

# City of Maricopa

2026-2027

Employee

Benefit Guide



# About Your Benefits

At the **City of Maricopa**, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your **City of Maricopa** benefits. If you have any questions, feel free to reach out to Human Resources at **520.316.6805** or [HR@maricopa-az.gov](mailto:HR@maricopa-az.gov). Office hours are 7:00 a.m. to 6:00 p.m. Monday through Thursday, closed Friday through Sunday.



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## Eligibility and Enrollment

You are eligible to participate in **City of Maricopa's** benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse/Domestic partner
- Children up to age 26
- Qualified unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to enroll. Your benefits begin on the first of the month following date of hire.

## What are my costs for coverage?

Cost for coverage may be found in this guide for each line of coverage.

## Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits **only** if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

# About Your Benefits

## **Making Changes to Your Benefits - continued**

**You have 30 days from the date of the qualifying event to make benefit changes.** Keep in mind, the changes you make must be directly related to the event.

### **Where can I find further information regarding my benefits?**

Medical Summary of Benefits and Coverage (SBC), Benefit Summaries and details on all benefits in this guide as well as enrollment information may be found online at <https://trustmark.benselect.com/maricopa>

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 31-32 where Notice of Creditable Coverage begins for more details.

# Medical Coverage

## How the Plans Work

Both plans use the Cigna network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **High-Deductible Health Plan (HDHP) with the HSA plan**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. After you meet the deductible and out-of-pocket maximum, the plan pays 100% of your claims for the rest of the plan year. Your paycheck deductions for this plan are lower than the PPO plan.

The **Preferred Provider Organization (PPO) plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP plan.

PLAN COMPARISON		
	HDHP with HSA Plan	PPO Plan
<b>Per-Paycheck Cost for Coverage</b>	Lowest	Highest
<b>Annual Deductible</b>	Highest	Lowest
<b>Annual Out-of-pocket Maximum</b>	Lowest	Highest
<b>Using the Plan</b>	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
<b>Spending Account Options</b>	Health Savings Account with employer contributions Limited Purpose FSA Dependent Care FSA	Health Care FSA Dependent Care FSA



## Cigna Member Portal

The **City of Maricopa** Cigna medical plan offers a member portal to assist with finding care, managing claims, seeing coverage and costs, managing prescriptions and locating resources to help you stay healthy. Visit [www.mycigna.com](http://www.mycigna.com) and create an account to log on to the member portal.

# Medical Coverage

The **City of Maricopa** offers the choice of two Cigna **Open Access Plans (OAP)** . The amount you pay for care is based on your selected plan.

	Cigna Open Access Plus PPO		Cigna Open Access Plus HDHP	
	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductible</b> (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$2,800 EE only \$3,300/\$5,600 family*	\$5,000 EE only \$5,000/\$10,000 family*
<b>Coinsurance</b>	20%	50%	0%	50%
<b>Annual Out-of-pocket Maximum</b> (Individual/Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$2,800 EE only \$3,300/\$5,600 family*	\$10,000 EE only \$10,000/\$20,000 family*
<b>City of Maricopa Contribution to H.S.A. account</b>	N/A		\$600 for non-participant/\$1,200 for participant (Subject to Wellness Affidavit Submission)	
<b>Preventive Care</b>	0%	50% after deductible	0%	50% after deductible
<b>Office Visits</b>				
Telemedicine (MDLive)	\$0 copay	Not Covered	0% after deductible	Not Covered
Primary Care	\$20 copay per visit	50% after deductible	0% after deductible	50% after deductible
Urgent Care	\$50 copay per visit	50% after deductible	0% after deductible	50% after deductible
Specialist	\$40 copay per visit;	50% after deductible	0% after deductible	50% after deductible
<b>Emergency Room</b>	\$250 copay per visit, then 20% (Per visit copay is waived if admitted)		0% after deductible	

\*If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. The individual deductible/ OOPM is \$3,300 for In network and \$10,000 for Out of network on the HDHP plan for employees with family members enrolled on the plan. The deductibles and the out-of-pocket maximums reset on July 1<sup>st</sup>.

# Prescription Drug Coverage

The **City of Maricopa** medical plans include prescription coverage. The amount you pay for prescriptions is based on your selected plan.

	Cigna Open Access Plus		Cigna Open Access Plus HDHP	
	In Network	Out of Network	In Network	Out of Network
<b>Retail (30-day Supply)</b>				
Preferred Generic Drugs	\$10 Copay	50%	0% after deductible	50% after deductible
Preferred Brand Drugs	\$30 Copay	50%	0% after deductible	50% after deductible
Non-preferred Generic/Brand Drugs	\$50 Copay	50%	0% after deductible	50% after deductible
<b>Specialty Drugs (30-day Supply)</b>	20% to max \$200 copay	50%	0% after deductible	50% after deductible
<b>Retail &amp; Mail-order (90-day Supply)</b>				
Preferred Generic Drugs	\$25 Copay	Not covered	0% after deductible	Not covered
Preferred Brand Drugs	\$75 Copay	Not covered	0% after deductible	Not covered
Non-preferred Generic/Brand Drugs	\$125 Copay	Not covered	0% after deductible	Not covered

## Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

## Preferred Drugs

Cigna regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

## Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using Cigna's mail-order pharmacy. You can register for mail-order pharmacy by logging on to [www.cigna.com](http://www.cigna.com).

# Medical and Prescription Drug Coverage

## Medical Monthly Cost

Carrier	Plan	Coverage	Monthly Premium	Monthly Employer Cost	Monthly Employee Cost
Cigna	Medical Open Access Plus HDHPQ (Hired before 7/1/20)	Employee	\$659.15	\$659.15	-
		Employee + Spouse	\$1,284.15	\$1,284.15	-
		Employee + Child(ren)	\$1,186.49	\$1,186.49	-
		Family	\$1,746.38	\$1,746.38	-
		HSA Contribution	-	\$50.00 / 100.00	-
Cigna	Medical Open Access Plus HDHPQ (Hired after 7/1/20)	Employee	\$659.15	\$659.15	-
		Employee + Spouse	\$1,284.15	\$1,102.52	\$181.63
		Employee + Child(ren)	\$1,186.49	\$1,019.33	\$167.16
		Family	\$1,746.38	\$1,499.62	\$246.76
		HSA Contribution	-	\$50.00 / 100.00	-
Cigna	Medical Open Access Plus (All Employees)	Employee	\$765.79	\$614.10	\$151.69
		Employee + Spouse	\$1,518.56	\$1,216.56	\$302.00
		Employee + Child(ren)	\$1,396.96	\$1,118.92	\$278.04
		Family	\$2,058.44	\$1,648.70	\$409.74

### Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

# Virtual Care - MDLive

The **City of Maricopa** medical plans include a virtual care solution delivered by MDLive.

Cigna offers access to MDLive—on demand primary care service anytime, anywhere. With MDLive, U.S. based, board-certified doctors answer questions, diagnose and treat, outline care options, order prescriptions and labs as appropriate, and can refer to specialists and resources in the Cigna network, all through the convenience of one app.

## 24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock—even after hours and on holidays.

## Quality Care

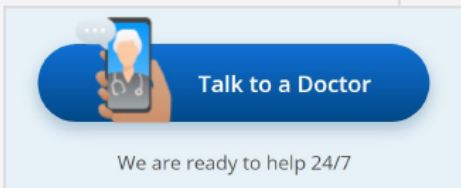
U.S. based, board certified MDLive doctors diagnose, treat, prescribe medication and order labs as appropriate and follow up. Audio and video support are also available.

## On Demand

Whether you're feeling unwell or have a health-related question, simply sign in and start a visit whenever you're ready. No appointment needed.

1.

Access MDLIVE by logging into myCigna.com® or by using the myCigna® app.

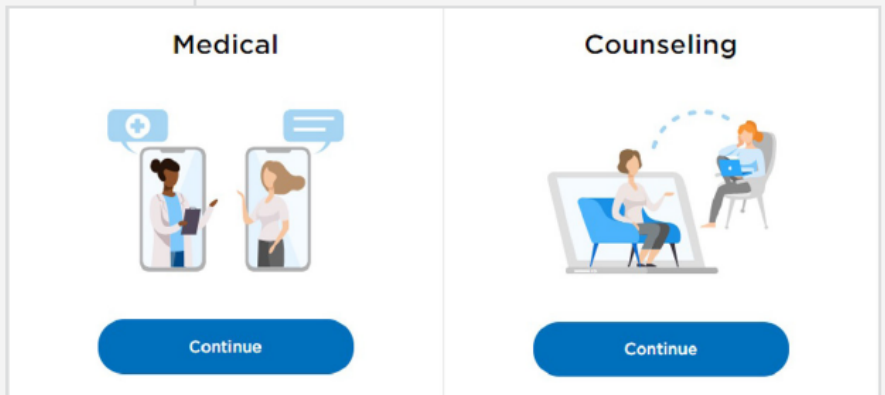


2.

Find the "Talk to a Doctor" button on the homepage. You may have to scroll down.

3.

Select the type of virtual care you need — Medical or Counseling. Estimated cost will be shown.<sup>5</sup>



4.

Schedule your appointment or start your visit today.



Visit [myCigna.com](http://myCigna.com) or call MDLIVE at 888.726.3171 when you need virtual care.

# Wellness Program

The **City of Maricopa** offers a Wellness program.

City of Maricopa employees may receive an HSA contribution from the City in the amount of \$100 per month for participation in the City's wellness program. Completion of the Wellness Program/HSA Affidavit is required. If the Affidavit is not signed, the HSA benefit contribution is \$50/month. This is available for all employees enrolled in the City of Maricopa Cigna medical plan.

Additionally, employees have access to a personalized wellness program, Cigna Health Your Way™, through your Cigna health plan. The City of Maricopa is offering a well-being program that helps you achieve your best health in a whole new way. You get personalized resources, coaching and challenges. This way, you can stay on track and reach your goals.

## Getting started

Just sign in at [www.mycigna.com](http://www.mycigna.com) and select "Health & Wellness." From there, you'll be redirected to the Cigna wellness site, or you can download the ActiveHealth® mobile app.

- Take your well-being assessment
- Review your personalized health report and recommended Health Actions
- Connect your activity tracker or smart device to monitor your progress and/or get individual and peer challenges

## Exploring additional resources

- Complete a mental health check-in to receive recommended activities and personalized content
- Call the 24-Hour Nurse On-Call to help answer questions
- Participate in telephonic or video coaching sessions to improve health and/or manage conditions
- Start a self-guided digital health coaching program
- Explore additional resources and recorded webinars

**Ready to explore your new well-being resource?  
Just sign in at [www.mycigna.com](http://www.mycigna.com) or get the  
ActiveHealth® mobile app.**

# Spending Accounts

## Paying for Health Care

The **City of Maricopa** offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (FSA)
<b>What medical plan can I choose?</b>	HDHP	PPO plan	HDHP
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)		Dental and vision expenses only
<b>When can I use the funds?</b>	Funds are available as you and the City contribute to the account	All of the funds you elect for the year are available July 1	All of the funds you elect for the year are available July 1
<b>Can I roll over fund each year?</b>	Yes, funds roll over from year to year and are yours to keep (even if you leave the City or retire)	Yes, up to \$680.00	Yes, up to \$680.00
<b>How do I pay for eligible expenses?</b>	With your Inspira debit card You can also submit claims for reimbursement online at <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	With your Inspira debit card You can also submit claims for reimbursement online at <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	With your Inspira debit card You can also submit claims for reimbursement online at <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
<b>How much can I contribute each year?</b>	\$4,400 for individual coverage or \$8,750 for family coverage. Catch-up contribution \$1,000 age 55-64. This total includes the City's funding in 2026	You can contribute \$3,400 to your health care FSA in 2026	You can contribute \$3,400 to your limited purpose FSA in 2026
<b>Can I change my contributions throughout the year?</b>	Yes, please contact Human Resources to change your per-paycheck contributions	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.

### What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 year or older by December 31. Learn more at [www.inspirafinancial.com](http://www.inspirafinancial.com).



# Spending Accounts

## Paying for Dependent Care

The **City of Maricopa** allows you to contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
<b>What is it?</b>	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elder care expenses while you and your spouse work full time
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your child or elderly care expenses
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account with each paycheck
<b>Can I roll over funds each year?</b>	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	With your Inspira debit card (you can also submit claims for reimbursement online at <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a> )
<b>How much can I contribute each year?</b>	You can contribute \$7,500 to your dependent health care FSA in 2026



### Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year and/or upon separation of employment with the City.

# Voluntary Dental Coverage

The **City of Maricopa** offers two dental plans through Cigna. The plans available include a Base and Buy-Up plan, which allows you to determine the level of benefits that best fits your needs.

	Base Plan		Buy-Up Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductible</b> (Individual/Family)	\$50/150	\$50/150	\$50/150	\$50/150
<b>Annual Maximum</b> (Per Person)	\$2,000	\$2,000	\$4,000	\$4,000
<b>Preventive Care</b> Oral exams, cleanings, routine x-rays, fluoride applications, sealants, space maintainer (limited to non-orthodontics treatment), Non-Routine x-rays. Limited to two preventative care services per year.	100%	100%	100%	100%
<b>Basic Services</b> Emergency care to relieve pain (administered at in network coinsurance), fillings, Oral Surgery –Simple Extractions, Oral Surgery – All except simple extractions, Surgical extractions of impacted teeth, anesthetics, minor periodontics, major periodontics, root canal therapy / Endodontics, brush biopsy	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Major Services</b> Relines, Rebases and adjustments, Repairs – bridges, crowns and inlays, Repairs – dentures, Crowns/Inlays/Onlays, Stainless Steel/Resin Crowns, Dentures, Bridges	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontia</b> (Children and Adults)	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum</b> (Per Person)	\$2,000	\$2,000	\$2,000	\$2,000

Carrier	Plan	Coverage	Monthly Premium	Monthly Employer Cost	Monthly Employee Cost
Cigna	Dental Base Plan	Employee	\$29.54	\$29.54	-
		Employee + Spouse	\$59.57	\$47.83	\$11.74
		Employee + Child(ren)	\$78.68	\$65.22	\$13.46
		Family	\$114.58	\$95.13	\$19.45
Cigna	Dental Buy-Up Plan	Employee	\$34.74	\$26.00	\$8.74
		Employee + Spouse	\$67.37	\$49.45	\$17.92
		Employee + Child(ren)	\$91.34	\$70.80	\$20.54
		Family	\$130.74	\$105.88	\$24.86

To find a provider please visit [www.mycigna.com](http://www.mycigna.com) or call 800.997.1654.

# Vision Coverage

The **City of Maricopa** offers two vision plans through Vision Service Plan (VSP). The plans available include a base and buy up option, which allows you to determine the level of benefits that best fits your needs.

	STANDARD PLAN		PREMIUM PLAN	
	In Network	Out of Network	In Network	Out of Network
<b>Eye Exam</b> (Once every 12 months)	\$10 copay	Up to \$45	\$10 copay	Up to \$45
<b>Lenses</b> (Once every 12 months) Single Vision Bifocal Trifocal	\$20 copay \$20 copay \$20 copay	Up to \$30 Up to \$50 Up to \$65	\$10 copay \$10 copay \$10 copay	Up to \$30 Up to \$50 Up to \$65
<b>Frames</b> (Once every 12 months)	Featured brands: \$170 allowance; Non-Featured brands: \$150 allowance plus 20% on amount over allowance	Up to \$70	Featured brands: \$245 allowance; Non-Featured brands: \$225 allowance plus 20% on amount over allowance	Up to \$70
<b>Contact Lenses</b> (Once every 12 months) Allowance Fitting and Evaluation Medically Necessary	\$150 allowance \$60 allowance Covered in full	Up to \$105 N/A Up to \$210	\$175 allowance \$60 allowance Covered in full	Up to \$105 N/A Up to \$210

## Vision Monthly Cost

Carrier	Plan	Coverage	Monthly Premium	Monthly Employer Cost	Monthly Employee Cost
VSP	Vision Basic Plan	Employee	\$7.94	\$7.94	-
		Employee + Spouse	\$15.91	\$12.39	\$3.52
		Employee + Child(ren)	\$17.02	\$13.28	\$3.77
		Family	\$27.20	\$21.17	\$6.03
VSP	Vision Buy-up Plan	Employee	\$9.49	\$7.39	\$2.10
		Employee + Spouse	\$18.97	\$14.77	\$4.20
		Employee + Child(ren)	\$20.31	\$15.81	\$4.50
		Family	\$32.46	\$25.27	\$7.19

### Finding In-network Eye Doctors

You can find an in-network eye doctor in the Vision Service Plan network by visiting [www.vsp.com](http://www.vsp.com) or by calling **800.877.7195**. No ID card is needed.



# Life and AD&D Insurance and Disability Insurance

## Life and Accidental Death Insurance

**City of Maricopa** provides basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at group rates. Children's Voluntary Life is one-cost for all children covered.

	How it Works	Basic Life and AD&D (Employer-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	One times your annual salary to a maximum of \$100,000 (minimum of \$15,000)  Coverage will be reduced by 65% at age 65 and 50% at age 70	<b>You:</b> Guarantee Issue \$150,000, Increments of \$10,000 up to \$500,000 <b>Spouse:</b> Guarantee Issue 100% of employee's benefit, up to \$30,000, Increments of \$5,000 up to \$250,000, not to exceed 100% of Employee amount <b>Your child(ren):</b> Guarantee Issue 100% of employee's benefit, Increments of \$1,000 up to \$10,000, not to exceed 100% of Employee amount.
<b>Accidental Death and Dismemberment</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured due to a covered accident	One times your annual salary to a maximum of \$100,000 (minimum of \$15,000)	<b>You:</b> Same as life election <b>Your spouse:</b> Same as life election <b>Your child(ren):</b> Same as life election



### Keep Your Beneficiaries Up to Date

Be sure to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Ensure you keep this person's information updated so your benefit is paid according to your wishes.

## Disability Insurance

**City of Maricopa** provides employer-paid disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work due to non-work-related injury or illness.

	How it Works	Who Pays for the Benefit
<b>Short-term Disability</b>	You receive 60% of your income up to \$2,000 per week. Benefits begin after 14 <b>consecutive</b> calendar days of absence from work for a non-work related illness or injury and continue for up to 23 weeks.	<b>City of Maricopa</b>

# Voluntary Life / Accidental Death and Dismemberment Rates

## Voluntary Life and Accidental Death Insurance

**City of Maricopa** offers group voluntary life and accidental death and dismemberment (AD&D) insurance for purchase through Mutual of Omaha. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at group rates. Children's Voluntary Life is one-cost for all children covered.

Employee Only Rates								
Age Band	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000
0 - 29	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08
30—34	\$0.94	\$1.88	\$2.82	\$3.76	\$4.70	\$5.64	\$6.58	\$7.52
35—39	\$1.04	\$2.08	\$3.12	\$4.16	\$5.20	\$6.24	\$7.28	\$8.32
40—44	\$1.36	\$2.72	\$4.08	\$5.44	\$6.80	\$8.16	\$9.52	\$10.88
45—49	\$2.08	\$4.16	\$6.24	\$8.32	\$10.40	\$12.48	\$14.56	\$16.64
50—54	\$3.08	\$6.16	\$9.24	\$12.32	\$15.40	\$18.48	\$21.56	\$24.64
55—59	\$4.86	\$9.72	\$14.58	\$19.44	\$24.30	\$29.16	\$34.02	\$38.88
60—64	\$6.41	\$12.82	\$19.23	\$25.64	\$32.05	\$38.46	\$44.87	\$51.28
65—69	\$12.15	\$24.30	\$36.45	\$48.60	\$60.75	\$72.90	\$85.05	\$97.20
70+	\$19.60	\$39.20	\$58.80	\$78.40	\$98.00	\$117.60	\$137.20	\$156.80

Age Band	\$90,000	\$100,000
Under 30	\$6.84	\$7.60
30—34	\$8.46	\$9.40
35—39	\$9.36	\$10.40
40—44	\$12.24	\$13.60
45—49	\$18.72	\$20.80
50—54	\$27.72	\$30.80
55—59	\$43.74	\$48.60
60—64	\$57.69	\$64.10
65—69	\$109.35	\$121.50
70+	\$176.40	\$196.00

Voluntary Life and Accidental Death and Dismemberment monthly cost is based on amount purchased and your age.

# Voluntary Life / Accidental Death and Dismemberment Rates

## Voluntary Life and Accidental Death Insurance

**City of Maricopa** offers group voluntary life and accidental death and dismemberment (AD&D) insurance for purchase through Mutual of Omaha. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at group rates.

Spouse Rates										
Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.38	\$0.76	\$1.14	\$1.52	\$1.90	\$2.28	\$2.66	\$3.04	\$3.42	\$3.80
30—34	\$0.47	\$0.94	\$1.41	\$1.88	\$2.35	\$2.82	\$3.29	\$3.76	\$4.23	\$4.70
35—39	\$0.52	\$1.04	\$1.56	\$2.08	\$2.60	\$3.12	\$3.64	\$4.16	\$4.68	\$5.20
40—44	\$0.68	\$1.36	\$2.04	\$2.72	\$3.40	\$4.08	\$4.76	\$5.44	\$6.12	\$6.80
45—49	\$1.04	\$2.08	\$3.12	\$4.16	\$5.20	\$6.24	\$7.28	\$8.32	\$9.36	\$10.40
50—54	\$1.54	\$3.08	\$4.62	\$6.16	\$7.70	\$9.24	\$10.78	\$12.32	\$13.86	\$15.40
55—59	\$2.43	\$4.86	\$7.29	\$9.72	\$12.15	\$14.58	\$17.01	\$19.44	\$21.87	\$24.30
60—64	\$3.21	\$6.41	\$9.62	\$12.82	\$16.03	\$19.23	\$22.44	\$25.64	\$28.85	\$32.05
65—69	\$6.08	\$12.15	\$18.23	\$24.30	\$30.38	\$36.45	\$42.53	\$48.60	\$54.68	\$60.75

Child Rates									
\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.17	\$0.34	\$0.51	\$0.68	\$0.85	\$1.02	\$1.19	\$1.36	\$1.53	\$1.70

Guarantee Issue is the amount of Voluntary Life coverage you can purchase without answering health questions (EOI).

Voluntary Life and Accidental Death and Dismemberment monthly cost is based on amount purchased and your age.

\*Rates for children cover all children on policy. Cost is not per child.

# Employee Assistance Program (EAP)

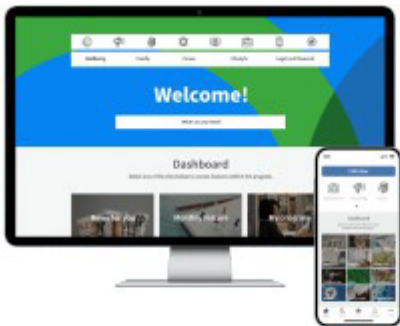
## Employee Assistance Program

To help you with personal issues and concerns, **City of Maricopa** provides you and your family with an employee assistance program (EAP) at no cost to you. Employees have 6 sessions available.

Call Curalinc Healthcare 24/7/365 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions.



They can also set up in-person sessions with local behavioral health counselors if needed. Find more information at **888.881.5462** or online at [www.supportlinc.com](http://www.supportlinc.com); group code **Maricopa**.



### Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

### Convenient, on-the-go support

- **Textcoach®**  
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**  
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**  
Moderated group support sessions on an anonymous, chat-based platform



### Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download  
the mobile  
app today!



**1-888-881-5462**



**supportlinc.com**  
group code:  
**maricopa**

# Voluntary Benefits

## Accident Insurance

**City of Maricopa** employees have access to an accident insurance policy through Trustmark that will pay you if you are injured off the job. This policy is available to employees and dependents at group rates.

	Benefit
Issue Age	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Birth to Age 26
Hospital Admission	\$1,000
Hospital ICU Admission	\$1,000
Hospital Confinement Per Day	\$200 (Up to 365 Days, Beginning Day 2)
Hospital ICU Confinement Per Day	\$200 (Up to 15 Days, Beginning Day 2)
Emergency Room	\$150
Non-Emergency Room Care	\$150 Physician's Office / \$150 Urgent Care (Walk-In Clinic & Telemed Included)
Ambulance Ground/Air	\$300 / \$1,500
Physical Therapy	\$25 (Up to 10 Visits)
Single Fractures / Dislocations	Up to \$8,250 / Up to \$6,000
Lacerations	Up to \$600
Accidental Death, Dismemberment & Catastrophic Benefits	Up to \$50,000
Wellness	\$50 Per Insured Per Calendar Year
Organized Sports Activity Injury Benefit	25% Additional Benefit

Accident Insurance Plan Cost for Coverage	
Coverage	Cost per Month
Employee Only	\$8.30
Employee + Spouse	\$14.70
Employee + Child(ren)	\$17.75
Employee + Family	\$23.80



# Voluntary Benefits

## Critical Illness

City of Maricopa employees may purchase a critical illness policy through Trustmark that will pay you in the event you are diagnosed with a covered critical illness. This policy is available to employees and dependents at group rates.

	Benefit
<b>Issue Age</b>	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+, Non-Disabled Child / Dependent GCH: Birth to Age 26
<b>Guaranteed Issue Maximum</b>	Employee: Up to \$30,000 Spouse / Child: 50% of Employee Coverage Amount
<b>Pre-Existing Limitation**</b>	None
<b>Covered Critical Illnesses</b>	Cancer (100%, 50% or 10% Payout Depending on Diagnosis), Heart Attack (100% or 50% Payout Depending on Diagnosis), Stroke (100% or 50% Payout Depending on Diagnosis), Major Organ Failure (Liver, Lung, Pancreas or Heart), End-Stage Renal Failure
<b>Other Covered Critical Illnesses</b>	<p style="text-align: center;"><b><u>Covered At 100%</u></b></p> <p>Sudden Cardiac Arrest, Permanent Blindness, Complications of Diabetes - Lower Limb Amputation, Irreversible Loss of Hearing, Occupational HIV, Paralysis, ALS</p> <p style="text-align: center;"><b><u>Covered At 50%</u></b></p> <p>Coronary Artery Disease (Payout Depending on Diagnosis), Central Nervous Condition: Lupus, Sarcoid, Infection of the Brain; Neurologic Diseases: Huntington's Disease, MS, Parkinson's Disease; Dementia</p> <p style="text-align: center;"><b><u>Covered At 10%</u></b></p> <p>Coronary Artery Disease (Payout Depending on Diagnosis), Invasive Squamous or Basal Cell Skin Cancer, Carcinoma in Situ, Benign Tumors of the Central Nervous System, Cerebral Vascular Disease: TIA Including RIND (Additional 7 Conditions Covered At 10%)</p>
<b>Same Diagnosis (Recurrence)</b>	100%, 50%, 10% Payout Depending on Illness/Diagnosis (No Separation Period) No Recurrence For Specified Illness Rider Conditions
<b>Different Illness Diagnosis</b>	100%, 50%, 10% Payout Depending on Illness/Diagnosis; 1 x Each Illness Subject to Annual Max (No Separation Period) Specified Illness Rider Conditions 1x Each Illness Per Lifetime
<b>Maximum Benefit</b>	Benefit Payout Replenishes Annually; No Limitations on Recurrence, Except For Conditions Covered Under the Specified Illness Rider
<b>Wellness</b>	\$50 Per Insured Per Calendar Year

\*\*Diagnosis must occur during active coverage, however there is no pre-existing limitation or recurrence look-back period. The Policy and Certificate provide complete definitions regarding eligibility of any claim.

# Voluntary Benefits

## Critical Illness

Critical Illness Plan Cost for Coverage—\$30,000*				
Age Band	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
>25	\$ 5.99	\$ 9.60	\$ 5.99	\$ 9.60
25-29	\$ 7.79	\$ 12.60	\$ 7.79	\$ 12.60
30-34	\$ 11.39	\$ 18.00	\$ 11.39	\$ 18.00
35-39	\$ 16.79	\$ 26.10	\$ 16.79	\$ 26.10
40-44	\$ 25.19	\$ 38.40	\$ 25.19	\$ 38.40
45-49	\$ 35.09	\$ 53.40	\$ 35.09	\$ 53.40
50-54	\$ 52.79	\$ 80.40	\$ 52.79	\$ 80.40
55-59	\$ 76.19	\$ 115.20	\$ 76.19	\$ 115.20
60-64	\$ 111.59	\$ 168.60	\$ 111.59	\$ 168.60
65-69	\$ 153.29	\$ 231.00	\$ 153.29	\$ 231.00
70+	\$ 214.79	\$ 323.40	\$ 214.79	\$ 323.40

\*Cost per Month. Critical Illness plans also available for \$10,000, or \$20,000. Rates may be found on the City of Maricopa Benefit Website.

# Voluntary Benefits

## Hospital Indemnity

**City of Maricopa** employees may purchase a hospital indemnity plan through Trustmark that will pay you in the event you are admitted to the hospital. This policy is available to employees and dependents at group rates.

	Benefit
<b>Issue Age</b>	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+, Non Disabled Child / Dependent GCH: Birth to Age 26
<b>Pre-Existing Limitation**</b>	None
<b>Hospital Admission</b>	\$1,000
<b>Hospital ICU Admission</b>	Payable under hospital admission
<b>Hospital Confinement Per Day</b>	\$100 (up to 30 days, beginning day 2)
<b>Hospital ICU Confinement Per Day</b>	\$100 (up to 10 days, beginning day 2)
<b>Pregnancy</b>	Covered
<b>Mental Health and Addiction Recovery</b>	\$100 (Up to 30 Days)

Hospital Indemnity Plan Cost for Coverage*	
Coverage	Cost per Month
Employee Only	\$15.75
Employee + Spouse	\$34.60
Employee + Child(ren)	\$26.60
Employee + Family	\$45.00

\*\*The Policy and Certificate provide complete definitions regarding eligibility of any claim.



# Voluntary Benefits

City of Maricopa employees may purchase LegalShield and/or IDShield for peace of mind for self and family.

LegalShield Membership Includes	
Dedicated Law Firm	Direct access, no call center
Legal Advice / Consultation	Assistance on unlimited personal issues
Letters / Calls	Made on your behalf
Residential Loan Document Assistance	To assist with the purchase of your primary residence
Speeding Ticket Assistance	Upload your speeding ticket from the mobile app directly to law firm
IRS Audit Assistance	Begins with the tax return due April 15th of the year you enroll
Trial Defense	If named defendant / respondent in a covered civil action suit
Uncontested Divorce, Separation, Adoption and/or Name Change Representation	Available 90 days after enrollment
25% Preferred Member Discount	Bankruptcy, Criminal Charges, DUI, Personal Injury, Etc.
24/7 Emergency Access	For covered situations

IDShield Membership Includes	
High Risk Application and Transaction Monitoring	IDShield can detect fraud up to 90 days earlier than traditional credit monitoring services; carefully watching all you accounts, reorders, loans and more. If a new account is opened, you will receive an alert
Social Media Monitoring	For privacy concerns and reputational risks
Credit Monitoring	Continuous credit monitoring through TransUnion
Monthly Score Tracker	Watch your credit score and map your credit trends
Credit Inquiry Alerts	Instant hard inquiry alerts
Consultation	For any cyber security question
\$1 Million Insurance	Coverage for lost wages, legal defense fees, stolen funds and more
Full Service Restoration & Unlimited Service Guarantee	IDShield does not give up until your identity is restored!
24/7 Emergency Access	In the event of an identity theft emergency

Cost for Coverage – Cost per month		
Coverage	Individual Price	Family Price
LegalShield	\$18.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$27.90	\$33.90

For information contact:

**Jerry Lofferdo**  
[jerry@bjloffredo.com](mailto:jerry@bjloffredo.com)  
 Cell: 480.695.0501

# 457(b) Deferred Compensation Retirement Plan

## 457(b) Deferred Compensation Retirement Plan

The City of Maricopa offers employees the opportunity to save for their future through a 457(b) Deferred Compensation Plan. This supplemental retirement savings plan allows you to set aside pre-tax or Roth (after-tax) dollars—helping you customize your contributions to meet your financial and retirement goals.

### Key Features:

- **Voluntary Employee Contributions:** You may contribute up to the annual federal maximum limit set by the IRS each calendar year. You may start, stop, or change your contribution amount at any time during employment.
- **Pre-Tax and Roth (After-Tax) Options:** Employees may choose to make traditional pre-tax contributions, Roth after-tax contributions, or a combination of both to fit their savings strategy.
- **Employer Match:** After completing one (1) year of continuous employment, you become eligible for an employer match of up to 2% of your eligible wages when you contribute to the plan.
- **Flexible Saving:** Contributions can be adjusted throughout the year to fit your budget and retirement goals.
- **Tax Advantages:** Pre-tax contributions may reduce your current taxable income, while Roth contributions allow tax-free withdrawals of qualified distributions. Investment earnings on both contribution types grow tax-deferred until withdrawal (or tax-free if Roth qualified).
- **Portability:** If you leave employment, you may be able to roll your account balance into another qualified retirement plan or IRA.

### Why Participate:

Joining the 457(b) plan—whether through pre-tax, Roth, or a mix of both—is an effective way to enhance your retirement savings beyond your primary pension plan. Starting early and contributing regularly—especially once you become eligible for the employer match—can help you build a stronger financial future.

After a year or full-time employment, the City will contribute up to 2% into your 457 account if the employee also contributes 2%. If you only contribute 1% the City will contribute 1%.

For current annual contribution limits and enrollment instructions, please contact Randall Neis with Nationwide at [neisr1@nationwide.com](mailto:neisr1@nationwide.com) or Human Resources at [HR@Maricopa-az.gov](mailto:HR@Maricopa-az.gov).

## Have questions? Need help?





We're here for you.



Randall Neis  
480-213-4157  
neisr1@nationwide.com

### You don't have to be an expert on deferred compensation to get the most out of your plan.

Nationwide® has trained professionals who are here to provide support. We can answer your questions and help you:

-  Enroll in your employer's plan
-  Determine your contribution level
-  Determine your risk tolerance
-  Keep track of your plan over time

### Remember, it's your plan.

Don't hesitate to call if you have any questions. We'll help you every step of the way.



To schedule an individual appointment, scan this code.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Investing involves market risk, including possible loss of principal. Actual results will vary depending on your investment choices and market experience. Nationwide and its representatives do not give tax or legal advice. Consult your own tax or legal advisors before making plan decisions.

NRM-0128AO.9 (02/23)



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# Contact Information

Benefit	Vendor	Policy Number	Phone	Website or Email
Medical	Cigna	3346868	800.Cigna24	<a href="http://www.cigna.com">www.cigna.com</a>
Voluntary Dental	Cigna	3346868	800.Cigna24	<a href="http://www.cigna.com">www.cigna.com</a>
Vision	Vision Service Plan	30098629	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account	Inspira		844.729.3539	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
Flexible Spending Account				
Life and AD&D	Mutual of Omaha	G000CQFG	800.775.6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Life and AD&D	Mutual of Omaha	G000CQFG	800.775.6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Short Term Disability	Mutual of Omaha	G000CQFG	800.775.6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Assistance Program	CuraLinc Healthcare	Maricopa	888.881.5462	<a href="http://www.supportlinc.com">www.supportlinc.com</a>
Voluntary Benefits	Trustmark	3000003135	866.813.7192 X3	<a href="http://www.trustmarkbenefits.com">www.trustmarkbenefits.com</a>
LegalShield   IDShield	LegalShield   IDShield	149281	480.695.0501 844.814.6567	<a href="mailto:jerry@bjloffredo.com">jerry@bjloffredo.com</a> <a href="http://www.legalshield.com">www.legalshield.com</a>

# Legal Notices

## **Women’s Health & Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Cigna Open Access Plus PPO (Individual: 20% coinsurance and \$500 deductible; Family: 20% coinsurance and \$1,000 deductible)

Plan 2: Cigna Open Access Plus HDHP (Individual: 0% coinsurance and \$2,800 deductible; Individual with in a family: 0% coinsurance and \$3,300 deductible; Family: 0% coinsurance and \$5,600 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.316.6808 or [hr@maricopa-az.gov](mailto:hr@maricopa-az.gov).

## **Newborns’ and Mothers’ Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# Legal Notices

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

# Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)            Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website:  <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a>            Medicaid Customer Service Line: 1-888-342-6207            Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a>            Louisiana Health Insurance Premium Program (LaHIPP)            Website:  <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a>            LaHIPP phone: 1-877-697-6703            LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a>            LaHIPP fax: 1-888-716-9787            LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

# Legal Notices

<p style="text-align: center;"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p style="text-align: center;"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext. 15218            Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<p style="text-align: center;"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Phone: 1-800-356-1561            CHIP Premium Assistance Phone: 609-631-2392            CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p style="text-align: center;"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
<p style="text-align: center;"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100</p>	<p style="text-align: center;"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>            Phone: 1-844-854-4825</p>
<p style="text-align: center;"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>            Phone: 1-888-365-3742</p>	<p style="text-align: center;"><b>OREGON – Medicaid and CHIP</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>            Phone: 1-800-699-9075</p>
<p style="text-align: center;"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>            Phone: 1-800-692-7462            CHIP Website: <a href="http://www.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a>            CHIP Phone: 1-800-986-KIDS (5437)</p>	<p style="text-align: center;"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>            Phone: 1-855-697-4347, or            401-462-0311 (Direct Rlte Share Line)</p>
<p style="text-align: center;"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>            Phone: 1-888-549-0820</p>	<p style="text-align: center;"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>            Phone: 1-888-828-0059</p>
<p style="text-align: center;"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.texas.gov">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>            Phone: 1-800-440-0493</p>	<p style="text-align: center;"><b>UTAH – Medicaid and CHIP</b></p> <p>Utah's Premium Partnership for Health Insurance (UPP)            Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>            Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>            Phone: 1-888-222-2542            Adult Expansion Website:  <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>            Utah Medicaid Buyout Program Website:  <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>            CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>

# Legal Notices

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

# Legal Notices

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

City of Maricopa is committed to the privacy of your health information. The administrators of the City of Maricopa Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at 520.316.6808 or [hr@maricopa-az.gov](mailto:hr@maricopa-az.gov).

## HIPAA Special Enrollment Rights

### City of Maricopa Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the City of Maricopa Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources at 520.316.6808 or [hr@maricopa-az.gov](mailto:hr@maricopa-az.gov).

# Legal Notices

## **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

# Legal Notices

## Notice of Creditable Coverage

### Important Notice from City of Maricopa About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Maricopa and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Maricopa has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Maricopa coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Maricopa coverage, be aware that you and your dependents may not be able to get this coverage back.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Maricopa and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# Legal Notices

## **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Maricopa changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772- 1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** July 01, 2026  
**Name of Entity/Sender:** City of Maricopa  
**Contact—Position/Office:** Human Resources  
**Office Address:** 39700 W Civic Center Plaza  
Maricopa, Arizona 85138-3501  
United States  
**Phone Number:** 520.316.6808

# Notes

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# Notes

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Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.