



# Start Here. Stay Here.

## An Overview of Your County Benefits

### 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

### VACATION TIME (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

- In addition to vacation time (based on a 40-hour week)
- Five days a year for the first three years
- Progressive, up to seven and one-half days a year for six years and over

### REWARDS FOR EMPLOYEE SUGGESTIONS

- Incentives for ideas for improvements resulting in cost reduction due to increased efficiency and productivity
- Rewards of up to \$2,500

### SUBSIDIZED BUS, VANPOOL AND COMMUTER PROGRAM

- Guaranteed ride home to participating employees
- County pays 100% of Valley Metro fares
- Up to \$85 a month for vanpools

### TRAINING & DEVELOPMENT

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

### WELLNESS

- Reduced medical premiums for participation in wellness initiatives
- Nutrition, weight management, smoking cessation exercise and fitness, and other classes offered at various County locations
- Free 24/7 fitness centers available at various County locations
- Ergonomic consultation: professional assistance with workstation configuration to ensure a healthy, comfortable environment
- Reduced membership rates at area YMCA's

### RETIREMENT & PENSION

Eligible employees may be covered by a state-sponsored retirement plan (ASRS or PSPRS).

#### Deferred Compensation Program

- Maximum contribution determined by age and earnings
- Choose from more than 35 no-load funds
- Personal brokerage account available

#### Post-Employment Health Plan (PEHP)

- Provides \$10,000 contribution to a PEHP at retirement when employee has accumulated 1,000 hours of Sick Leave

The following is a brief outline of health benefits offered. Plan documents/policies govern the actual benefits provided. Benefits are effective July 1, 2016.

### MEDICAL

Three different plans that include free preventive care (in-network only)

#### 1. Cigna HMO

- \$30 PCP copay; \$45\*/\$70\*\* specialist copay
- Inpatient hospital \$250 after deductible
- Outpatient facility \$125 after deductible

#### 2. UnitedHealthcare PPO In-Network

- \$40 PCP copay; \$55\*/\$70\*\* specialist copay
- Inpatient hospital 10% after deductible
- Outpatient facility 10% after deductible

#### 3. UnitedHealthcare HDHP with H.S.A. In-Network

- \$1,500 individual in-network deductible; \$3,000 family in-network deductible
- Percent of coinsurance: 15% in-network; 50% out-of-network, after deductible
- Uses OptumRx prescription plan: generics 30%; preferred brand 40%; non-preferred brand 50%
- Certain preventive generics and preferred brand medications are free
- County contributes \$500 for individual or \$1,000 for family to H.S.A. (pro-rated by date of hire)

\* Lower copays apply 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

**PRESCRIPTION** *(Does not apply if enrolled in UnitedHealthcare HDHP with H.S.A.)*

**Co-Insurance**

- Cost based on drug classification and price of medication. Co-Insurance: covers generic 25%, preferred brand 25% and non-preferred brand 50%. Uses Premium Formulary.

**BEHAVIORAL**

**Employee Assistance Program (Magellan)**

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

**Magellan Behavioral Health**

- For Cigna HMO and UnitedHealthcare PPO enrollees
- 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 per year

**United Behavioral Health**

- Applies to employees and their covered dependents enrolled in the UnitedHealthcare HDHP with H.S.A. Medical Plan. Coinsurance is based on whether services are in- or out-of-network

**VISION**

**EyeMed**

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

**DENTAL**

**Cigna Prepaid Dental Plan (DHMO)**

- No annual maximum or deductible; \$3 office visit copay; \$0 cleaning and oral exam
- Discounts on orthodontic services and specialty care (in-network only)

**Cigna Dental (PPO)**

- \$2,000 annual maximum
- Each covered person can choose own dentist
- \$50 individual/\$100 family deductible
- 100% in-network coverage for diagnostic and preventive care; 80% basic restorative; 50% major restorative
- Out-of-network coverage available at 80% for diagnostic and preventive care; 60% basic restorative; 50% major restorative, based on R&C
- 50% coverage for orthodontics with a \$3,000 lifetime maximum

**Delta Dental (PPO)**

- Same coverage as Cigna Dental, 100% in-network coverage for diagnostic and preventive care, 80% basic restorative; 50% major restorative. (Out-of-network percentage based on R&C.)

**FLEXIBLE SPENDING ACCOUNTS**

**Health Care FSA**

- Set aside up to \$2,550 pre-tax a year to pay for eligible medical, dental and/or vision expenses incurred by employee or eligible dependent(s)

**Dependent Care FSA**

- Set aside up to \$5,000 pre-tax a year to pay for expenses related to the care of eligible dependent(s)

**FLEXIBLE SPENDING ACCOUNTS** (cont.)

**Limited Scope FSA**

- Available only to UnitedHealthcare HDHP with H.S.A. Medical Plan enrollees
- Set aside up to \$2,550 pre-tax a year for diagnostic 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 & children available
- Additional AD&D coverage available for employee only or employee and family

**DISABILITY**

**Short-Term Disability**

- Choice of 3 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/prep, wills