



Advantage Plan 938 & Discount Plan 9900

Arizona Department of Administration
Human Resources Division –
Benefit Services

STATE OF ARIZONA



2015 Avesis Vision Plans



- Benefit Options is offering two vision care programs:
 - Avesis Advantage Plan 938
 - Avesis Discount Plan 9900
- Members are eligible for new benefits beginning January 1, 2015
- Avesis State of Arizona Toll Free Number: 1-888-759-9772

Changes for 2015



- Four tier options
- Lower premiums
- LASIK benefit increased to \$600 in the Avesis Advantage Program, in addition to corrective eyewear
- Hearing discount plan

Plan 938- Avesis Advantage Plan



- Benefits renew every 12 months on January 1st
 - Vision Examination
 - Lenses
 - Frame
 - Contact Lens Allowance
 - Once benefits have been exhausted, the member will receive a 20% discount on additional eyewear.

- LASIK
 - Once in a lifetime benefit



Plan 938- Vision Exam



Service	Benefit Frequency	In-Network	Out-Of-Network
Vision Examination	Once Every 12 Months	\$10 Copay	\$50

- This benefit does not include related contact lens professional fees (fitting fees).
- Dilation is covered if medically indicated by an In-Network Provider.

Plan 938- Frames

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Service	Benefit Frequency	In-Network	Out-Of-Network
Frame	Once Every 12 Months	Covered-in-full (within plan allowance)	\$50

- Covers approximately a \$100-\$150 retail value (\$50 wholesale allowance). As with most products, retail prices may vary. Retail Chain Stores (eg, Wal-Mart, Sam's Club, EyeMasters (VisionWorks), etc.) will have equivalent price points due to already deep discount pricing.
- Member may choose from a variety of frames at Avesis Participating Provider locations. The member has the choice of staying within the plan allowance with no out-of-pocket expense or choosing a frame outside their plan allowance and paying the designated amount.

Plan 938- Spectacle Lenses



Service	Benefit Frequency	In-Network	Out-Of-Network
Standard Lenses			
Single Vision	Once Every 12 Months	Covered-in-full	\$33
Bifocal	Once Every 12 Months	Covered-in-full	\$50
Trifocal	Once Every 12 Months	Covered-in-full	\$60
Lenticular	Once Every 12 Months	Covered-in-full	\$110
Progressive Lenses	Once Every 12 Months	Avesis Preferred Pricing	\$60
Non-Standard Lenses	Once Every 12 Months	Avesis Preferred Pricing	Standard Lens Reimbursement

- Selected spectacle lens tints and coatings are available at a discounted price at an Avesis Participating Provider's office. There is no reimbursement out-of-network.

Plan 938- Contacts Lens Benefit



Service	Benefit Frequency	In-Network	Out-Of-Network
Contact Lenses	Once Every 12 Months		
Elective		\$150 Allowance (10-20% Discount)	\$150
Medically Necessary		Covered-In-Full	\$300

- Contact lenses are in lieu of frames and spectacle lenses for the benefit year
- Contact lens allowance applies toward contact lenses and/or fitting fees
- Contact lens allowance can be used incrementally throughout the benefit year

Plan 938 - LASIK Benefit

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- Up to a 20% Discount using LASIK Contracted Provider
- \$600 LASIK Allowance
- Once Per Lifetime Benefit
- This benefit is in addition to correct eyewear benefit



Plan 938 Out-of-Network Reimbursement



Services	Maximum Reimbursement
Examination	\$50
Spectacle Lenses	
Standard Single Vision Lenses	\$33
Standard Bifocal Lenses	\$50
Standard Trifocal Lenses	\$60
Standard Lenticular Lenses	\$110
Progressive Lenses	\$60
Frame	\$50
Contact Lenses	
Elective	\$150
Medically Necessary	\$300
(In lieu of frames and lenses)	
LASIK	\$600 (No Discount Applies Out-Of-Network)

- Exam Copayment does not apply to Out-of-Network fee schedule.
- Member submits receipt along with claim form to Avesis. Avesis will reimburse the member directly.

Extra Value Services

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- Benefits include prescription Sunglasses in lieu of standard lenses with preferred discounts on the tinting
- A second set of glasses at preferred pricing
- Contact lenses in addition to glasses for 10%-20% discount
- Up to 20% discount on non-covered services
- Unlimited discounts after benefits are exhausted

Exclusions and Limitations

There are no benefits under the vision plan for:

- Orthoptics or vision training
- Vision aids or supplemental testing
- Non-prescription lenses
- Two pairs of glasses in lieu of bifocals
- Medical/surgical treatment of eye disease or injury
- Replacement of lost/broken optical materials
- Eye examination or eyewear for employment
- Services covered under Worker's Compensation Laws

Plan 9900 – Avesis Discount Plan



- Discount plan
- Automatically enrolled if Plan 938 is not selected
- No premium for all participants
- Discount LASIK
- No out-of-network benefits
- No limitation to the amount of use of benefits



Plan 9900- In-Network Benefits Only



Service	Discount Program
Examination	20% Discount
Standard Lenses	
Single Vision Lenses	20% Discount
Bifocal Lenses	20% Discount
Trifocal	20% Discount
Lenticular	20% Discount
Non Standard Lenses	20% Discount
Frames	20% Discount
Contact Lenses	
Elective	10% - 20% Discount
Medically Necessary	10% - 20% Discount
LASIK	10% - 20% Discount

- Retail chains use their discount schedule when plan is accepted. Please visit our website at www.avesis.com for contracted providers for Plan 9900
- No out-of-network benefits

EPIC Hearing Discount Plan



- Savings on hearing care and hearing aids (no access fee)
 - Brand name Hearing Aids
 - Fixed, reduced pricing representing savings of 30% to 60%
 - starting as low as \$495.00 for digital technology
 - All Levels of Hearing Aid Technology and Styles available
 - Assistance coordinating health plan benefits and Hearing Aid allowances to maximize savings
 - 3-year extended warranties (complimentary)
 - 1-year of follow up care
 - Free batteries - one year supply per device

- EPIC Hearing Call Center 1-866-956-5400
 - Members Identify themselves as a State of Arizona member or relative
 - Open Monday-Friday 6am-6pm (MST)

Avesis Website Services



- Members logging on will be required to register and create a Username and Password
- Members can look up providers by name or city and create a list of providers using any zip code
- Members can verify their eligibility for covered services
- Members can print a benefit summary
- Members can print an ID card for each enrolled family member
- Members can review important vision facts and FAQs

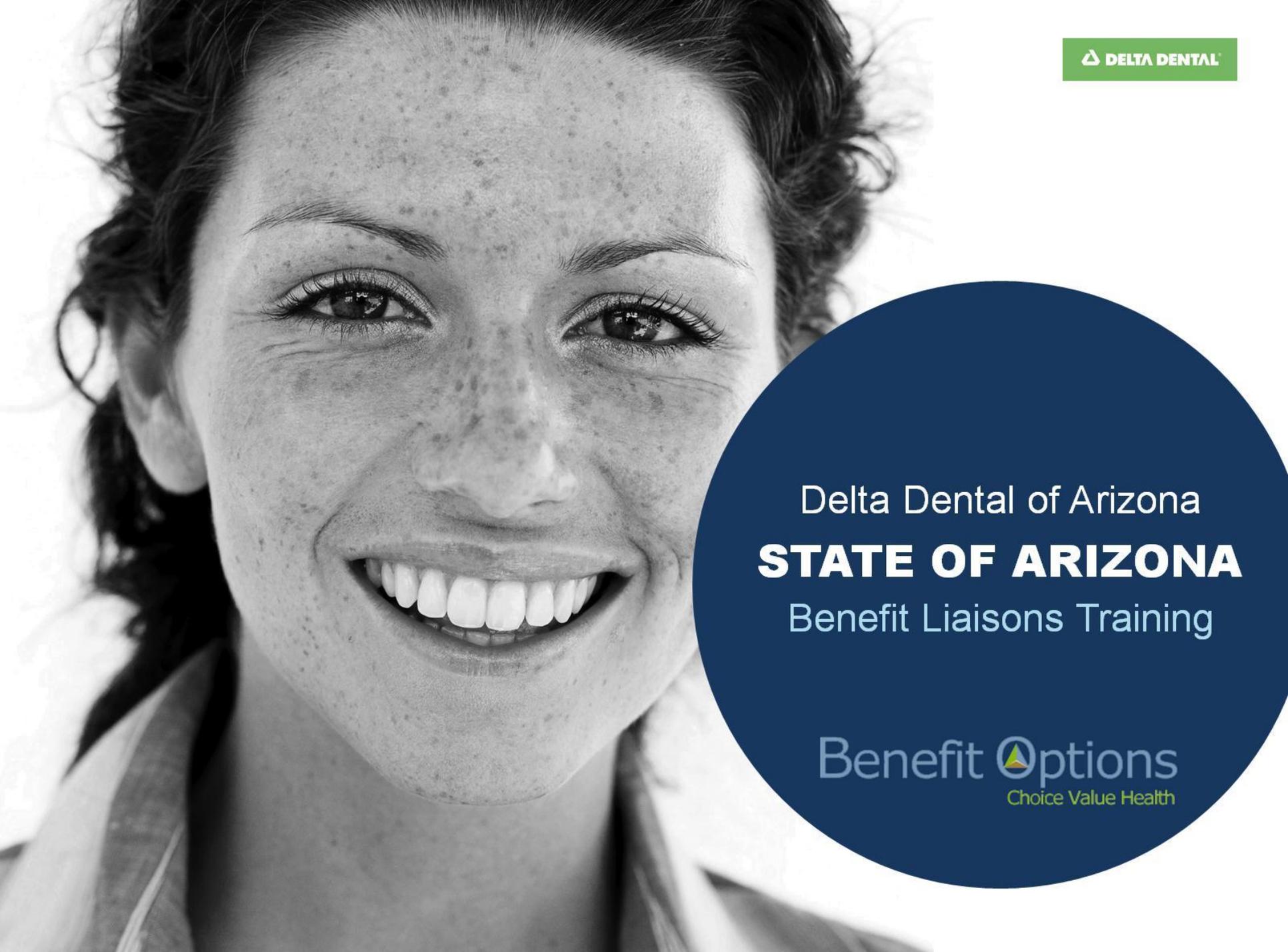
How Members Use The Avesis Plan



- Members call 1-888-759-9772 for assistance in locating an Avesis Participating Provider for Plan 938 and Plan 9900, or for additional information regarding their vision care options.
- Members may also visit our website at www.avesis.com to locate an Avesis Participating Provider, verify their eligibility, print an ID card, nominate a provider, or obtain an out-of-network benefit claim form. Members login with their EIN Number and last name.
- Members contact any Avesis Participating Provider and identify themselves as an Avesis Member (Plan 938) or (Plan 9900-Discount).
- Schedule an appointment.
- Plan 938 - Pay the applicable copayment at the participating provider's office and any expenses that are not covered.

OR

- Plan 9900 – Pay the Avesis Participating Provider the negotiated discounted fees for vision services.
- For a complete listing of covered services please refer to the plan descriptions at benefitoptions.az.gov
- EPIC Hearing Discount Plan – Call 1-888-956-5400 for more information regarding the new hearing benefit



Delta Dental of Arizona
STATE OF ARIZONA
Benefit Liaisons Training

Benefit  Options
Choice Value Health

WHY CHOOSE DELTA DENTAL?

EXPERIENCE

- 42 years providing dental benefits to Arizonans
- 22 years covering the smiles of State employees

ACCESS TO DENTISTS

- 3,200 dentists at 7,250 locations in Arizona
- 145,000 dentists at 292,000 locations nationally

SPECIALIZED EXPERTISE

- All we do is dental

SERVICE

- Local customer service representatives



2014 BENEFITS OVERVIEW

- \$2,000 yearly maximum per covered person
- Diagnostic and preventive services are not deducted from the plan maximum
- No deductible for diagnostic and routine services
- Deductible of \$50 per person, no more than \$150 per family
- Access to the entire Delta Dental network



COVERED SERVICES

(no deductible)

100% DIAGNOSTIC & PREVENTIVE SERVICES

DIAGNOSTIC:

Exams, evaluations or consultations (2x in a benefit year)

X-RAYS:

Full mouth/panorex or vertical bite wings (1x in a 3-year period), bitewing (2x in a benefit year), and periapical

PREVENTIVE:

Routine cleanings (limited to 2x in a benefit year) or 1 difficult cleaning may be exchanged for 1 routine cleaning. However, the difficult cleaning is limited to not more than once in a 5-year period

- Topical application of fluoride 2x in a benefit year up to age 18
- Space maintainers for missing posterior primary (baby) teeth up to age 14

THIRD CLEANING BENEFIT

Members with qualifying medical conditions can register for a third dental cleaning benefit.*

This benefit is available to members who have had two cleanings during the current benefit period and are:

- Diabetics
- In their third trimester of pregnancy
- Renal dialysis patients
- Suppressed immune system patients due to chemotherapy, HIV positive, organ transplant or stem cell/bone marrow transplant
- Head and neck radiation patients

Register for this benefit via the Member Connection at:

deltadentalaz.com/member

COVERED SERVICES

(deductible applies)

80% BASIC SERVICES

RESTORATIVE: Fillings – silver, synthetic tooth color fillings, stainless steel crowns (baby teeth)

ORAL SURGERY: Extractions

ENDODONTICS: Root canal treatment (permanent teeth), pulpotomy (baby teeth)

PERIODONTICS: Treatment of gum disease – non-surgical, 1x every 2 years; surgical, 1x every 3 years

EMERGENCY: Treatment for the relief of pain

50% ORTHODONTICS SERVICES

- Benefit available for both adults and children
- Lifetime orthodontia benefit is limited to a maximum of \$1,500 per patient. Payable in 2 payments – upon initial banding and 12 months after
- This maximum is separate from the benefit year maximum for your other dental benefits

50% MAJOR SERVICES

RESTORATIVE: Crowns, onlays

PROSTHODONTICS: Bridges, partial dentures, complete dentures

BRIDGE AND DENTURE REPAIR: Repair of such appliances to their original condition, including relining of dentures

REPLACEMENT: 5-year waiting period applies to all major services

VISIT A NETWORK DENTIST

GREATER SAVINGS

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.



Non-participating
dentist



Premier
dentist



PPO
dentist

CUSTOMER SERVICE

Dedicated State of Arizona customer service number staffed by experienced personnel:

- Toll-free hotline:
866.9state9 or 866.978.2839
- Local: **602.588.3620**

24/7 access to information at:
deltadentalaz.com

DID YOU KNOW

It takes an average of **19 seconds** to connect with a Delta Dental representative by phone and **99.99%** of inquiries are resolved on the first call.

Source: Delta Dental of Arizona
internal data, 2013

MEMBER RESOURCES



MEMBER CONNECTION

deltadentalaz.com/member

Log in or create a new account to:

- Check benefits and eligibility
- Check claims status
- View Explanation of Benefits (EOBs)
- Print ID cards



PROVIDER SEARCH

deltadentalaz.com/find

Find a network dentist by:

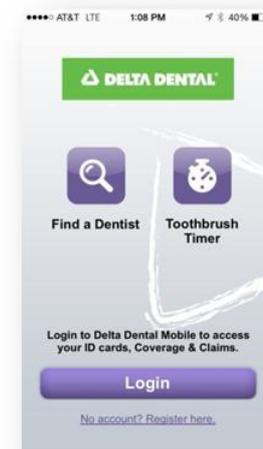
- Location
- Specialty
- Practice name
- Provider name
- Languages spoken



DELTA DENTAL MOBILE APP

Download the Delta Dental Mobile App for on-the-go access to your ID card and member benefits.

Available for free in the [Apple App Store](#) and [Google Play](#) for Android and iOS devices.



MEMBER RESOURCES

DELTA DENTAL AZ BLOG

deltadentalazblog.com

Visit the blog for oral health news and tips to keep your smile healthy.



SOCIAL MEDIA

For the latest news and healthy smile tips, follow Delta Dental of Arizona on your favorite social media sites.



GRIN! MAGAZINE

ddaz.grinmag.com

Read our quarterly oral health e-zine.



2015 Benefits Open Enrollment

PRE-PAID/DHMO DENTAL A500AZ Product Training



PLAN HIGHLIGHTS

- No Deductible
- No Annual Plan Maximum
- No Waiting Periods
- No Pre-Existing Conditions(except for procedures in progress)
- No Gatekeeper to Specialist Care
- No Prior Authorizations
- No Predetermination of Benefits
- No Missing Tooth Clause
- In-Network Coverage Only (except for emergencies)
- \$50 Allowance for Emergency
- Out-of-State dependents /students allowed with in-network coverage only

PLAN ADVANTAGES

- No Separate per Appointment Office Visit
- Copays Required for Covered Services (General Dentist)
- Copays for Specialty Care (Endodontists, Periodontists, Oral Surgeons)
- Pediatric and Prosthodontic Care covered at TDAHP Negotiated Rate
- Fixed Lab Fee Copays (\$185 for Crowns - \$275 for Partial and Dentures)
- Adult and Child Orthodontia Coverage (no lifetime benefit maximum)
- Sealants to age 17 and Fluoride to age 15
- Implant Coverage
- Resin (white) posterior fillings
- Value Added Discount Programs (hearing, vision and prescription)
- Each family member may choose a different General Dentist

CONTRACTED PROVIDERS

- General Dentists = 2885
 - Endodontists = 253
 - Periodontists = 156
 - Oral Surgeons = 229
 - Orthodontists = 281
- Pedodontists (Pediatric) = 209
 - Prosthodontist = 6
 - TMJ Specialists = 1

TDAHP PLAN CONTACTS



www.TDA dental.com

On-line Provider Search
Change/Select General Dentist
Provider Nomination
A500AZ Benefit Plan Booklet



**2111 E Highland Ave
Suite 250
Phoenix, AZ 85016**



**(602) 266-1995
(602) 381-4280
(866) 921-7687**

Bi-Lingual (Spanish) Reps
Claims Status
Customer Service