

January 1, 2023 Per Pay Period Premiums



Full-Time Active Employees

Pharmacy and Behavioral Health Benefits are provided as part of your enrollment in a County-sponsored medical plan. There is one combined rate for all three benefits.

Healthcare Plans	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period ¹
Cigna High Deductible Health Plan	Employee	\$717.44	\$69.02	\$31.86
	Employee + Spouse	\$1,439.02	\$95.10	\$43.89
	Employee + Child(ren)	\$1,176.10	\$83.34	\$38.46
	Employee + Family	\$1,877.78	\$130.08	\$60.04
Cigna Network	Employee	\$718.18	\$86.80	\$40.06
	Employee + Spouse	\$1,394.06	\$177.66	\$82.00
	Employee + Child(ren)	\$1,151.06	\$138.96	\$64.14
	Employee + Family	\$1,089.96	\$247.56	\$114.26
UHC High Deductible Health Plan	Employee	\$717.444	\$69.02	\$31.86
	Employee + Spouse	\$1,439.02	\$95.10	\$43.89
	Employee + Child(ren)	\$1,176.10	\$83.34	\$38.46
	Employee + Family	\$1,877.78	\$130.08	\$60.04
UHC PPO	Employee	\$729.14	\$113.72	\$52.49
	Employee + Spouse	\$1,387.60	\$260.98	\$120.45
	Employee + Child(ren)	\$1,138.06	\$214.52	\$99.01
	Employee + Family	\$1,796.86	\$367.28	\$169.51

MARICOPA COUNTY

January 1, 2023 Per Pay Period Premiums



Part-Time Active Employees ²

Pharmacy and Behavioral Health Benefits are provided as part of your enrollment in a County-sponsored medical plan. There is one combined rate for all three benefits.

Healthcare Plans	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period ¹
Cigna High Deductible Health Plan	Employee	\$358.46	\$427.74	\$197.42
	Employee + Spouse	\$719.52	\$814.60	\$375.97
	Employee + Child(ren)	\$588.06	\$671.38	\$309.87
	Employee + Family	\$938.90	\$1,068.96	\$493.37
Cigna Network	Employee	\$359.10	\$445.88	\$205.79
	Employee + Spouse	\$697.04	\$874.68	\$403.70
	Employee + Child(ren)	\$575.54	\$714.48	\$329.76
	Employee + Family	\$904.98	\$1,152.54	\$531.94
UHC High Deductible Health Plan	Employee	\$358.72	\$427.74	\$197.42
	Employee + Spouse	\$719.52	\$814.60	\$375.97
	Employee + Child(ren)	\$588.06	\$671.38	\$309.87
	Employee + Family	\$938.90	\$1,068.96	\$493.37
UHC PPO	Employee	\$364.58	\$478.28	\$220.74
	Employee + Spouse	\$693.80	\$954.78	\$440.67
	Employee + Child(ren)	\$569.04	\$783.54	\$361.63
	Employee + Family	\$895.92	\$1,263.22	\$583.02

January 1, 2023 Per Pay Period Premiums Vision and Dental



Vision

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	\$1.87	\$0.61
	Employee + Spouse	\$3.67	\$1.34
	Employee + Child(ren)	\$3.54	\$1.01
	Employee + Family	\$5.47	\$1.80

Dental

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	\$3.33	\$2.19
	Employee + Spouse	\$5.85	\$4.13
	Employee + Child(ren)	\$7.94	\$5.37
	Employee + Family	\$9.27	\$6.18
Cigna (PPO)	Employee	\$13.14	\$8.28
	Employee + Spouse	\$28.91	\$18.22
	Employee + Child(ren)	\$31.27	\$19.71
	Employee + Family	\$40.15	\$25.30
Delta (PPO)	Employee	\$14.51	\$10.35
	Employee + Spouse	\$31.99	\$22.80
	Employee + Child(ren)	\$34.62	\$24.68
	Employee + Family	\$44.55	\$31.81

MARICOPA COUNTY

January 1, 2023 Per Month Rates Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	\$0.020
Additional Accidental Death and Dismemberment - Family	\$0.035
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	\$0.100

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
Age Bands		
Under 25	\$0.029	\$0.047
25-29	\$0.035	\$0.051
30-34	\$0.046	\$0.058
35-39	\$0.051	\$0.099
40-44	\$0.067	\$0.141
45-49	\$0.109	\$0.280
50-54	\$0.167	\$0.516
55-59	\$0.284	\$0.526
60-64	\$0.480	\$0.815
65-69	\$0.692	\$0.997
70 and older	\$1.281	\$1.638

Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{2,167} = \text{Per Pay Period Premium}$$

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

$$\frac{.051}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} \frac{1}{2,167} = \$3.25 \text{ Per Pay Period Premium}$$

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

January 1, 2023 Per Pay Period Premium Other Benefits



Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 26 Pay Periods
40%	\$0.0018
50%	\$0.0029
60%	\$0.0055

Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 40%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 60%
\$25,106	\$1.74	\$2.80	\$5.31
\$40,503	\$2.80	\$4.52	\$8.57
\$50,336	\$3.48	\$5.61	\$10.65
\$61,922	\$4.29	\$6.91	\$13.10
\$73,923	\$5.12	\$8.25	\$15.64
\$115,981	\$8.03	\$12.94	\$24.53

Group Legal Plan

Other Services	Employee Premium Per Pay Period
MetLife Legal	\$7.27

Pet Insurance

Plans	Pricing
Pets Best Pet Health Insurance (\$250 deductible, 90% reimbursement)	Get a personalized quote at 800.891.2565
Pet Assure Veterinary Discount Plan	\$8/month single pet; \$11/month all pets
PetPlus Prescription Savings Plan	\$3.75/single cat or dog; \$7.50/month all cats or dogs

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