

Maricopa County Employee Benefits Program

# 2019-2020 Benefits Enrollment Guide



**Your Benefits. Your Choice.**



Make your elections in the [BenefitSolver Portal](https://benefits.maricopa.gov):  
[benefits.maricopa.gov](https://benefits.maricopa.gov)



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# Plan Overview

As a new hire/newly benefit eligible employee, you have 30 days from your date of hire or date of benefit eligibility to enroll. If you do not enroll, your next opportunity to enroll is during the annual Open Enrollment, unless you have a qualifying life event such as marriage, birth, divorce, or loss of coverage.

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

## Health Savings Account (HSA)

Per the IRS, employees must meet these requirements to be eligible and qualify for an HSA:

- Must be covered under a High Deductible Health Plan (HDHP). (The County offers two HDHPs. Refer to the chart on the right.)
- Must not have other health coverage, except what the IRS permits
- Must not be enrolled in Medicare
- Must not be claimed as a dependent on someone else's Federal income tax return

Once an employee is automatically enrolled in or signs up for Medicare, he or she is no longer qualified to make contributions to a Health Savings Account. The exception is if an employee defers his or her enrollment in Medicare.

# The County's Medical Plans

Maricopa County offers four medical plan options to choose from when selecting the coverage that is best for you and your family. Each medical plan is bundled with a prescription and behavioral health benefit. Your medical plan choices are:

	Vendor/Medical Plan	Prescription	Behavioral Health	Employee Assistance Program
<b>1.</b>	Cigna HMO (Must live or work in Maricopa County)	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
<b>2.</b>	Cigna HDHP with HSA	Cigna HDHP Prescription Plan	Cigna Behavioral Health	Magellan EAP
<b>3.</b>	UnitedHealthcare PPO	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health	Magellan EAP
<b>4.</b>	UnitedHealthcare HDHP with HSA	OptumRx HDHP Prescription Plan	United Behavioral Health	Magellan EAP

These videos provide helpful information on the available health plans:

- [Benefits 101](#)
- [Understanding the High Deductible Health Plan \(HDHP\)](#)
- [What is a Health Savings Account \(HSA\)](#)

## Plan Type Description:

### HMO (Health Maintenance Organization)

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. It is the most restrictive plan, but generally has lower premiums and out-of-pocket costs. Coverage is available only in Maricopa County, except for a life threatening emergency. A member must work or reside within Maricopa County and select a PCP within a Cigna Medical Group Health Care Center (CMG). There are additional pediatricians available outside of the CMG who are considered in-network providers.

### PPO (Preferred Provider Organization)

Offers access to a broad "preferred" provider network of physicians, specialists, and hospitals. Selection of a primary care physician (PCP) is not required, nor are referrals to see other providers within the network. These plans offer more flexibility but often at higher premiums and out-of-pocket costs. Both in and out-of-network coverage is available.

### HDHP (High Deductible Health Plan)

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

# Medical Copay/Out-of-Pocket Costs Cigna HMO



Benefit Provision	Cigna HMO In-Network Coverage Only
<b>Plan Deductible</b> (Each Plan works differently. See the Benefits website for more information.)	\$350 Facility Deductible Individual \$700 Facility Deductible Family
<b>Standard Percent of Coinsurance</b>	N/A
<b>Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health</b> (See the Benefits website for more information)	\$1,600 Individual \$3,200 Family
<b>Out-of-Pocket Maximum (OOP Max) - Prescription</b> (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family
<b>Preventive Care</b>	\$0 (FREE)
<b>Telehealth</b>	\$0 (FREE)
<b>Convenience Care Clinic Visit</b>	\$10
<b>Primary Care Physician (PCP)</b>	\$30
<b>Specialty Care Physician - CCD/Non-CCD</b>	\$45 <sup>1</sup> / \$70 <sup>2</sup>
<b>Chiropractic Services; limited to 24 visits/days per year</b>	\$30
<b>Allergy Injections</b>	\$30
<b>Advanced Radiological Imaging (Outpatient Facility):</b> CAT, PET, MRI, MRA Scans and nuclear cardiac studies	\$0 after deductible <sup>3</sup>
<b>Independent Lab and X-Ray Facility</b>	\$0
<b>Inpatient Hospital Facility Services (including delivery)</b>	\$250 after deductible
<b>Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)</b>	\$0
<b>Outpatient Hospital Facility Services</b>	\$150 after deductible
<b>Pre- &amp; Post-Natal Exams</b> (after pregnancy has been confirmed)	\$30 /\$45 <sup>1</sup> /\$70 <sup>2</sup> waived after 1st visit
<b>Urgent Care</b>	\$75, waived if admitted to hospital
<b>Emergency Room</b>	\$200, waived if admitted to hospital
<b>Ambulance</b>	\$0
<b>Durable Medical Equipment/Medical Supplies - No annual limit</b>	\$0
<b>Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy</b> Limited to 60 visits/days per year	\$45
<b>Cardiac Rehab - Limited to 36 visits/days per year</b>	\$45
<b>Bariatric Surgery</b> 1 year waiting period from initial employment	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/171/benefits](http://www.maricopa.gov/171/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. You pay lower copays when you use a provider with the Cigna Care Designation (CCD).
2. You pay higher copays when you use a provider without the CCD Designation. Not all specialties are included. When the provider is not included in the CCD, the higher Non-CCD copay applies.
3. Does not apply to inpatient facility services. Subject to applicable place of service deductible.

# Medical Coinsurance/Out-of-Pocket Costs Cigna and UnitedHealthcare HDHP with HSA



Benefit Provision	Cigna HDHP with H.S.A. and UnitedHealthcare HDHP with H.S.A. Employer Contribution to H.S.A. \$500 Individual/\$1,000 Family <sup>1</sup>	
	In-Network	Out-of-Network
<b>Plan Deductible</b> (Each Plan works differently. See the Benefits website for more information.)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
<b>Standard Percent of Coinsurance</b>	15%	50%
<b>Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health</b> (See the Benefits website for more information)	\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
<b>Out-of-Pocket Maximum (OOP Max) - Prescription</b> (See the Benefits website for more information)	Included in Medical OOP Max	Included in Medical OOP Max
<b>Preventive Care</b>	\$0 (FREE) no deductible	Covered In-Network only
<b>Telehealth</b>	15% after deductible	Covered In-Network only
<b>Convenience Care Clinic Visit</b>	15% after deductible	50% after deductible
<b>Primary Care Physician (PCP)</b>	15% after deductible	50% after deductible
<b>Specialty Care Physician</b>	15% after deductible	50% after deductible
<b>Chiropractic Services; limited to 24 visits/days per year</b>	15% after deductible	Covered In-Network only
<b>Allergy Injections</b>	15% after deductible	50% after deductible
<b>Advanced Radiological Imaging (Outpatient Facility):</b> CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible	50% after deductible
<b>Independent Lab and X-Ray Facility</b>	15% after deductible; no deductible if preventive	50% after deductible
<b>Inpatient Hospital Facility Services</b> (including delivery)	15% after deductible	50% after deductible
<b>Inpatient and Outpatient Professional Services</b> (Surgeon, Anesthesiologist)	15% after deductible	50% after deductible
<b>Outpatient Hospital Facility Services</b>	15% after deductible	50% after deductible
<b>Pre- &amp; Post-Natal Exams</b> (after pregnancy has been confirmed)	15% after deductible	50% after deductible
<b>Urgent Care</b>	15% after deductible	15% after deductible
<b>Emergency Room</b>	15% after deductible	15% after deductible
<b>Ambulance</b>	15% after deductible	15% after deductible
<b>Durable Medical Equipment/Medical Supplies</b> - No annual limit	15% after deductible	50% after deductible
<b>Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy</b> - Limited to 60 visits/days per year <sup>2</sup>	15% after deductible	50% after deductible
<b>Cardiac Rehab</b> - Limited to 36 visits/days per year <sup>2</sup>	15% after deductible	50% after deductible
<b>Bariatric Surgery</b> 1 year waiting period from initial employment	15% after deductible	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/171/benefits](http://www.maricopa.gov/171/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 H.S.A. is prorated based on benefit eligibility start date and calculated according to the pay periods remaining in the plan year.
2. Visit/Day Limit is combined In- and Out-of-Network.

# Medical Coinsurance/Out-of-Pocket Costs UnitedHealthcare PPO



Benefit Provision	UnitedHealthcare PPO	
	In-Network	Out-of-Network
Plan Deductible (Each Plan works differently. See the Benefits website for more information.)	\$750 Annual Deductible 1,500 Annual Deductible	\$1,500 Individual \$3,000 Family
Standard Percent of Coinsurance	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health (See the Benefits website for more information)	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum (OOP Max) - Prescription (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family	
Preventive Care	\$0 (FREE)	Covered In-Network only
Telehealth	\$0 (FREE)	Covered In-Network only
Convenience Care Clinic Visit	\$20	50% after deductible
Primary Care Physician (PCP) - Tier 1 / Non Tier 1	\$25 <sup>1</sup> / \$45 <sup>2</sup>	50% after deductible
Specialty Care Physician - Tier 1 / Non-Tier 1	\$55 <sup>1</sup> / \$70 <sup>2</sup>	50% after deductible
Chiropractic Services; limited to 24 visits/days per year	\$40	Covered In-Network only
Allergy Injections	\$40	50% after deductible
Advanced Radiological Imaging (Outpatient Facility): CAT, PET, MRI, MRA Scans and nuclear cardiac studies	15% after deductible <sup>3</sup>	50% after deductible
Independent Lab and X-Ray Facility	\$0	50% after deductible
Inpatient Hospital Facility Services (including delivery)	15% after deductible	50% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)	15% after deductible	50% after deductible
Outpatient Hospital Facility Services	15% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been confirmed)	\$25 /\$55 <sup>1</sup> or \$45 /\$70 <sup>2</sup> to confirm pregnancy; 15% other related services after deductible	50% after deductible
Urgent Care	\$75 waived if admitted to hospital	50% after deductible
Emergency Room	\$250 waived if admitted to hospital	\$250 waived if admitted to hospital
Ambulance	15% after deductible	15% after deductible
Durable Medical Equipment/Medical Supplies - No annual limit	15% after deductible per item per month	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy - Limited to 60 visits/days per year <sup>4</sup>	\$55	50% after deductible
Cardiac Rehab - Limited to 36 visits/days per year <sup>4</sup>	\$55	50% after deductible
Bariatric Surgery 1 year waiting period from initial employment	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/171/benefits](http://www.maricopa.gov/171/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. You pay lower copays when you use a Primary Care Physician or specialist with the UnitedHealthcare Premium Tier 1 Designation.
2. 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.
3. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.
4. Visit/Day Limit is combined In- and Out-of-Network.

# 2019-2020 Per Pay Period Premium Medical, Prescription, Behavioral Health



## Full-Time Active Employees

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period <sup>1</sup>
Cigna HMO	Employee	300.90	41.40
	Employee + Spouse	584.04	79.69
	Employee + Child(ren)	482.24	63.40
	Employee + Family	758.31	109.07
Cigna and UnitedHealthcare HDHP with HSA	Employee	302.88	33.86
	Employee + Spouse	607.51	44.93
	Employee + Child(ren)	496.51	39.95
	Employee + Family	792.73	59.75
UnitedHealthcare PPO	Employee	305.46	52.84
	Employee + Spouse	581.32	114.87
	Employee + Child(ren)	476.71	95.35
	Employee + Family	750.74	159.55

## Part-Time Active Employees<sup>2</sup>

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period <sup>1</sup>
Cigna HMO	Employee	150.45	191.85
	Employee + Spouse	292.02	371.71
	Employee + Child(ren)	241.12	304.52
	Employee + Family	379.16	488.22
Cigna and UnitedHealthcare HDHP with HSA	Employee	151.44	185.30
	Employee + Spouse	303.76	348.68
	Employee + Child(ren)	248.26	288.20
	Employee + Family	396.37	456.11
UnitedHealthcare PPO	Employee	152.73	205.57
	Employee + Spouse	290.66	405.53
	Employee + Child(ren)	238.36	333.70
	Employee + Family	375.37	534.92

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 19 to 29.99 per week.

# 2019-2020 Per Pay Period Premium Vision and Dental



## Vision

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95

## Dental

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	4.84	13.06	9.67	8.23
	Employee + Spouse	10.66	28.77	21.31	18.12
	Employee + Child(ren)	11.52	31.13	23.03	19.62
	Employee + Family	14.77	39.98	29.53	25.22
Delta (PPO)	Employee	4.82	16.76	9.63	11.95
	Employee + Spouse	10.61	36.94	21.22	26.33
	Employee + Child(ren)	11.47	39.97	22.93	28.51
	Employee + Family	14.71	51.43	29.41	36.73



# 2019-2020 Per Pay Period Premium Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.0100
Additional Accidental Death and Dismemberment - Family	0.0175
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.0500

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
<b>Age Bands</b>		
Under 25	0.0145	0.0235
25-29	0.0175	0.0255
30-34	0.0230	0.0290
35-39	0.0255	0.0495
40-44	0.0335	0.0705
45-49	0.0545	0.1400
50-54	0.0835	0.2580
55-59	0.1420	0.2630
60-64	0.2400	0.4075
65-69	0.3460	0.4985
70 and older	0.6405	0.8190

## Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Rate}} \times \frac{\text{Coverage Amount}}{\text{Coverage Amount}} / \frac{1,000}{1,000} = \frac{\text{Per Pay Period Premium}}{\text{Per Pay Period Premium}}$$

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

$$\frac{.0255}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} / \frac{1,000}{1,000} = \frac{\$3.52}{\text{Per Pay Period Premium}}$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

# 2019-2020 Per Pay Period Premium Other Benefits



## Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0021
50%	0.0033
60%	0.0063

## Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 60%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 40%
25,106	6.59	3.45	2.20
40,503	10.63	5.57	3.54
50,336	13.21	6.92	4.40
61,922	16.25	8.51	5.42
73,923	19.40	10.16	6.47
115,981	30.45	15.95	10.15

## Hyatt Legal Plan

Plan Name	Employee Premium Per Pay Period
Hyatt Legal	7.87

## Pet Plans

Plan Name	Employee Premium Per Pay Period
Pet Best Pet Insurance	Visit <a href="http://www.petbenefits.com/land/maricopacounty">www.petbenefits.com/land/maricopacounty</a> to get your custom quote. Costs differ depending on age and breed of cat or dog.
Pet Assure Veterinary Discount Plan	\$4.00 for one pet \$5.50 for unlimited number of pets
Pet Plus Rx Saving Plan	\$1.87 for one dog or cat \$3.75 for all cats and dogs in home



# Making the Most of Your Benefits

## Financial Health Insurance Terms

The language of health insurance can be hard to understand. Yet it's 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.

**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.

## Dual Coverage

Dual coverage is when the same person is enrolled under more than one Maricopa County employee's benefits. Dual coverage is prohibited (for employees and dependents) on all County Benefit plans.

## 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

## Resources

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### BenefitSolver

BenefitSolver Portal:  
[benefits.maricopa.gov](http://benefits.maricopa.gov)  
Company key: Maricopa

### Benefits Websites

**MyMC Intranet:** <https://mymc.maricopa.gov/1138/Employee-Benefits>  
**Internet:** <http://www.maricopa.gov/171/benefits>

### Cigna Medical/Claim Information

Find personal plan and claim information; print a temporary ID card or request a new card; find a doctor, hospital, specialty facility at [www.cigna.com](http://www.cigna.com)

### General Questions or BenefitSolver Password Resets

Maricopa County Employee Benefits and Wellness Division  
**602.506.1010**

### Review Cost of Medication and Lower Cost Alternatives

[www.optumrx.com](http://www.optumrx.com)  
(for enrollees in the Cigna HMO or UnitedHealthcare PPO only)

### Short-Term Disability Calculator

<https://www.maricopa.gov/DocumentCenter/View/36310/STD-Calculator-2019-2020>

### Specific Benefit Questions

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

### UnitedHealthcare/Claim Information

Find personal plan and claim information; print a temporary ID card or request a new card; find a doctor, hospital, specialty facility at [www.uhc.com](http://www.uhc.com)


## Notices

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Important notices regarding the Maricopa County Employee Benefits Program may be found here: <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 Mandatory Insurer Reporting Requirements of Sect 111 of the Medicare, Medicaid, and Schip Extension Act of 2007
- Genetic Information Nondiscrimination Act (GINA)
- The Heroes Earning Assistant and Relief Tax Act (HEART)
- Notice of Medicaid or Children's Health Insurance Program (CHIP) Offer of Free or Low Cost Health Coverage to Children and Families
- Mental Health Parity and Addiction Equity Act of 2008



# Wellness at Work

## Wellness at Work

Maricopa County's Wellness Works program supports a strong and healthy workforce by providing programs and resources to you in your endeavor to be healthy and well.

### Physical Activity

Wellness Works operates multiple onsite fitness centers with free memberships to County employees. Access to a fitness center is obtained by filling out and submitting a [Fitness Center Application](#) (PDF).

Wellness Works also offers you and your family an [LA Fitness Membership](#) at a reduced rate. Enrollment is completed online through the County's intranet.

### Weight Loss

[Weight Watchers at Work](#) provides an opportunity for you and your eligible dependents who are covered under a County-sponsored medical plan to be rewarded for losing weight if you meet certain program requirements. You can attend a County work-site location, or a community location. Call 602.248.0303 for locations and to enroll.

### Wellness Incentive

The Wellness Incentive Program rewards you for taking an active role in your health. If you are enrolled in a County-sponsored medical plan, and complete the [required wellness activities](#), you could earn an incentive of up to \$60 per month or \$720 per year. Activities must be completed on the [StayWell Portal](#) by June 30, 2020.

### Other Resources

- [Chair massages](#). Employees pay \$18.00 for a 20 minute massage
- [Premise Health Care Center and Pharmacy](#) at 301 W. Jefferson St.
- For more information visit the [Wellness Works webpage](#)

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## 457(b) Savings Plan

Financial well-being is an important component of your overall Wellness. As a Maricopa County employee, you have the opportunity to contribute to a 457(b) Plan through Nationwide Retirement Solutions.

This plan 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 the website](#) to connect with a Retirement Specialist, register for a workshop, and take advantage of a variety of online resources, including educational videos.

## Provider Contact Information

### Maricopa County

#### Employee Benefits and Wellness Division

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

Phone: (602) 506-1010

Fax: (602) 506-2354

<https://mymc.maricopa.gov/1138>  
[Benefits@maricopa.gov](mailto:Benefits@maricopa.gov)

### Wellness Works

Phone: (602) 506-1010

Fax: (602) 506-2354

[wellness@maricopa.gov](mailto: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

Telehealth

[AmwellforCigna.com](http://AmwellforCigna.com) (855) 667-9722

[MDliveforCigna.com](http://MDliveforCigna.com) (888) 726-3171

[www.mycigna.com](http://www.mycigna.com)

[www.cigna.com](http://www.cigna.com)

### HSA Bank

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

### UnitedHealthcare

#### Group #901632

Customer Service (888) 876-7098

Healthy Pregnancy Program (888) 246-7389

myNurseline (855) 466-7886

Telehealth

[Amwell.com](http://Amwell.com) (855) 818-3637

[doctorondemand.com](http://doctorondemand.com) (800) 337-6196

[www.myuhc.com](http://www.myuhc.com)

### Optum Bank

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

## Prescription Plans

### Cigna HDHP Prescription Plan

(Cigna HDHP with HSA)

#### Group #3205496

Customer Service (800) 244-6224

Home Delivery (800) 285-4812

[www.mycigna.com](http://www.mycigna.com)

### OptumRx Coinsurance Prescription Plan

(Cigna HMO, and UnitedHealthcare PPO)

#### Group #512229

Member Services (866) 312-1597

Prior Authorization (877) 665-6609

Briova Rx Specialty Pharmacy (800) 791-1040

Medication Therapy Mgt. (866) 352-5310

[www.optumrx.com](http://www.optumrx.com)

### OptumRx HDHP Prescription Plan

(UnitedHealthcare HDHP with HSA)

#### Group #901632

Member Services (888) 876-7098

Briova Rx Specialty Pharmacy (800) 791-1040

[www.myuhc.com](http://www.myuhc.com)

## On-Site Pharmacy/ Convenience Care Clinic

Premise Health Care Center (480) 347-4791

Walgreens Onsite Pharmacy (602) 283-9925

## Employee Assistance Program (EAP)

### Magellan Health Services

#### Group #N/A

(888) 213-5125

[www.magellanascend.com](http://www.magellanascend.com)

## Behavioral Health

### Magellan Health Services

(Cigna HMO and UnitedHealthcare PPO)

#### Group #N/A

(888) 213-5125

[www.magellanascend.com](http://www.magellanascend.com)

### Cigna Behavioral Health

(Cigna HDHP with HSA only)

#### Group #3205496

(800) 274-7603 [www.mycigna.com](http://www.mycigna.com)

### United Behavioral Health

(UnitedHealthcare HDHP with HSA only)

#### Group #901632

(888) 876-7098 [www.myuhc.com](http://www.myuhc.com)

## Vision

### Eye Med

#### Group #1004141

(866) 724-0782 [www.eyemed.com](http://www.eyemed.com)

## Dental

### Cigna Pre-Paid Dental (DHMO)

#### Group #2465354

(800) 244-6224 [www.cigna.com](http://www.cigna.com)

### Cigna Dental | Group #2465354

(888) 336-8258 [www.cigna.com](http://www.cigna.com)

### Delta Dental | Group #4500

(602) 938-3131 or (800) 352-6132

[www.deltadentalaz.com](http://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

(800) 599-7797

<https://www.claimlookup.com>

## Long-Term Disability

### Broadspire

(through the Arizona State Retirement System)

(877) 232-0596 [www.azasrs.gov](http://www.azasrs.gov)

## Retirement

### Arizona State Retirement System

Phoenix (602) 240-2000

Outside Phoenix (800) 621-3778

[www.azasrs.gov](http://www.azasrs.gov)

### Public Safety Retirement System

(602) 255-5575 [www.psprs.com](http://www.psprs.com)

### Nationwide Retirement Solutions

#### Deferred Compensation

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

[www.maricopadc.com](http://www.maricopadc.com)

## Pet Insurance

### Pet Benefit Solutions

(800) 891-2565

<https://www.petbenefits.com/land/>

[MaricopaCounty](http://MaricopaCounty)

## Other

### Flexible Spending Accounts

#### Discovery Benefits

M-F, 4 am-7 pm MST

(866) 451-3399

[www.discoverybenefits.com](http://www.discoverybenefits.com)

### Maricopa County Dependent

#### Verification Service Center

(866) 229-8292 M-F, 5 am-5 pm MST

PO Box 310552

Des Moines, IA. 50305-0552

[benefits.maricopa.gov](http://benefits.maricopa.gov)

### COBRA Administrator

Enrollment forms and ongoing payments

(866) 229-8292

M-F, 5 am-5 pm MST

P.O. Box 310512

Des Moines, IA 50331-0512

[www.benefits.maricopa.gov](http://www.benefits.maricopa.gov)

### Verification Administration

(866) 229-8292 M-F, 5 am-5 pm MST

[benefits.maricopa.gov](http://benefits.maricopa.gov)

### Hyatt Legal Plan

Plan 150 / Group #0518

(800) 821-6400 <http://info.legalplans.com>

(Access Code - 1500518)

### StayWell

(877) 678-8926 [maricopa.staywell.com](http://maricopa.staywell.com)