

# Start Here. Stay Here!

## An Overview of Your County Benefits



The following is an overview of benefits and other rewards offered effective July 1, 2019. Plan documents/policies govern the actual benefits provided.

### MEDICAL/BEHAVIORAL/ PRESCRIPTION

**Plans include free preventive care (in-network only)**

**Health Maintenance Organization (HMO) (Cigna)**

- Coverage available ONLY IN MARICOPA COUNTY (unless life threatening emergency)
- \$30 PCP copay; \$45\*/\$70\*\* specialist copay
- Inpatient hospital: \$250 after deductible
- Outpatient facility: \$150 after deductible
- Free telehealth visits
- Includes a separate Prescription Coinsurance plan. Cost based on drug class.
  - Generic: 25%
  - Preferred brand: 25%
  - Non-preferred brand: 50%
- Includes a separate Behavioral Health Plan that covers:
  - In-network, outpatient individual therapy: \$25 copay with unlimited visits
  - Inpatient hospital: \$25/day copay up to 30 days/year
  - Intensive outpatient programs: \$100 copay per program up to 45 visits/year

**High Deductible Health Plan with Health Savings Account (HDHP with HSA) (Cigna or UnitedHealthcare)**

- \$1,500 individual/\$3,000 family in-network deductible
- \$3,275 individual/\$6,550 family in-network, out-of-pocket maximum includes Rx and Behavioral Health
- Percent of coinsurance: 15% in-network; 50% out-of-network, after deductible for most covered services including inpatient, out patient, office visits, behavioral health, and telehealth (or virtual) visits
- Includes prescription plan:
  - Generics: 30%
  - Preferred brand: 40%
  - Non-preferred brand: 50%
- County contributes \$500 for individual or \$1,000 for family to HSA (pro-rated by date of hire)

**Preferred Provider Organization (PPO) (UnitedHealthcare)**

- \$25\*/\$45\*\* PCP copay; \$55\*/\$70\*\* specialist copay in-network
- Inpatient hospital 15% after in-network deductible
- Outpatient facility 15% after in-network deductible
- Free telehealth visits
- Includes a separate Prescription Coinsurance plan. Cost based on drug class.
  - Generic: 25%
  - Preferred brand: 25%
  - Non-preferred brand: 50%

- Includes a separate Behavioral Health Plan that covers:
  - In-network, outpatient individual therapy: \$25 copay with unlimited visits
  - Inpatient hospital: \$25/day copay up to 30 days/year
  - Intensive outpatient programs: \$100 copay per program on up to 45 visits/year

### DENTAL

**Cigna Prepaid Dental (DHMO)**

- \$3 office visit copay; \$0 cleaning and oral exam
- Discounts on orthodontic services and specialty care (in-network only)
- In-network provider required

**Cigna Dental (PPO)/Delta Dental (PPO)**

- \$2,000 benefit maximum amount
- \$50 individual/\$100 family deductible
- 100% in-network coverage for diagnostic and preventive care; 80% basic restorative; 50% major restorative
- 50% coverage for orthodontics with a \$3,000 lifetime maximum

\* Lower copays when you use a specialist with the Cigna Care Designated (CCD) or the UnitedHealthcare Premium (UHC) Tier 1 designation

\*\* Higher copays apply when you use a specialist without the CCD/UHC Tier 1 designation

## WELLNESS

- A medical premium reduction of \$60/month for completing wellness activities
- Nutrition, weight management, smoking cessation, group exercise and other free classes offered
- Free 24/7 fitness centers at various County locations
- Reduced membership rates at LA Fitness
- County-sponsored Wellness events such as Bike to Work, or Fitness Day Walk
- Onsite Health Center/Pharmacy at the downtown location

## PAID TIME OFF

### Holidays (10\* paid per year)

- New Year's Day
- Martin Luther King Jr./Civil Rights Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day
- And One Personal Day\*

### Vacation (based on a 40-hour week)

- Three weeks a year for the first three years
- Progressive to just over five weeks a year for 19 years and over

### Sick Leave (based on a 40-hour week; non-classified employees)

- Ten days a year for the first three years
- Progressive, up to 14<sup>1</sup>/<sub>2</sub> days a year for six years and over

## COMMUTER BENEFITS

- A free Valley Metro Platinum Pass Card to eligible, full-time employees. This card allows employees to commute to/from work using all Valley Metro transit services including the bus and light rail for free
- Vanpool fares subsidized at a maximum of \$104 per month
- Free parking

*Employees are limited to one commuter subsidy at a time - either the Platinum Pass Card or the vanpool subsidy*

## RETIREMENT/ PENSION

### Pension (ASRS or PSPRS)

Eligible employees may be covered by a state-sponsored retirement plan

### 457 (b) Smart Savings Plan Deferred Compensation Program

- Set aside money from your paycheck (pre-tax or post tax) toward retirement savings to bridge the gap between your pension and Social Security
- IRS maximum contribution determined by age (2020 annual limit is \$19,000, or \$25,000 if age 50 or older)
- Choose from a variety of investments
- Personal brokerage account available

### Post-Employment Health Plan (PEHP)

- Provides \$10,000 contribution to a Health Reimbursement Account (HRA) at retirement when employee has accumulated 1,000 hours of Sick Leave

## EMPLOYEE ASSISTANCE PROGRAM

- Free, confidential short-term counseling and referral services for all employees to assist with personal and work-related issues.

## VISION

- In-network: \$10 copay for annual exam; \$130 allowance for frames or contact lenses

## FLEXIBLE SPENDING ACCOUNTS

### Health Care FSA (Not available with HDHP plan)

- Set aside up to \$2,700 pre-tax annually to pay for eligible medical, dental, and/or vision expenses

### Dependent Care FSA

- Set aside up to \$5,000 pre-tax annually to pay for expenses related to child care for dependents under age 13 or adult dependents unable to care for themselves

### Limited Scope FSA (available with HDHP Plan)

- Set aside up to \$2,700 pre-tax annually for dental and vision care expenses only

## LIFE INSURANCE

### Basic Life and Accidental Death & Dismemberment

- County provides coverage in amount equal to annual base salary

### Additional Employee and/or Dependent Life

- Choose coverage up to five times annual base salary for employee
- Dependent life for spouse and children available
- Additional AD&D coverage available for employee only or employee and family

## DISABILITY

### Short-Term Disability

- Choice of three salary replacement options: 40%, 50%, or 60% of weekly salary
- \$2,000 max/week

### Long-Term Disability

- Provided to members of the Arizona State Retirement System

## GROUP LEGAL PLAN

- Coverage for legal services such as: adoption, family matters, document review, wills

## PET BENEFITS

- Choice of three pet insurance plans. You can enroll in one, two, or all three plans anytime during the year

## TRAINING & DEVELOPMENT

- Up to \$5,250 a year for job-related tuition reimbursement/certifications
- In-house training and career development