

MARIPLAN

2003 Maricopa County
Employee Insurance Benefit Plan

What's New for **2003**



Maricopa County

What's New for 2003

Open Enrollment Starts October 12, through November 3, 2002 with an Effective Date of January 1, 2003

Maricopa County is pleased to offer a competitive benefits program to active benefit eligible employees and their families. This program enhances and strengthens choice while delivering a quality program without substantially increasing payroll deduction costs. To accomplish this goal, some changes were made to the pharmacy and medical benefits which introduced cost sharing to employees by encouraging the use of the appropriate place of service when seeking medical care and choosing the most cost effective prescription drugs. Some of these changes may include increases in copays for Primary Care Physicians, Specialists, Urgent Care Facilities, Emergency Room care, and scans. In addition, pharmacy copays and/or coinsurance levels have been revised. The changes are listed on pages 1 and 2 of this brochure.

When selecting your benefits for 2003, it is important to assess the needs of yourself and your family and select your benefits accordingly. Once Open Enrollment ends, no changes will be allowed to your medical, dental, and reimbursement accounts unless you have a "Qualified Family Status Change" as defined by the Internal Revenue Code Section 125.

If you have any questions, please contact your HR Liaison or the Benefits Office at 602-506-1010 or benefitsservice@mail.maricopa.gov.

What's New for CIGNA

- The Prime Option Plus Point-of-Service Medical Product has been discontinued. If you are currently enrolled in CIGNA Prime Option Plus Point-of-Service, you **MUST** make an election during Open Enrollment or you will be automatically enrolled in the CIGNA Prime Option Point-of-Service (POS) Medical Product.
- A **new PPO** (Preferred Provider Organization) medical product is being offered. For more information, please see the *Medical Plan Choices* (page 5) section of this brochure.

- For **CIGNA HMO**, changes include:

- \$35 Urgent Care Copay
- \$75 Emergency Room Copay
- \$10 Chiropractic Copay – 20 Visits Per Year – No Referral Needed (Increased from 2002)
(There is a 60 visit limit for physical therapy and chiropractic services combined.)
- \$50 MRI, MRA, PET and CAT Scans Copay
- Prescriptions will be dispensed through the Walgreens Health Initiative (WHI) network (see page 2).

- For **CIGNA Prime Option POS**, changes include:

In-Network:

- \$25 Specialist Visit Copay
- \$50 Urgent Care Copay
- \$100 Emergency Room Copay
- \$10 Chiropractic Copay – 20 Visits Per Year, No Referral Needed (Increased from 2002) (There is a 60 visit limit for physical therapy and chiropractic services combined.)
- \$50 MRI, MRA, PET and CAT Scans Copay
- \$100 Inpatient Hospital Admission Copay (Reimbursed by Maricopa County)
- \$50 Outpatient Surgery Copay

Out-of-Network:

- Deductible:
Individual: \$300 (Reduced from 2002)
Family: \$600

Out-of-Network: continued

- Out-of-Pocket Maximums:
Individual: \$3,000 (Reduced from 2002)
Family: \$6,000
- Lifetime Maximum: \$5,000,000 (Increased from 2002)
- Urgent Care Facility – 70% Coinsurance after deductible
- \$100 Emergency Room Copay
- \$400 Pre-Certification Penalty
(The approval a non-participating provider must receive from the Healthplan Medical Director, prior to services being rendered, in order for certain services and supplies to be covered under the medical insurance agreement. If pre-certification is not approved, a penalty will be applied.)

- Certain services are covered In-Network Only. For more information, please see the *Medical Plan Choices* (see page 5) section of this brochure.
- Coverage for Ostomy Supplies and Urinary Catheters have been added to all CIGNA Medical Plans.

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What's New for CIGNA *continued*

ALL CIGNA medical products have **one** pharmacy benefit that is administered through Walgreens Health Initiatives (WHI). If you select CIGNA HMO, you will fill your prescriptions through Walgreens Health Initiatives Network and **NOT** through the pharmacies located in the Medical Groups (Staff Clinics) operated by CIGNA. Convenient WHI pharmacy locations include Albertson's, Basha's, Fry's, K-Mart, Osco, Safeway, Target, Walgreens, CVS, Sam's Club, and Wal-Mart. Many pharmacies have extended hours.

The pharmacy benefit is a three-level plan that includes the following:

- **Generic** Prescriptions – You are responsible for 25% of the contracted cost.* The cost for each prescription will not be less than \$2.00 or more than \$10.00.
- **Brand** name prescriptions **ON** the approved list – You are responsible for 30% of the contracted cost.* The cost for each prescription will not be less than \$5.00 or more than \$25.00.
- **Brand** name prescriptions **OFF** the approved list – You are responsible for 30% of the contracted cost.* The cost for each prescription will not be less than \$20.00 or more than \$50.00.

For each prescription that is filled, you and your physician, can select from a generic, brand on, or brand off medication. Some drugs require prior authorization. Quantity limits apply to certain medications. Some drugs classes are excluded.

Other features available through WHI include a mail order service and a 90-day retail program for maintenance medications. Details will be available in late November.

Your pharmacy benefit offers financial protection. An individual will never pay more than \$1,500 per year, and a family will never pay more than \$3,000 per year for covered prescription medications. Once the annual maximum is met, all other covered prescriptions for the remainder of the year will be available at no cost to the individual and/or their family.

The approved list (formulary) is available via the Internet at www.whphi.com or mariplan.tripod.com.*

A copy of the approved list will be mailed to you with your ID card prior to January 1, 2003.

*Contracted Cost – Discounted Average Wholesale Price of the Prescription plus the dispensing fee

[*mariplan.tripod.com](http://mariplan.tripod.com) is a temporary web site being used for Open Enrollment information. All the content found on mariplan.tripod.com will eventually be migrated to both ebc.maricopa.gov/benefits and www.maricopa.gov/benefits for your convenience.

What's New for HealthSelect

For **HealthSelect**, your medical and pharmacy benefits are provided through HealthSelect. The dental benefit, which was part of the HealthSelect medical product, has been discontinued effective 01/01/03. You will **NOT** be automatically enrolled for dental coverage. If you or your family would like dental coverage, and currently do not have dental coverage through EDS or United Concordia, you **MUST** make a dental election during Open Enrollment.

For HealthSelect, changes include:

- Prescription Drug Copay
\$5 generic and \$15 brand (Available if on the approved HealthSelect list.)
- Prescription Mail Order Service
\$15 generic and \$30 brand copay, up to a 90-day supply (Available if on the approved HealthSelect list.)

The approved HealthSelect prescription drug list is available on the Internet at www.maricopa.gov/medcenter/healthplans/formulary/index.html.

What's New for BOTH CIGNA and HealthSelect

For All CIGNA and HealthSelect medical plans, the behavioral health benefit will be provided through United Behavioral Health (UBH), which replaces CIGNA Behavioral Health. A transition of care process will begin in December and will provide employees and their dependents with an opportunity to stay with their current provider on a short-term basis, if their provider is not contracted with UBH. UBH will pursue contracting with your provider. Details will be available in late November.

What Remains the SAME in 2003

Many of your benefits will remain the same for 2003. A brief summary is provided below. For detailed information, please access the Intranet at ebc.maricopa.gov/benefits or the Internet at www.maricopa.gov/benefits.

AUTO, HOME, & RENTERS INSURANCE

You qualify for a special Maricopa County group discount on your auto, home, and renters insurance through Group Savings Plus from Liberty Mutual. Payroll deduction is available.

CRITICAL ILLNESS COVERAGE

You may purchase a supplemental critical illness insurance plan, underwritten by Trustmark Insurance Company, that pays a lump-sum amount upon the initial diagnosis of any covered critical illness. The plan is designed to cover indirect expenses associated with a critical illness such as loss of income, deductibles and copays, alternative treatments, meals and lodging, out-of-network treatments, home recovery, family care, and living expenses.

DEFERRED COMPENSATION

Your deferred compensation program is administered by Nationwide Retirement Solutions. This program lets you defer a portion of your earnings each pay period into an account for your retirement. When you contribute this portion of your income, you reduce the amount that's taxable. You're not only saving for tomorrow, you're postponing federal income taxes today. The maximum amount that you can defer is \$11,000, or 100 percent of includible compensation, whichever is less, per year unless eligible for catch-up provisions. The minimum amount of deferral is \$20 per pay period.

DENTAL PLAN CHOICES

Your dental benefits continue to be provided through either Employer's Dental Services (EDS), a pre-paid dental plan, or United Concordia, a PPO plan. (Remember, the dental benefit through HealthSelect has been discontinued effective 01/01/03. If you or your family members would like dental coverage, you must make a dental election during Open Enrollment.)

LIFE INSURANCE

Your basic life, supplemental life, and accidental death and dismemberment insurance continues to be provided through UNUM Provident. Medical underwriting may be required. See the rates on page 10.

MARIFLEX FLEXIBLE SPENDING ACCOUNTS

Maricopa County offers a plan that allows you to pay for health care and/or dependant care expenses with tax-free money. This program requires you to enroll each year. You can use your Flexible Spending Account to pay for eligible uncovered health care expense such as office visit copayments, coinsurance, deductibles, and prescription copays/coinsurance. You can set aside up to \$5,200 a year in a tax-free Health Care Flexible Spending Account. For dependent care, you can set aside up to \$5,000 a year in a tax-free Dependent Care Flexible Spending Account.

MEDICAL WAIVER

Maricopa County will compensate you \$75 per month if you work at least 60 hours per pay period and WAIVE your medical coverage. Proof of other medical coverage must be provided to qualify. If you choose to WAIVE your medical coverage online through the Open Enrollment System, you will need to enter your medical carrier and ID number. This information is required and will be audited by the Benefits Office.

SHORT TERM DISABILITY

Your short-term disability insurance continues to be provided through UNUM Provident.

VISION BENEFIT

Your vision benefit for all CIGNA and HealthSelect medical plans continues to be provided through AVESIS Vision Plan. (If you select a CIGNA or HealthSelect product, you are automatically enrolled with AVESIS.) The cost of this benefit is included in your medical plan.

Medical Plan Choices

HealthSelect

A managed care plan operated by Maricopa Integrated Health System - Health Plans. All care is directed through a primary care physician from either a private practice office setting or a Family Health Center. The service area is Maricopa County.

- \$5 Office Visit Copay
- \$5 Specialist Visit Copay
- \$5 Urgent Care Copay
- \$50 Emergency Room Copay
- No cost to you for inpatient hospitalization
- Prescription Drug Copay
\$5 generic and \$15 brand (Available if on approved HealthSelect list)
- Prescription Mail Order Service
\$15 generic and \$30 brand copay, up to a 90-day supply (Available if on approved HealthSelect list)
- \$10 Chiropractic Copay – 12 Visits Per Year, no referral needed
- \$0 Lab/X-ray/MRI Copay
- \$0 Screening Exams Copay – Pap Smear, Prostate Screening, etc.
- Wellness Incentives
\$75 Health Club incentive
\$30 gift certificate from a variety store for Health Screenings, Children's Immunizations, Health Education classes, and Smoking Cessation classes
- \$5 Alternative Medicine Copay – 6 Visits Per Year, \$60.00 credit for supplies and/or products; uses designated network
- \$125 Student Health Insurance Allowance per Semester for Full-Time Students up to 25 years old and residing outside Maricopa County but in the state of Arizona
- Out-of-network coverage is NOT available

Behavioral Health Benefit provided through United Behavioral Health (UBH). Pharmacy benefit provided through HealthSelect.

CIGNA HMO

A Health Maintenance Organization. All care is directed through a primary care physician through the Medical Group (Staff Clinic) Model. The service area is Maricopa County.

- \$10 Office Visit Copay
- \$10 Specialist Visit Copay
- \$35 Urgent Care Copay
- \$75 Emergency Room Copay
- \$10 Chiropractic Copay – 20 Visits Per Year, No referral needed (There is a 60 visit limit for physical therapy and chiropractic services combined.)
- \$50 MRI, MRA, PET and CAT Scans Copay
- No cost to you for inpatient hospitalization
- \$5 Alternative Medicine Copay – 6 Visits Per Year, \$60.00 credit for supplies and/or products; uses designated network
- Out-of network coverage is NOT available

Three Level Prescription Drug Benefit administered through Walgreens Health Initiatives (WHI). Behavioral Health Benefit provided through United Behavioral Health (UBH).

CIGNA Prime Option POS

A Point of Service Plan with in-network and out-of-network benefits. In-network care is directed through a contracted primary care physician (PCP). Service can be received in a private practice setting or in a Medical Group (Staff Model) Clinic (PCP must be contracted in both the private practice and Medical Group Clinic). Out-of-network care is received either without a PCP referral or through physicians/or facilities that are not contracted with CIGNA. Pre-Certification/Prior Authorization is required for certain services. Not all services are available out-of-network. The service area is central and northern Arizona.

In-Network:

- 15 Office Visit Copay
- \$25 Specialist Visit Copay
- \$50 Urgent Care Copay
- \$100 Emergency Room Copay
- \$10 Chiropractic Copay – 20 Visits Per Year – No referral needed (There is a 60 visit limit for physical therapy and chiropractic services combined.)
- \$50 MRI, MRA, PET and CAT Scans Copay
- \$100 Inpatient Hospital Admission Copay (Reimbursed by Maricopa County)
- \$50 Outpatient Surgery Copay
- \$5 Alternative Medicine Copay – 6 Visits Per Year, \$60.00 credit for supplies and/or products; uses designated network

MORE ➔

CIGNA Prime Option POS *continued*

Out-of-Network:

- Deductible:
Individual: \$300 / Family: \$600
- Out-of-Pocket Maximums:
Individual: \$3,000 / Family: \$6,000
- Lifetime Maximum: \$5,000,000
- 70% Standard Coinsurance: You pay 30% of reasonable and customary costs plus excess charge* after deductible
- Urgent Care Facility – 70% Standard Coinsurance after deductible
- \$100 Emergency Room Copay
- \$400 Pre-Certification Penalty (page 1)

Covered In-Network Only:

- Durable Medical Equipment
 - External Prosthetics/Orthotics
 - Hearing/Vision Screening
 - Infertility Treatment
 - Preventive Care
 - Alternative Medicine
 - Injections
 - Chiropractic Care
- * Excess charge – the difference between billed charges and reasonable and customary costs.

Three Level Prescription Drug Benefit administered through Walgreens Health Initiatives (WHI). Behavioral Health Benefit provided through United Behavioral Health (UBH). Some benefits are subject to deductibles and out-of-pocket maximums. Copays are not included in the deductibles and coinsurance.

CIGNA PPO (Preferred Provider Organization)

A Preferred Provider Organization Plan with in-network and out-of-network benefits. In-Network medical care is accessed directly by the employee and/or family member through contracted providers and/or facilities without referrals. Out-of-Network medical care is accessed directly by the employee and/or family member through NON-CONTRACTED providers and/or facilities without referrals. Pre-Certification/Prior Authorization is required for certain services both in and out-of-network. Deductibles and coinsurance do not apply when the service has a copay. Not all services are available out-of-network. Service area is all of Arizona plus the National Network outside of Arizona.

In-Network:

- Deductible
Individual: \$250 / Family: \$500
- Out-of-Pocket Maximums
Individual: \$2,000 / Family: \$6,000
- 80% Standard Coinsurance – You pay 20% of reasonable and customary costs after deductible.
- \$400 Pre-Certification Penalty**
- \$20 Office Visit Copay
- \$30 Specialist Visit Copay
- \$50 Urgent Care Copay
- \$100 Emergency Room Copay
- \$20 Chiropractic Visit Copay (There is a 60 visit limit for physical therapy and chiropractic services combined.)
- \$5 Alternative Medicine Copay – 6 Visits Per Year, \$60.00 credit for supplies and/or products

Covered In-Network Only:

- Hearing/Vision Screening
- Infertility Treatment
- Preventive Care
- Alternative Medicine

Out-of-Network:

- Deductible
Individual: \$750 / Family: \$1,500
- Out-of-Pocket Maximums
Individual: \$4,000 / Family: \$12,000
- Lifetime Maximum - \$5,000,000
- 60% Standard Coinsurance – You Pay 40% of the reasonable and customary costs plus excess charge* after deductible for:
 - Office Visits
 - Specialist Visits
 - Inpatient Hospitalizations
 - Chiropractic Visits (There is a 60 visit limit for physical therapy and chiropractic services combined.)
- Urgent Care Facility – 60% Standard Coinsurance after deductible
- \$100 Emergency Room Copay
- \$400 Pre-Certification Penalty**

* Excess charge – the difference between billed charges and reasonable and customary costs.

** The approval a participating or non-participating provider must receive from the Healthplan Medical Director, prior to services being rendered, in order for certain services and supplies to be covered under the medical insurance agreement. If pre-certification is NOT approved, a penalty will be applied.

Three Level Prescription Drug Benefit administered through Walgreens Health Initiatives (WHI). Behavioral Health Benefit provided through United Behavioral Health (UBH). Some benefits are subject to deductibles and out-of-pocket maximums. Copays are not included in the deductibles and coinsurance.

Behavioral Health Benefit

United Behavioral Health (UBH)

United Behavioral Health replaces CIGNA Behavioral Health in both the HealthSelect and CIGNA medical plans. There is no deductible for this benefit. It is important for you to understand that benefits are payable only if services are pre-authorized by UBH before you start treatment and determined as medically necessary, except for out-of-network outpatient services.

In-Network:

- \$25 Per Day Inpatient Hospital Copay
- \$100 Per Program Intensive Outpatient Copay
- \$10 Per Visit Outpatient Individual Therapy Copay
- \$ 5 Per Visit Outpatient Group Therapy Copay
- \$12.50 Per Day Residential Treatment Copay
- \$400 Inpatient Non-Notification Pre-Certification Penalty*

Limits

- 30 Inpatient Days per Year
- 60 Residential Days per Year
- 30 Individual Therapy Outpatient Visits for Network and Out-of-Network combined
- 60 Group Therapy Outpatient Visits for Network and Out-of-Network combined
- Unlimited Mental Health/Substance Abuse Lifetime Maximum

Out-of-Network:

- \$25 Benefit Per Visit Outpatient Individual Therapy – You pay the balance of the bill
- \$25 Benefit Per Visit Outpatient Group Therapy – You pay the balance of the bill

Limits

- 30 Individual Therapy Outpatient Visits for Network and Out-of-Network combined
- 60 Group Therapy Outpatient Visits for Network and Out-of-Network combined
- \$5,000,000 Mental Health/Substance Abuse Lifetime Maximum

If your medical provider is CIGNA, your Three Level Prescription Drug Benefit is administered through Walgreens Health Initiatives (WHI). If your medical provider is HealthSelect, your Prescription Drug Benefit is administered through HealthSelect.

* The notification a member must make to UBH, prior to inpatient services being rendered, in order for services to be covered under the behavioral health agreement. If notification is not made, a penalty will be applied.

mariplan.tripod.com is a temporary web site being used for Open Enrollment information.

All the content found on mariplan.tripod.com will eventually be migrated to both ebc.maricopa.gov/benefits and www.maricopa.gov/benefits for your convenience.

Enrollment Check List

- ☐ If you are currently enrolled in Prime Option Plus, you must make an election during open enrollment or you will be automatically enrolled in CIGNA Prime Option Point-of-Service (POS) Plan.
- ☐ Mariflex Flexible spending accounts (health care and/or dependant care) require you to enroll each year.
- ☐ Even if you are not making a benefit election change, you should go online to make sure your plan information, coverage options, and beneficiary information is correct.
- ☐ If you are currently enrolled in HealthSelect, the dental benefit will be discontinued effective 01/01/03. You will NOT be automatically enrolled for dental coverage. If you or your family members would like dental coverage, and currently do not have dental coverage through EDS or United Concordia, you MUST make a dental election during Open Enrollment.

Open Enrollment Online Access – Here's How to Log On

You must have Internet Explorer version 4.01 or higher on your computer to access the Open Enrollment site.

➤ Open Enrollment on the **Internet**

1. Start your browser
2. At the URL address line, type <https://www.maricopa.gov/openenrollment/> then press <enter>.
3. You will see a page, which explains that this site is restricted to authorized personnel and asks for an Open Enrollment password.
4. Type in **PFU2RNG4A** (must be in all capital letters) then click on the <continue> button.
5. You will see the Open Enrollment Welcome page. Follow the instructions to start the enrollment process.

➤ Open Enrollment on the **EBC/Intranet**

1. Start your browser.
2. If your default is not set to the EBC site, type in <http://ebc.maricopa.gov> and press <enter>.
3. In the center of the screen, you will see an Open Enrollment image. You can also find the Open Enrollment site in the Headline section or the Index drop down list.
4. Click on the Open Enrollment image to start the enrollment process.

Even if you are not making a benefit election change, you should go online to make sure your plan information, coverage options, and beneficiary information is correct.

Open Enrollment Information Locations

If you are not able to access the Open Enrollment information by computer, you can pick up enrollment material at the following locations. Please help us keep waste and data entry time to a minimum by using paper **ONLY** if you cannot access the online system.

Superior Court Law Library
101 W. Jefferson, 3rd Floor
Phoenix 85003

Juvenile Court Center
3125 W. Durango
Phoenix 85009

Maricopa Managed Care
2502 E. University, Suite 125
Phoenix 85040

Benefits Department, County Administration Building
301 W. Jefferson, Suite 201
Phoenix 85003

South East Facility, Juvenile Court Center Executive Offices
1810 S. Lewis, 2nd Floor
Mesa 85210

Maricopa Medical Center Education Building
2601 E. Roosevelt
Phoenix 85003

2003 Open Enrollment Fair Schedule

DATE	TIME	SITE	ADDRESS
Tues, 10/15/2002	6:00 AM – 8:00 AM	MMC - Maricopa East & West Rooms	2601 E. Roosevelt, Phoenix
Tues, 10/15/2002	11:00 AM – 1:00 PM	MC Admin, Breezeway – 2nd Floor	301 W. Jefferson, Phoenix
Wed, 10/16/2002	11:00 AM – 1:00 PM	Airpark – Bldg. C, 1st Floor	2516 E. University, Phoenix
Wed, 10/16/2002	2:30 PM – 4:30 PM	Juvenile Probation – Room 223	3125 W. Durango, Phoenix
Thur, 10/17/2002	6:00 AM – 8:00 AM	MCDOT Admin. Apache/Cochise Conf. Rooms	2901 W. Durango, Phoenix
Thur, 10/17/2002	9:00 AM – 11:00 AM	Vendor Presentations – BOS Conf. Room, 10th Fl	301 W. Jefferson, Phoenix
Tues, 10/22/2002	2:00 PM – 4:30 PM	Vendor Presentations – BOS Conf. Room, 10th Fl	301 W. Jefferson, Phoenix
Wed, 10/23/2002	2:30 PM – 4:30 PM	South East Facility – Employee Lounge	1810 S. Lewis, Mesa
Thur, 10/24/2002	7:00 AM – 9:00 AM	MC Admin, Breezeway – 2nd Floor	301 W. Jefferson, Phoenix
Thur, 10/24/2002	11:00 AM – 1:00 PM	MC Superior Court, Rooms 127 – 128	6655 W. Glendale Ave, Glendale
Tues, 10/29/2002	11:00 AM – 1:00 PM	Airpark – Bldg. C, 1st Floor	2516 E. University, Phoenix
Tues, 10/29/2002	2:30 PM – 4:30 PM	Flood Control – Adobe/Harq Conf. Rooms	2801 W. Durango, Phoenix
Wed, 10/30/2002	11:00 AM – 1:00 PM	WIC (Public Health) Concordia Auditorium, Suite 237	1414 W. Broadway, Tempe
Thur, 10/31/2002	11:00 AM – 1:00 PM	MMC - Maricopa East & West Rooms	2601 E. Roosevelt, Phoenix
Fri, 11/01/2002	3:00 PM – 5:00 PM	MC Admin, Breezeway – 2nd Floor	301 W. Jefferson, Phoenix

2003 Premium Rates

Important reminder: Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per calendar year. Premiums listed reflect the biweekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding.

CIGNA HMO

INCLUDES: Medical – CIGNA Medical Group, Pharmacy – Walgreens Health Initiatives (WHI), Behavioral Health – United Behavioral Health (UBH), Vision – AVESIS Vision Plan

	FULL TIME		PART TIME	
	60 hours or more per pay period		Between 40 - 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee	\$128.33	\$2.74	\$84.04	\$47.02
Employee & Spouse	\$233.05	\$27.20	\$188.74	\$71.48
Employee & Child(ren)	\$197.02	\$18.82	\$152.73	\$63.11
Employee & Family	\$302.05	\$43.38	\$257.76	\$87.67

CIGNA Prime Option POS

INCLUDES: Medical – CIGNA POS Network (Central Arizona and Northern Arizona Service Area), Pharmacy – Walgreens Health Initiatives (WHI), Behavioral Health – United Behavioral Health (UBH), Vision – AVESIS Vision Plan

	FULL TIME		PART TIME	
	60 hours or more per pay period		Between 40 - 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee	\$128.33	\$9.52	\$84.04	\$53.81
Employee & Spouse	\$233.05	\$40.80	\$188.74	\$85.08
Employee & Child(ren)	\$197.02	\$30.04	\$152.73	\$74.32
Employee & Family	\$302.05	\$61.41	\$257.76	\$105.70

CIGNA PPO (Preferred Provider Organization)

INCLUDES: Medical – CIGNA PPO National Network, Pharmacy – Walgreens Health Initiatives (WHI), Behavioral Health – United Behavioral Health (UBH), Vision – AVESIS Vision Plan

	FULL TIME		PART TIME	
	60 hours or more per pay period		Between 40 - 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee	\$126.52	\$38.29	\$82.24	\$82.57
Employee & Spouse	\$231.22	\$98.30	\$186.94	\$142.58
Employee & Child(ren)	\$195.22	\$77.48	\$150.93	\$121.77
Employee & Family	\$300.24	\$137.59	\$255.96	\$181.87

MORE →

2003 Premium Rates *continued*

HealthSelect

INCLUDES: Medical – HealthSelect, Pharmacy – HealthSelect, Behavioral Health – United Behavioral Health, Vision – AVESIS Vision Plan

	FULL TIME		PART TIME	
	60 hours or more per pay period		Between 40 - 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee	\$114.81	\$0.00	\$114.81	\$0.00
Employee & Spouse	\$204.53	\$14.62	\$204.53	\$14.62
Employee & Child(ren)	\$171.60	\$11.22	\$171.60	\$11.22
Employee & Family	\$256.60	\$33.38	\$256.60	\$33.38

Dental

Employee Choices:	Employer Dental Services (EDS)		United Concordia	
	Pre-Paid Dental		PPO Dental	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee	\$2.18	\$1.65	\$7.65	\$5.77
Employee & Spouse	\$4.17	\$3.15	\$16.87	\$12.73
Employee & Child(ren)	\$5.42	\$4.09	\$18.24	\$13.76
Employee & Family	\$6.30	\$4.75	\$23.45	\$17.69

Short-Term Disability Plan

Paid 100% by Employee

MULTIPLY YOUR BIWEEKLY BASE PAY BY THE FOLLOWING RATE:	BIWEEKLY RATE MULTIPLE OF PAY
40% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)*	\$0.0040*
50% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0050
60% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0060
70% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0070

*Closed for new enrollment

EXAMPLE:

Annual Salary: \$25,000	50% Premium	60% Premium	70% Premium
Multiply Annual Salary by the multiplier to determine annual premium	\$25,000 X .005	\$25,000 X .006	\$25,000 X .007
Annual Premium	\$125	\$150	\$175
Divide Annual Premium by 26 (represents 26 pay periods) to determine payroll deduction	\$125 ÷ 26	\$150 ÷ 26	\$175 ÷ 26
Payroll Deduction	\$4.81	\$5.77	\$6.73

MORE →

2003 Premium Rates *continued*

Basic Life Insurance

Basic Life with Accidental Death & Dismemberment (AD&D)

1 Times Salary (paid by Maricopa County)

Supplemental Life Insurance with Accidental Death & Dismemberment (AD&D)

1 to 5 Times Salary (paid by Employee)

Supplemental Life Insurance Table

5 Year Age Categories	Employee Cost per Payday Per \$1,000 of Coverage	Employee Cost per Payday Per \$1,000 of Coverage
	Smoker Multiplier	Non-Smoker Multiplier
15-24	\$0.043538	\$0.031338
25-29	\$0.046538	\$0.035038
30-34	\$0.049538	\$0.042538
35-39	\$0.078538	\$0.046538
40-44	\$0.107538	\$0.057538
45-49	\$0.202538	\$0.093538
50-54	\$0.363538	\$0.162538
55-59	\$0.370538	\$0.206538
60-64	\$0.565538	\$0.343538
65-69	\$0.689538	\$0.482538
70 and older	\$1.123538	\$0.883538

Dependent Life Insurance

(Paid by Employee)

	Option One	Option Two
Spouse	\$5,000	\$10,000
Children, live birth to 14 days	\$1,000	\$1,000
14 days to 19 years, 25 years if full time student	\$2,500	\$5,000
Employee Cost Per Payday:	\$0.77	\$1.54

EXAMPLE of how to calculate your SUPPLEMENTAL LIFE and AD&D payroll deduction

1. Take your annual salary – **Example: \$24,500**

2. Round up to the nearest \$1,000 and then multiply

1 X Salary	2 X Salary	3 X Salary	4 X Salary	5 X Salary
\$25,000	\$50,000	\$75,000	\$100,000	\$125,000

3. Take the Salary amount and divide by \$1,000

25	50	75	100	125
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4. Refer to the Supplemental Life Insurance table above to find your age category and cost multiplier

5. Multiply the results from the calculation in Step 3 by the multiplier.

Example: Age 37	Multiplier for Smoking	Multiplier for Non-Smoking	Amount of Coverage
	0.078538	0.046538	
1 X Salary	0.078538 X 25 = \$1.96	0.046538 X 25 = \$1.16	\$25,000
2 X Salary	0.078538 X 50 = \$3.93	0.046538 X 50 = \$2.33	\$50,000
3 X Salary	0.078538 X 75 = \$5.89	0.046538 X 75 = \$3.49	\$75,000
4 X Salary	0.078538 X 100 = \$7.85	0.046538 X 100 = \$4.65	\$100,000
5 X Salary	0.078538 X 125 = \$9.82	0.046538 X 125 = \$5.82	\$125,000

Who to Contact

Effective January 1, 2003

Maricopa County Employee Benefits
Maricopa County Administration Building
301 West Jefferson Street, Suite 201
Phoenix, Arizona 85003-2145



EMPLOYEE BENEFITS	PHONE	E-MAIL	WEB ADDRESS
Maricopa County Employee Benefits (For ALL Open Enrollment Questions!)	602-506-1010 Fax 602-506-2354	benefitsservice@ mail.maricopa.gov	Internet: www.maricopa.gov/benefits mariplan.tripod.com Intranet: ebc.maricopa.gov/benefits
MEDICAL PLANS			
CIGNA (HMO & POS)	800-244-6224*		www.cigna.com
CIGNA (PPO)	800-251-0669*		www.mycigna.com
HealthSelect Outside Phoenix	602-344-8760 800-582-8686		www.maricopa.gov/medcenter/healthplans
PHARMACY PLANS			
Walgreens Health Initiatives (WHI) (For ALL CIGNA Medical Plans)	800-207-2568*		www.whphi.com
HealthSelect Outside Phoenix	602-344-8760 800-582-8686		www.maricopa.gov/medcenter/healthplans
BEHAVIORAL HEALTH PLAN			
United Behavioral Health Included in HealthSelect and all CIGNA Medical plans	866-312-3078*		www.ubhnet.com
VISION PLAN			
AVESIS Vision Plan Included in HealthSelect and all CIGNA medical plans	800-828-9341	info@avesis.com	www.avesis.com
DENTAL PLANS			
United Concordia	800-332-0366		www.ucci.com
Employer's Dental Service (EDS)	602-248-8912 800-722-9772		www.mydentalplan.net
UNUM LIFE INSURANCE AND SHORT TERM DISABILITY			
Short Term Disability	800-345-6495		
Life Customer Service	800-421-0344		www.unum.com
Life Conversion & Portability	800-343-5406		www.unum.com
Life Claims	800-445-0402		www.unum.com
OTHER IMPORTANT NUMBERS			
ASI Mariflex**	800-659-3035**	asi@asiflex.com**	www.asiflex.com**
Nationwide Retirement Solutions (Deferred Compensation)	800-653-4632	askus@nationwide.com	nationaldeferred.nrsservicecenter.com/nrs
Employee Assistance** Outside of Phoenix**	602-264-4600, Press 2** 800-327-3517, Press 2**		
Arizona State Retirement Systems Outside of Phoenix	602-240-2000 800-621-3778		www.asrs.state.az.us
Public Safety Retirement System	602-255-5575		www.psprs.com

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