(s) you must complete the Verification process.

If you are making your new hire elections on or after April 12, 2021:

1. Access the BenefitSolver enrollment system at benefits.maricopa.gov.
2. Complete current year benefit elections.
3. Follow the system prompts to complete the Open Enrollment benefit elections.
4. Print your Open Enrollment Benefit Summary and make note of your confirmation number.
5. If you add a new dependent(s) you must complete the Verification process by May 25.

What if I Have a Life Event?

If you have a life event between April 11 and May 6:

1. Access the BenefitSolver Portal at benefits.maricopa.gov.
2. Complete Life Event elections with "Change My Benefits" link (birth/death, marriage/divorce, gain or loss of coverage) for benefits effective before June 30, 2022.
3. Complete the Open Enrollment elections – do this again even if you completed Open Enrollment prior to processing your Life Event.

If you have a life event between May 7 and June 30:

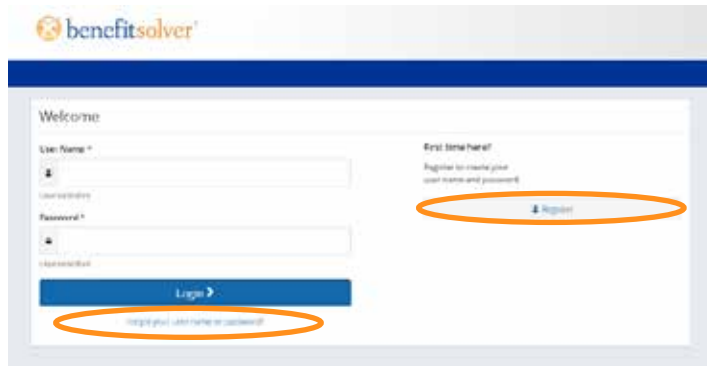
1. Access the BenefitSolver Portal at benefits.maricopa.gov.
2. Complete Life Event elections with the "Change My Benefits" link (birth/death, marriage/divorce, gain or loss of coverage) for benefits effective before June 30, 2022.



How Do I Complete Open Enrollment in BenefitSolver?

1. Log in to the BenefitSolver enrollment system between April 11 and May 6, 2022: benefits.maricopa.gov

- If you are a first-time BenefitSolver user, the ["Enrolling is Easy" flyer](#) can help you log in
- Case-sensitive company key is "maricopa"
- For help with User ID or password, click on the link titled: "Forgot your user name or password?"
- If you experience login problems, call the benefits team at 602.506.1010



2. To begin your enrollment, click on the "Start Here" box in the banner

- After 15 minutes of inactivity you will be logged out of BenefitSolver
- The Benefit Enrollment System will take you through each available benefit option

Read the instructions for completing each screen

- Enter a contribution goal (for flexible spending accounts and/or health savings account.) **If you choose not to contribute your money into your HSA, you must select \$0 to receive the County's contribution.**
- Click on the 'Approve' button on the Benefit Summary" screen to save your elections. Make a note of your confirmation number
- When you see the 'Thank You' screen, your enrollment has been completed
- Print your "Open Enrollment Benefit Summary" for your records





The County's Medical Plans

Maricopa County offers four healthcare plan options to choose from when selecting the coverage that is best for you and your family. Each plan includes medical, pharmacy and behavioral health coverage. Your healthcare plan choices are:

	Vendor (Network) Medical Plan	Pharmacy Benefit Prescription Drug List (PDL)	Behavioral Health (Network)
1.	Cigna (Open Access Plus) High Deductible Health Plan (Health Savings Account eligible)	Cigna Pharmacy Benefit Value 3-Tier PDL	Cigna Behavioral Health
2.	Cigna (Cigna Medical Group*) HMO (*In-network coverage with Cigna Medical Group (CMG) only; coverage is limited to Maricopa County only)	Cigna Pharmacy Benefit Value 3-Tier PDL	Cigna Behavioral Health (Cigna Medical Group*)
3.	UnitedHealthcare (Choice Plus) High Deductible Health Plan (Health Savings Account eligible)	UHC Pharmacy Benefit (OptumRx) Traditional 3-Tier PDL	UHC Behavioral Health (Choice Plus)
4.	UnitedHealthcare (Choice Plus) PPO	UHC Pharmacy Benefit (OptumRx) Traditional 3-Tier PDL	UHC Behavioral Health (Choice Plus)

Plan Type Description

HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), who issues referrals to specialists and other contracted health care professionals within a defined network of providers. The HMO is the most restrictive form of managed care, but generally has lower out-of-pocket costs. Coverage is available only in Maricopa County, except for a life-threatening emergency.

PPO (Preferred Provider Organization)

A PPO offers access to a broad “preferred” provider network of physicians, specialists, and hospitals. Selection of a primary care physician (PCP) is not required, nor are referrals to see other providers within the network. A PPO offers more flexibility but with higher premiums and out-of-pocket costs. Both nationwide in-network and out-of-network coverage is available.

HDHP (High Deductible Health Plan)

A high deductible health plan is a health insurance plan with lower premiums. 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 providers, and both in-network and out-of-network coverage is available. Under IRS regulations, a Health Savings Account may be opened to set aside money to pay for eligible health care expenses.

Medical Coinsurance/Out-of-Pocket Costs

Cigna and UnitedHealthcare

High Deductible Health Plan



Deductibles, out-of-pocket maximums, visits limits will reset Jan. 1, 2023

Benefit Provision Each Plan works differently. See the Benefits website for more information.	Cigna HDHP UnitedHealthcare HDHP Employer Contribution to H.S.A. \$500 Individual / \$1,000 Family ¹	
	In-Network	Out-of-Network
Plan Deductible	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max): Medical/Behavioral Health	\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
Out-of-Pocket Maximum (OOP Max): Pharmacy	Included in Medical OOP Max: Individual and Family	Included in Medical OOP Max: Individual and Family
Allergy Injections	15% after deductible	50% after deductible
Ambulance	15% after deductible	15% after deductible
Behavioral Health Inpatient Services; limited to 30 days / year	15% after deductible	50% after deductible
Behavioral Health Outpatient Services	15% after deductible	50% after deductible
Chiropractic Services: limited to 24 visits/days per year	15% after deductible	Covered In-Network only
Convenience Care Clinic Visit	15% after deductible	50% after deductible
Durable Medical Equipment/Medical Supplies: no annual limit	15% after deductible	50% after deductible
Emergency Room	15% after deductible	15% after deductible
Inpatient Hospital Facility & Professional Services	15% after deductible	50% after deductible
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	15% / 25% after deductible ²	50% after deductible
Outpatient Lab and X-Ray Facility	15% / 25% after deductible ²	50% after deductible
Outpatient Surgery & Professional Services	15% / 25% after deductible ²	50% after deductible
Pharmacy Benefit-Maximum Retail 30 days ³		
	Tier 1	30% after deductible
	Tier 2	40% after deductible
	Tier 3	50% after deductible
Physical Therapy: limited to 60 In- & Out-of-Network visits/ days per year combined	15% after deductible	50% after deductible
Preventive Care	\$0 (FREE) no deductible	Covered In-Network only
Primary Care Physician (PCP)	15% after deductible	50% after deductible
Specialty Care Physician: CCD/Non-CCD & Tier 1 / Non-Tier 1	15% after deductible	50% after deductible
Urgent Care	15% after deductible	15% after deductible

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

1. County contribution to the HSA is prorated based on benefit eligibility start date and calculated according to the pay periods remaining in the plan year.
2. UnitedHealthcare HDHP Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.
3. Pharmacy benefit includes retail/home delivery 90-day fill options.

Medical Copay/Out-of-Pocket Costs

Cigna HMO

Deductibles, out-of-pocket maximums, visits limits will reset Jan. 1, 2023



Benefit Provision	Cigna HMO In-Network Coverage Only
Plan Deductible	\$350 Facility Deductible Individual \$700 Facility Deductible Family
Standard Percent of Coinsurance	N/A
Out-of-Pocket Maximum (OOP Max): Medical/Behavioral Health	\$1,600 Individual \$3,200 Family
Out-of-Pocket Maximum (OOP Max): Pharmacy	\$1,500 Individual \$3,000 Family
Allergy Injections	\$30
Ambulance	\$0
Behavioral Health Inpatient Services; limited to 30 days / year	\$250 after deductible
Behavioral Health Outpatient Services	\$25
Chiropractic Services: limited to 24 visits/days per year	\$30
Convenience Care Clinic Visit	\$10
Durable Medical Equipment/Medical Supplies: no annual limit	\$0
Emergency Room	\$200, waived if admitted to hospital
Inpatient Hospital Facility	\$250 after deductible
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	\$0 after deductible ¹
Outpatient Lab and X-Ray Facility	\$0
Outpatient Surgery	\$150 after deductible
Pharmacy Benefit-Maximum Retail 30 days ⁴	
	Tier 1 25%; \$18 Maximum
	Tier 2 25%; \$80 Maximum
	Tier 3 50%; \$200 Maximum
Physical Therapy: Limited to 60 In- & Out-of-Network visits/days per year combined	\$30
Preventive Care	\$0 (FREE)
Primary Care Physician (PCP)	\$30
Specialty Care Physician - CCD/Non-CCD	\$45 ² / \$70 ³
Urgent Care	\$75, waived if admitted to hospital

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

1. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.
2. You pay lower copays when you use a provider with the Cigna Care Designation (CCD).
3. You pay higher copays when you use a provider without the CCD. Not all specialties are included. When the provider is not included in the CCD, the higher Non-CCD copay applies.
4. Pharmacy benefit includes retail/home delivery 90-day fill options.

Medical Coinsurance/Out-of-Pocket Costs

UnitedHealthcare PPO

Deductibles, out-of-pocket maximums, visit limits will reset Jan. 1, 2023



Benefit Provision	UnitedHealthcare PPO	
	In-Network	Out-of-Network
Plan Deductible	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max): Medical/ Behavioral Health	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum (OOP Max): Prescription	\$1,500 Individual \$3,000 Family	N/A
Allergy Injections	\$40	50% after deductible
Ambulance	15% after deductible	15% after deductible
Behavioral Health Inpatient Services; limited to 30 / year	\$25 P/Day	50% after deductible
Behavioral Health Outpatient Services	\$25	50% after deductible
Chiropractic Services: limited to 24 visits/days per year	\$40	Covered In-Network only
Convenience Care Clinic Visit	\$20	50% after deductible
Durable Medical Equipment/Medical Supplies: no annual limit	15% after deductible per item per month	50% after deductible
Emergency Room	\$250, waived if admitted to hospital	\$250, waived if admitted to hospital
Inpatient Hospital Facility & Professional Services	15% after deductible	50% after deductible
Outpatient Advanced Radiology: CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	15% / 25% after deductible ¹	50% after deductible
Outpatient Lab and X-Ray Facility	15% / 25% after deductible ¹	50% after deductible
Outpatient Surgery & Professional Services	15% / 25% after deductible ¹	50% after deductible
Pharmacy Benefit-Maximum Retail 30 days ⁴		
Tier 1	25%; \$18 Maximum	Covered In-Network only
Tier 2	25%; \$80 Maximum	Covered In-Network only
Tier 3	50%; \$200 Maximum	Covered In-Network only
Physical Therapy: Limited to 60 In- & Out-of-Network visits/days per year combined	\$40	50% after deductible
Preventive Care	\$0 (FREE)	Covered In-Network only
Primary Care Physician (PCP)	\$25 ² / \$45 ³	50% after deductible
Specialty Care Physician: Tier 1 / Non-Tier 1	\$55 ² / \$70 ³	50% after deductible
Urgent Care	\$75	50% after deductible

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

1. Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.
2. You pay lower copays when you use a Primary Care Physician or Specialist with the UnitedHealthcare Premium Tier 1 Designation.
3. You pay higher copays when you use a provider without the UHC Tier 1 Designation. Not all specialties are included. When the provider is not included in the UHC Tier 1, the higher Non-UHC Tier 1 copay applies.
4. Pharmacy benefit includes retail/home delivery 90-day fill options.

July 1, 2022 Per Pay Period Premiums



Full-Time Active Employees

Pharmacy and Behavioral Health Benefits are provided as part of your enrollment in a County-sponsored medical plan. There is one combined rate for all three benefits.

Healthcare Plans	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period ¹
Cigna High Deductible Health Plan	Employee	\$786.46	\$69.02	\$31.86
	Employee + Spouse	\$1,534.12	\$95.10	\$43.89
	Employee + Child(ren)	\$1,259.44	\$83.34	\$38.46
	Employee + Family	\$2,007.86	\$130.08	\$60.04
Cigna HMO	Employee	\$804.98	\$86.80	\$40.06
	Employee + Spouse	\$1,571.72	\$177.66	\$82.0
	Employee + Child(ren)	\$1,290.02	\$138.96	\$64.14
	Employee + Family	\$2,057.52	\$247.56	\$114.26
UHC High Deductible Health Plan	Employee	\$786.46	\$69.02	\$31.86
	Employee + Spouse	\$1,534.12	\$95.10	\$43.89
	Employee + Child(ren)	\$1,259.44	\$83.34	\$38.46
	Employee + Family	\$2,007.86	\$130.08	\$60.04
UHC PPO	Employee	\$842.86	\$113.72	\$52.49
	Employee + Spouse	\$1,648.58	\$260.98	\$120.45
	Employee + Child(ren)	\$1,352.58	\$214.52	\$99.01
	Employee + Family	\$2,159.14	\$367.28	\$169.51

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

July 1, 2022 Per Pay Period Premiums



Part-Time Active Employees ²

Pharmacy and Behavioral Health Benefits are provided as part of your enrollment in a County-sponsored medical plan. There is one combined rate for all three benefits.

Healthcare Plans	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period ¹
Cigna High Deductible Health Plan	Employee	\$786.46	\$427.74	\$197.42
	Employee + Spouse	\$1,534.12	\$814.60	\$375.97
	Employee + Child(ren)	\$1,259.44	\$671.38	\$309.87
	Employee + Family	\$2,007.86	\$1,068.96	\$493.37
Cigna HMO	Employee	\$804.98	\$445.88	\$205.79
	Employee + Spouse	\$1,571.72	\$874.68	\$403.70
	Employee + Child(ren)	\$1,290.02	\$714.48	\$329.76
	Employee + Family	\$2,057.52	\$1,152.54	\$531.94
UHC High Deductible Health Plan	Employee	\$786.46	\$427.74	\$197.42
	Employee + Spouse	\$1,534.12	\$814.60	\$375.97
	Employee + Child(ren)	\$1,259.44	\$671.38	\$309.87
	Employee + Family	\$2,007.86	\$1,068.96	\$493.37
UHC PPO	Employee	\$842.86	\$478.28	\$220.74
	Employee + Spouse	\$1,648.58	\$954.78	\$440.67
	Employee + Child(ren)	\$1,352.58	\$783.54	\$361.63
	Employee + Family	\$2,159.14	\$1,263.22	\$583.02

1. Employees who earn the Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.
2. Part-time hours are 20 to 29.99 per week.

July 1, 2022 Per Pay Period Premiums Vision and Dental



Vision

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	\$1.87	\$0.61
	Employee + Spouse	\$3.67	\$1.34
	Employee + Child(ren)	\$3.54	\$1.01
	Employee + Family	\$5.47	\$1.80

Dental

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	\$3.33	\$2.19
	Employee + Spouse	\$5.85	\$4.13
	Employee + Child(ren)	\$7.94	\$5.37
	Employee + Family	\$9.27	\$6.18
Cigna (PPO)	Employee	\$13.14	\$8.28
	Employee + Spouse	\$28.91	\$18.22
	Employee + Child(ren)	\$31.27	\$19.71
	Employee + Family	\$40.15	\$25.30
Delta (PPO)	Employee	\$14.51	\$10.35
	Employee + Spouse	\$31.99	\$22.80
	Employee + Child(ren)	\$34.62	\$24.68
	Employee + Family	\$44.55	\$31.81

July 1, 2022 Per Month Rates Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	\$0.020
Additional Accidental Death and Dismemberment - Family	\$0.035
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	\$0.100

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
Age Bands		
Under 25	\$0.029	\$0.047
25-29	\$0.035	\$0.051
30-34	\$0.046	\$0.058
35-39	\$0.051	\$0.099
40-44	\$0.067	\$0.141
45-49	\$0.109	\$0.280
50-54	\$0.167	\$0.516
55-59	\$0.284	\$0.526
60-64	\$0.480	\$0.815
65-69	\$0.692	\$0.997
70 and older	\$1.281	\$1.638

Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{2,167} = \text{Per Pay Period Premium}$$

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

$$\frac{.051}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount (For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)}} / 2,167 = \$3.25 \text{ Per Pay Period Premium}$$

Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 26 Pay Periods
40%	\$0.0018
50%	\$0.0029
60%	\$0.0055

Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 40%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 60%
\$25,106	\$1.74	\$2.80	\$5.31
\$40,503	\$2.80	\$4.52	\$8.57
\$50,336	\$3.48	\$5.61	\$10.65
\$61,922	\$4.29	\$6.91	\$13.10
\$73,923	\$5.12	\$8.25	\$15.64
\$115,981	\$8.03	\$12.94	\$24.53

Group Legal Plan

Other Services	Employee Premium Per Pay Period
MetLife Legal	\$7.27

Pet Insurance

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

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



Making the Most of Your Benefits

Financial Health Insurance Terms

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

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

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

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

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

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

In-Network – A group of doctors, hospitals, pharmacies, and other providers who contract with the insurance companies and provide services at negotiated rates.

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

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

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

Use In-Network Providers to Save Money

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

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



Making the Most of Your Benefits (continued)

Resources

**Benefit Enrollment System
BenefitSolver Portal:**
benefits.maricopa.gov

Benefits Websites
MyMC Intranet:
[mymc.maricopa.gov/1138/
Employee-Benefits](https://mymc.maricopa.gov/1138/Employee-Benefits)

Internet:
maricopa.gov/benefits

Cigna Pre-Enrollment Phone
A representative can answer your questions about the Cigna HMO, Cigna High Deductible Health Plan, and Cigna dental plans
800.401.4041

**Dependent Verification
Service Center**
866.229.8292

**General Questions or
BenefitSolver Password Resets**
Maricopa County Employee Benefits and Wellness Division
602.506.1010
Benefits@Maricopa.gov

**Short-Term Disability
Calculator**

[maricopa.gov/
DocumentCenter/
View/74604/2022-STD-
Calculator](https://maricopa.gov/DocumentCenter/View/74604/2022-STD-Calculator)

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

UnitedHealthcare
A representative can answer your questions about the UnitedHealthcare PPO and High Deductible Health Plan
888.876.7098 or
whyuhc.com/maricopa

Notices

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

These notices include:

- Maricopa County's Group Health Plan Notice of Privacy Practices
- COBRA Initial Notification
- Women's Health and Cancer Rights Act (WHCRA)
- Notice of Special Enrollment Rights
- Medicare Secondary Payer
- Genetic Information Nondiscrimination Act (GINA)
- The Heroes Earning Assistant and Relief Tax Act (HEART)
- Notice of Medicaid or Children's Health Insurance Program (CHIP) Offer of Free or Low-Cost Health Coverage to Children and Families
- Mental Health Parity and Addiction Equity Act of 2008



Wellness at Work

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

Wellness Incentive

If you are enrolled in a County-sponsored medical plan, agree to the Wellness Consent, and complete the required wellness activities, you could earn an incentive of \$30/paycheck.

Earn for Plan Year 2024

If you haven't already, create an account in the Wellness Portal. Complete the activities below by December 31, 2023.

- Complete the Health Check Survey
- Complete two "Your Choice" Activities

Questions? Call the Wellness Portal Helpline at 866.941.2143

Other Wellness Works activities and programs include:

- Free onsite fitness centers
- Telephonic health coaching
- In-person events
- Financial wellness support
- Virtual challenges
- Monthly webinars

Note: Not all activities are incentive-eligible. Log into the Wellness Portal and go to the Rewards page for list of rewardable activities.

Email wellness@maricopa.gov if you have general program questions.

Smart Savings | Deferred Comp

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

Provider Contact Information

Maricopa County Employee Benefits and Wellness Division

Maricopa County Administration Building
301 W. Jefferson St., 8th floor
Phoenix, Arizona 85003-2143

Phone: (602) 506-1010
Fax: (602) 506-2354
www.maricopa.gov/Benefits
Benefits@maricopa.gov

Wellness Works

Phone: (602) 506-1010
Fax: (602) 506-2354
www.maricopa.gov/Wellness
Wellness@maricopa.gov

Medical Plans

Cigna Group #3205496

Customer Service (800) 244-6224
24-Hour Health
Information Line (800) 564-8982
Your Health First (855) 246-1873
Healthy Pregnancies,
Healthy Babies (800) 615-2906
Healthy Rewards (800) 870-3470
Pre-Enrollment Line (800) 401-4041
www.mycigna.com
cigna.com

Cigna Pharmacy Benefit

Customer Service (800) 244-6224
Home Delivery (800) 835-3784
(Express Scripts)
Accredo Specialty Pharmacy (877) 826-7657

Cigna Behavioral Health

Customer Service (800) 274-7603

HSA Bank

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

UnitedHealthcare Group #901632

Customer Service (888) 876-7098
Advocate4Me (888) 876-7098
www.myuhc.com
Pre-enrollment www.whyuhc.com/maricopa

UnitedHealthcare Pharmacy

Customer Service (866) 876-7098
Home Delivery (866) 876-7098
(OptumRx)
Optum Specialty Pharmacy (855) 427-4682

UnitedHealthcare Behavioral Health

Customer Service (888) 876-7098

Optum Bank

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

Employee Assistance Program (EAP)

ComPsych
Coming Soon

Vision

Eye Med Group #1004141

www.eyemed.com (866) 724-0782

Dental Plans

Cigna Pre-Paid Dental (DHMO) Group #2465354

www.cigna.com (800) 244-6224

Cigna Dental | Group #2465354

www.cigna.com (888) 336-8258

Delta Dental | Group #14500

(602) 938-3131 or (800) 352-6132
www.deltadentalaz.com

Life Insurance

Securian

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

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

Short-Term Disability

Sedgwick Group #435000

www.claimlookup.com (800) 599-7797

Long-Term Disability

Broadspire

(through the Arizona State Retirement System)
www.azasrs.gov (877) 232-0596

Retirement

Arizona State Retirement System

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

Public Safety Retirement System

www.psprs.com (602) 255-5575

Nationwide Retirement Solutions

Smart Savings

(602) 266-2733 (800) 598-4457
www.maricopadc.com

Pet Insurance

Pet Benefit Solutions

(800) 891-2565
www.petbenefits.com/land/MaricopaCounty

Other

Flexible Spending Accounts

WEX

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

MetLife Legal Plan

Plan 990 / Group #4671
info.legalplans.com (800) 821-6400
(Access Code - 9904671)

Maricopa County Dependent

Verification Service Center

M-F, 5 am-5 pm MST (866) 229-8292
PO Box 310552
Des Moines, IA. 50305-0552
benefits.maricopa.gov

COBRA Administrator

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

Verification Administration

M-F, 5 am-5 pm MST (866) 229-8292
benefits.maricopa.gov

Wellness Portal

(866) 941-2143
email: support@virginpulse.com
join.virginpulse.com/maricopacounty