

What's New for Retirees in 2003

Open Enrollment Starts October 21, through November 15, 2002 with an Effective Date of January 1, 2003

For the benefit plan year 2003, Maricopa County continues to offer its retirees access to the same products offered through HealthSelect and CIGNA as offered to active employees regardless of your Medicare status. Additionally, retirees who are eligible for and enrolled in Medicare Parts A and B and who reside in Maricopa County may enroll in the Group Medicare+Choice Plan offered through CIGNA.

The Maricopa Senior Select Plan (MSSP), which is the Medicare+Choice plan previously offered by Maricopa Integrated Health System (MIHS), is not accepting new enrollment at this time. However, retirees currently enrolled in that plan may continue to participate. MIHS will notify participants in the Maricopa Senior Select Plan of benefit plan changes and rate changes through a separate communication. If you have any questions regarding the MSSP plan, please call 602-344-8760.

Some changes were made to the pharmacy and medical benefits which introduces cost sharing to participants 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 radiological scans. In addition, pharmacy copays and/or coinsurance levels have been revised. The changes are listed below by vendor and product name.

If you have any questions, please call the Benefits Office at 602-506-1010 or send an email to BenefitsService@mail.maricopa.gov.

NOTE: If you are currently eligible for Medicare parts A and/or B, you should strongly consider enrolling for this coverage through the Social Security Administration (SSA). Once you are eligible for coverage, regardless if you enroll for coverage or not, the CIGNA commercial plans, which includes the HMO, POS, and PPO, will process your claims as if you were covered. This will leave you responsible for the cost of the majority of your medical care. Additionally, if you delay enrolling in Medicare part B when you are first eligible, you will be charged a higher premium for the part B coverage when you enroll at a later date. You can reach the SSA by calling 800-772-1213.

What's New for CIGNA (Medicare Eligible and Not Medicare Eligible)

- 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 7) section of this brochure.
- If you are residing out of the service area, the only available plan that you may select is the new PPO plan. The service area for HealthSelect and CIGNA HMO is Maricopa County, CIGNA POS is central (which includes Maricopa County) and northern Arizona, and for CIGNA PPO, the service area is anywhere within the United States. Retirees living outside of central and northern Arizona will automatically be enrolled in the PPO Medical Product.
- 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 3).
- 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-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 6) section of this brochure.
- Coverage for Ostomy Supplies and Urinary Catheters have been added to all CIGNA Medical Plans.

What's New for CIGNA *continued*

ALL CIGNA medical products, except the Group Medicare+Choice Plan, 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 Pharmacy 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.

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

Other features available through WHI include a mail order service and a 90-day retail program for maintenance medications.

The 90-day retail program allows you to purchase 90 days supply of maintenance medications at a Walgreens retail store for your three times your coinsurance cost, as explained above. You save by purchasing your medications in this way due to higher discounts.

The convenient mail order service allows you to purchase 90 days supply of maintenance medications through Walgreens mail order facility. Medications ordered in this way are mailed to your address. You save by purchasing your medications through the mail order service because the coinsurance rate and maximums are lower. Generic drugs are available for 20% coinsurance with a \$6 minimum and a \$28 maximum. Brand On drugs are available for 25% coinsurance with a minimum of \$15 and a maximum of \$70. Brand Off drugs are available for 25% coinsurance with a minimum of \$60 and a maximum of \$140.

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.

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

What's New for HealthSelect (Medicare Eligible and Not Medicare Eligible)

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.

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 (Medicare Eligible and Not Medicare Eligible)

For All CIGNA plans, except for the Group Medicare+Choice plan, and HealthSelect medical plans, the behavioral health and substance abuse 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 you with an opportunity to stay with your 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 early December.

<http://mariplan.tripod.com> is a temporary web site being used for Open Enrollment information that is available via the Internet.

Medical Plan Choices

(Non-Medicare and Medicare)

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
- Out-of-network coverage is NOT available

Behavioral Health Benefit provided through United Behavioral Health (UBH). Two Level Prescription Drug Benefit is 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 (Maricopa County) 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

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 2)

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 participant through contracted providers and/or facilities without referrals. Out-of-Network medical care is accessed directly by the participant 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 (specific dollar amount). Not all services are available out-of-network. The service area is anywhere within the United States. This product has a national provider network. Retirees living outside of Arizona must select the PPO plan.

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*

** 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.*

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.

Medicare A & B Medical Plan Choices

CIGNA HMO Medicare + Choice Program (Medicare Parts A and B are REQUIRED)

This program is federally regulated by the Centers for Medicare and Medicaid (formerly known as Health Care Financing Administration). General medical, pharmacy, vision, and behavior health services are included in this program and are provided by CIGNA. This plan requires that you reside in Maricopa County. All medical care is directed through a primary care physician located at the CIGNA Medical Groups (Staff Clinic). Some of the benefits are listed below. If you would like more information about this plan and are interested in enrolling, you must:

1. Call CIGNA's Medicare Enrollment (Sales) at 800-592-9231. A specially trained CIGNA Medicare Representative will assist you in answering any questions you may have and will enroll you into this product.
2. Complete the enclosed Retiree Health Insurance/Enrollment Form to coordinate health insurance payments with your retirement system.
3. Return the Retiree Health Insurance/Enrollment Form to the Benefits office. The address to return your form is:

Maricopa County
Employee Benefits Office
301 W. Jefferson Street, Suite 201
Phoenix, AZ 85003

Benefits include:

- \$12 Office Visit Copay
- \$12 Specialist Visit Copay
- \$20 Urgent Care Copay
- \$50 Emergency Room Copay
- \$12 Chiropractic Care Copay
- No Cost to you for inpatient hospitalization
- Prescription Drug Copay
\$10 Generic/\$30 Brand (Available if on approved list)
- Prescription Drug Mail Order Program
\$25 Generics/\$85 Brand, up to a 90 day supply (Available if on approved list)
- Out-of-network coverage is NOT available

Dependents not enrolled in Medicare Parts A and B must select the CIGNA HMO medical program for coverage. Information about the CIGNA HMO plan is available on page 5.

The monthly premium is \$154.00 per person.

HealthSelect (Medicare Parts A and/or B are required)

HealthSelect offers the same medical plan as offered to the active Maricopa County employees and their families. Details about this program are available on page 5.

The monthly rates are lower if you have Medicare Part A or both Medicare Parts A and B. The rates for this program are available on page 12.

2003 Retiree Open Enrollment Fair Schedule

DATE	TIME	SITE	ADDRESS
Wednesday, October 23, 2002	10:00 am – 12:00 pm	Mesa Public Library – Main Branch Saguaro Room, 2nd Floor	64 E. 1st Street Mesa, AZ
Friday, November 1, 2002	10:00 am – 12:00 pm	Glendale Public Library Large Meeting Room	5959 W. Brown Street Glendale, AZ

2003 Premium Rates

Important reminder: Deductions for the insurance plans will be made monthly from your retirement check. Actual premium deduction may vary by 1 or 2 cents due to rounding. The rates below reflect the total premium and does not account for any subsidy you may be receiving from the retirement systems.

CIGNA HMO

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

	<i>Monthly Rates</i>	
	Less than 65 years old	Greater than or equal to 65 years old
Retiree	\$558.57	\$589.59
Retiree & Spouse	N/A	N/A
Retiree & Child(ren)	N/A	N/A
Retiree & Family	\$1,191.02	\$1,280.41

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

	<i>Monthly Rates</i>	
	Less than 65 years old	Greater than or equal to 65 years old
Retiree	\$567.94	\$600.75
Retiree & Spouse	N/A	N/A
Retiree & Child(ren)	N/A	N/A
Retiree & Family	\$1,213.18	\$1,307.33

2003 Premium Rates *continued*

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

	Monthly Rates	
	Less than 65 Years old	Greater than or equal to 65 years old
Retiree	\$649.79	\$690.13
Retiree & Spouse	N/A	N/A
Retiree & Child(ren)	N/A	N/A
Retiree & Family	\$1,390.25	\$1,504.49

HealthSelect

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

	Monthly Rates		
	Medicare Parts A & B not required	Medicare Part A required	Medicare Parts A and B required
Retiree	\$279.24	\$176.86	\$37.86
Retiree & Spouse	\$546.63	\$344.58	\$77.18
Retiree & Child(ren)	\$521.84	\$330.60	N/A
Retiree & Family	\$797.74	\$503.07	N/A

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	www.maricopa.gov/benefits mariplan.tripod.com

MEDICAL PLANS

CIGNA (HMO & POS)	800-244-6224*		www.cigna.com
CIGNA (PPO)	800-251-0669*		www.mycigna.com
CIGNA (MEDICARE+CHOICE)	800-627-7534		
HealthSelect	602-344-8760		www.maricopa.gov/medcenter/healthplans
Outside Phoenix	800-582-8686		

PHARMACY PLANS

Walgreens Health Initiatives (WHI) (For ALL CIGNA Active Medical Plans)	800-207-2568*		www.whphi.com
HealthSelect	602-344-8760		www.maricopa.gov/medcenter/healthplans
Outside Phoenix	800-582-8686		

BEHAVIORAL HEALTH PLAN

United Behavioral Health Included in HealthSelect and all Active CIGNA Medical Plans)	866-312-3078*		www.ubhnet.com
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VISION PLAN

AVESIS Vision Plan Included in HealthSelect and all Active CIGNA medical plans	800-828-9341	info@avesis.com	www.avesis.com
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OTHER IMPORTANT NUMBERS

Arizona State Retirement System Outside of Phoenix	602-240-2000 800-621-3778		www.asrs.state.az.us
Public Safety Retirement System	602-255-5575		www.psprs.com
Social Security Administration	800-772-1213		www.ssa.gov

* Effective 01/01/2003

**Vendor information may change due to contract renewal

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.