Advantage Plan 938 & Discount Plan 9900

Arizona Department of Administration
– Benefit Services Division

STATE OF ARIZONA

2017 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, 2017
- Avesis State of Arizona Toll Free Number: 1-888-759-9772

Changes for 2017

- 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	One per plan year	$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

Service	Benefit Frequency	In-Network	Out-Of-Network
Frame	One per plan year	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	One per plan year	Covered-in-full	$33
Bifocal	One per plan year	Covered-in-full	$50
Trifocal	One per plan year	Covered-in-full	$60
Lenticular	One per plan year	Covered-in-full	$110
Progressive Lenses	One per plan year	**Uniform discounted fee schedule**	$60
Non-Standard Lenses	Once per plan year	**Uniform discounted fee schedule**	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	One per plan year		
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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ESSENTIAL BENEFITS

- 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

- 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

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

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Arizona Department of Administration
Benefit Options
Benefit Services Division

Benefit Liaison Training 2017
Plan Year

What makes Aetna different?

Multiple plan options.

HSA Option®
Lowest premium with tax advantaged savings account

EPO Option
Lower premium with predictable out-of-pocket costs

PPO Option
Higher premium with deductible and out-of-pocket limits

Great program extras.

ToolKit
Innovations to support smart health care decisions

Aetna Extras
Free with all Benefit Options plans with Aetna

More choices mean you get the health coverage that's right for you.

HSA Option*

Lowest premium with tax advantaged savings account

- Preventive Care covered 100%
- In/Out of network coverage
- Health Savings Account
- Employer contributions that you get to keep
- Pay for service as you go
- Annual limits protect against catastrophic events
- Prescription costs count towards annual limits

EPO Option

Lower premium with predictable out-of-pocket costs

- In network coverage
- Predictable out-of-pocket costs
- 920,000 doctors, hospitals and other health care providers in the network.

PPO Option

Higher premium with deductible and out-of-pocket limits

- In/Out of network coverage
- Higher coverage when you stay in the network
- Copays apply to annual limits after deductible is met

Health Savings Account (HSA)

A health savings account or HSA is a **tax-advantaged** savings account that is used in conjunction with a **high-deductible health plan** (HDHP). Employees can use their account to pay for qualified out of pocket **health care expenses**. There are three components:

Benefit Options HSA Option High Deductible Health Plan

A health plan that is designed to work in conjunction with a health savings account

+

HSA

A permanent and portable personal tax advantaged account that is used to pay for qualified out-of-pocket medical expenses not covered by the health plan this year or any year in the future

+

Member tools and information

A suite of tools designed to help support members in making more informed health care choices and more effectively managing the increased responsibility for financing their health care.

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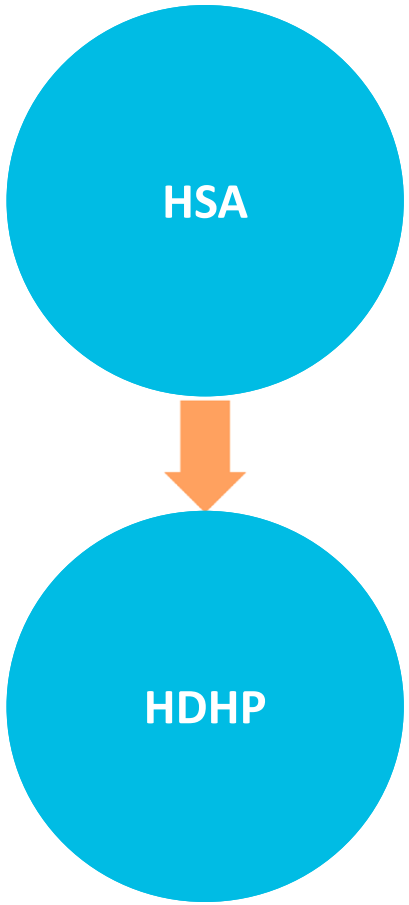
Empowerment

A new attitude and new way of paying for and utilizing health care services.

HSA — Basic Info

HDHP w/HSA

- **HSA is an account - not insurance**
  - Owned by individual; portable
  - Accumulated HSA funds roll over
  - Contributions are tax free and reduce taxable income regulated by IRS and subject to change (2017 max. $3,400 ind / $6,750 fam)
  - 2017 Catch-up contributions of additional $1,000 for age 55+
  - HSA dollars can be withdrawn for any non-qualified expense prior to age 65 – penalties may occur per IRS regulations
  - Qualified withdrawals are tax free
  - Earns interest tax free
  - You can change or stop contribution amount at anytime
- **Used with a qualified HDHP (limits set by the Internal Revenue Service)**
  - 100% coverage for preventive care, not subject to deductible
  - $1,300 / $2,600 minimum deductible



The member experience – HSA member enrollment

Member

- Must be enrolled in medical HDHP.
- Review custodial agreement, fee schedule, and disclosures
- Elect to enroll in HSA and determine contribution level.

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- Eligibility/contribution information received from Plan Sponsor or Third Party vendor.

- PayFlex Customer Identification Process (CIP)
- US Patriot Act, Section 326
- Verifies member info (SSN, name, address, birth date).
- Member in HSA "pend open" status.

Member passes CIP

- HSA is opened
- Welcome Package and Debit card package arrive within 10-14 days of HSA effective date
- Contributions are deposited
- Member activates HSA debit card
- HSA info available through Aetna Navigator

Member fails CIP

- PayFlex requests member's supporting documentation; three attempts to contact via letter.
- If received and approved, opens HSA.
- If not received, closed HSA.

HSA — How it Works

Enrollment

- Account opening bundled with High Deductible Health Plan Enrollment — No separate application process or signatures required
- Confirmation of disclosure statement and fee schedule

Making contributions

Contribution options:

- Must be enrolled in a qualified high-deductible health plan to make a contribution
- Generally cannot have any other significant medical coverage or be Medicare enrolled
- Contributions by anyone-individual, employer, family member or combination:
    - Payroll deduction
    - Checks, money orders via lockbox
    - Electronic funds transfer from a personal non-HSA account
    - Rollover from IRA*,
    - Trustee to Trustee transfer from Archer MSA or other HSA
    - **Employer contributions bi-weekly ($27.69 for individual/ $55.38 for family per 26 pay periods)**

*One-time transfer from IRA up to permitted annual HSA contribution limit

HSA — How it Works

Withdrawal tools

HSA withdrawal tools

- HSA debit card
  - Issued to all HSA accountholders (no fee)
  - Payment up to available HSA funds at time of withdrawal
- Can be used:
  - To reimburse all or part of accountholder's qualified medical expenses
  - At point-of-sale locations, only with merchants that offer products and services related to health care expenses.
- Online bill pay
  - Automated Clearing House (ACH) credit or electronically transfer to a provider or directly into an account holder's personal bank account
    - One-time or repeating transfer to a linked account
    - No additional cost or fees
  - Pay by check

Account information

- Online via Aetna Navigator®
- By telephone and interactive voice response
- Via PayFlex Mobile™ application
- Monthly electronic or paper account statement
- Account information for tax year via IRS Form 1099-SA and 5498-SA

High Deductible Health Plan Features

In-Network		Out-of-Network	
Deductible	**Coinsurance**	**Deductible**	**Coinsurance**
You are responsible for 100% cost of services until deductible is met	Once deductible met you're responsible for 10% of cost each service until out of pocket maximum is met	You are responsible for 100% cost of services until deductible is met	Once deductible met you're responsible for 50% of cost each service until out of pocket maximum is met
Individual: $1,300	**Individual: $2,000** Preventative RX copay applies	**Individual: $2,600**	**Individual: $5,000** *subject to allowed amounts
Family: $2,600	**Family: $4,000** Preventative RX copay applies	**Family: $5,200**	*subject to allowed amounts
Once the out of pocket maximum is met, the plan will pay 100% of your medical costs for the remainder of that plan year.			

Tools to keep you on track and available when you are!

- Use the **Secure Member Website** at www.aetna.com to get the most from your health plan:
  - Check your benefits, balances and claims.
  - Learn more about or get started with most programs.
  - Download forms, print a temporary ID card.
  - Send an e-mail to Member Services.
- Use **Cost Estimator** to get estimates of what health care services might cost in your area.
- Store all your health information in one convenient place with the **Personal Health Record (PHR).** Share it with your doctor or whenever you choose.
- Use the **Aetna Mobile** tools on your internet-enabled phone to find nearby doctors and facilities, access your personal health record (PHR), view your ID card — you can even download an app to use on your smartphone!

ToolKit
Innovations to support smart health care decisions

Consumer Tools

Aetna Navigator

- DocFind – provider search
- HSA Savings Calculation Tool - https://www.payflexdirect.com/ConsumerCenter/PlanningTools/SavingsCalculator.aspx
- Cost Estimator Tool
- Claim Activity, Explanation of Benefits, & Temporary ID Cards
- Email customer service 24/7

Customer Service & Tools

- Designated ADOA customer service team.
- Aetna Onsite Representative
- Aetna Mobile
- Informed Health Line – registered nurses available to answer your questions 24/7

PayFlex - Aetna's HSA Administrator

- Easy to use website that allows you to manage all aspect of your HSA, including payments, withdrawals, deposits and transfers.
- A designated HSA customer service team with expanded service hours – including Saturdays!
- Access to your own custom HSA Dashboard that allows you to view and manage all aspects of your account – including contributions, expense trends, transaction history and receipt management.
- A mobile application that allows you to access and manage your account from your smart phone!
- Limited banking fees and multiple investment opportunities.

My Dashboard

After successfully logging in, you will be able to access the following.
www.payflex.com

My Resources
- Administrative Forms
- Planning Tools
- Educational Materials
- IRS Resources

Manage My Debit Card(s)
- Card status (active/inactive)
- Order additional cards

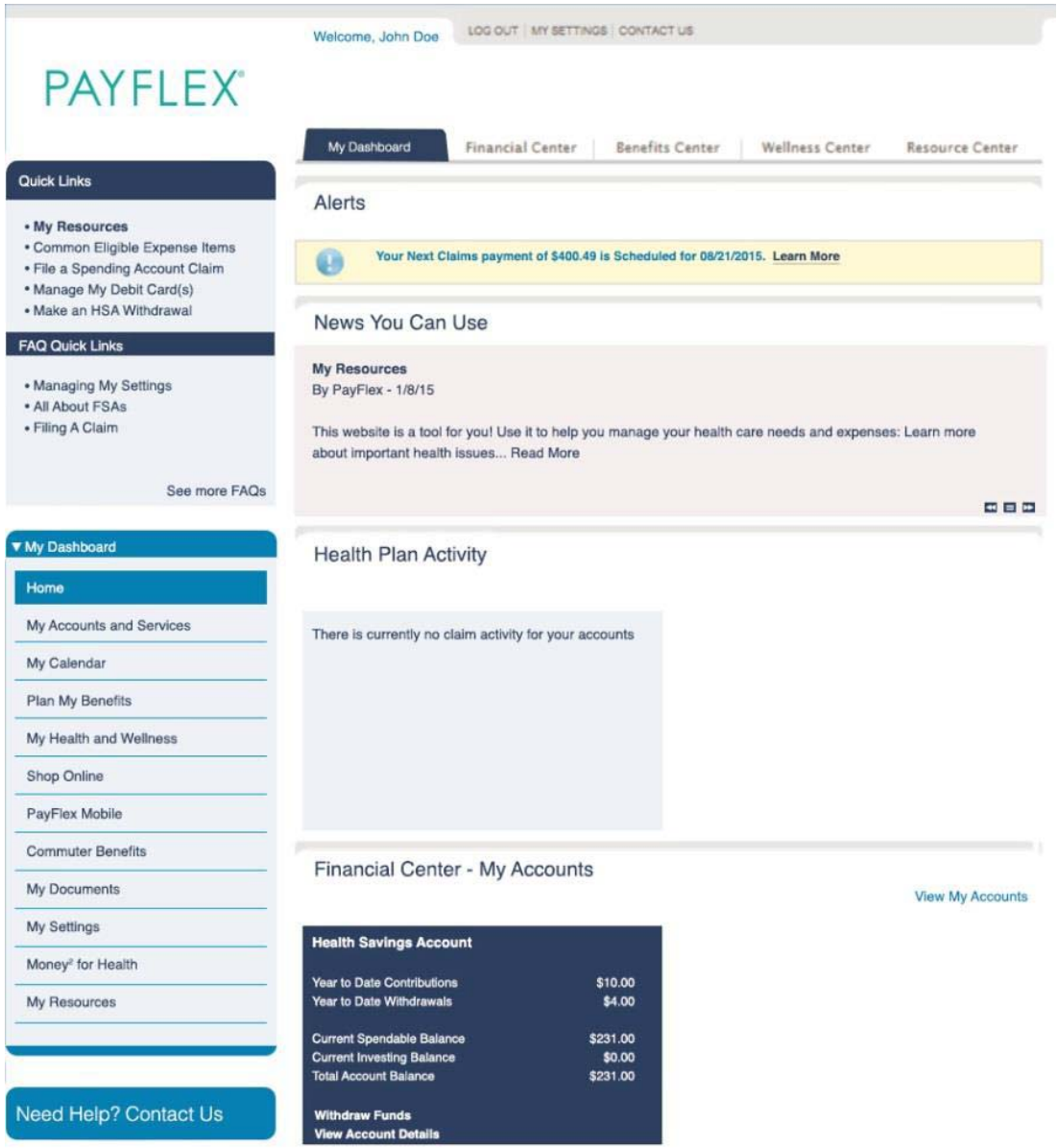
FAQ Quick Links
- Frequently Asked Questions

Alerts
- Important account notifications

News You Can Use
- PayFlex & Legislative updates

Accounts Snapshot
- Annual contribution
- Account balance
- Access to detailed account information

My Documents
- View account notifications, uploaded & faxed documents, and forms



Why Choose the HSA Option?

Plan Design offered by Benefit Options

- Most affordable plan with the lowest employee premium**.**
- Annual out-of-pocket limit provides protection against catastrophic costs.
- In and Out of Network plan design allows the greatest provider choice.
- Includes a Health Savings Account to cover out of pocket costs (deductible / coinsurance).

ADOA contributes to your HSA Account each pay period your enrolled

- $27.69 individual
- $55.38 family
- and it is yours to keep even if you no longer work for ADOA – the money goes with you!

Tip: Allows more control over how your healthcare dollars are spent - if you remain healthy and choose your healthcare services wisely you can save your money for a 'rainy day' or invest them tax free.

Did you know just by enrolling in Aetna you have access to:

- **iTriage®** – Use this free app to look up symptoms and conditions, find the right in-network care, learn about medications and make informed decisions. You can try it online at www.itriagehealth.com.

- **Informed Health Line** – get your health questions answered anytime, anywhere. Call our toll–free 24–hour nurse line.

- **Case Management** - Have a registered nurse help you take charge of your chronic condition.
  – Supports over 30 conditions.
  – Technology monitors claims and alerts you of any gaps in your care.

Discount Programs offered by Aetna

Fitness
(gym memberships, fitness plans, sports equipment)

Hearing
(hearing exams, hearing aids, batteries)

LifeMart® shopping website
(travel, electronics, family care, home, auto)

Weight management
(weight loss programs and products, diet and meal plans)

Vision
(eye exams, frames, contact lenses, LASIK surgery)

Natural products and services
(over-the-counter-vitamins, online medical consultations, skin care)

Oral health care
(water-jet flossers, cavity-fighting products)

Contacts, Websites, and much more…

Aetna Member Services **Aetna Provider Services**	**1-866-217-1953** **1-888-632-3862**	www.aetna.com www.aetnastateaz.com
Aetna Pre-Authorization: **Members** **Providers**	 **1-800-333-4432** **1-888-632-3862**	
Aetna Informed Health Line	**1-800-556-1555**	24 hours/7 days a week
PayFlex Customer Service	**1-888-678-8242**	www.payflex.com Employer ID # needed to register for online access: NAU: 125498 ASU: 125490 ADOA: 125488 UofA: 125496
ADOA Onsite Consultant **Devon Moore**	**602-659-9019**	**MooreD1@aetna.com**
Benefit Services Division **HSA Option – Additional Info** **What is new for 2015** **?'s about HSA Option** **?'s about HSA's** **Learn more about PayFlex**		http://benefitoptions.az.gov/ http://benefitoptions.az.gov/bsd%20hsa%202015.html

Want to learn more?

- Visit www.AetnaStateAZ.com
- Email AZBenefitOptionsPlans@aetna.com
- Talk with your Aetna Onsite Representative: 602-659-9019
- Call Aetna Member Services: 866-217-1953

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2017 Benefits Open Enrollment

PRE-PAID/DHMO DENTAL A500AZ

Product Training

TDA
Total Dental Administrators

Arizona Department of Administration
Benefit Options
Benefit Services Division

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

TDA
Total Dental Administrators

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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 Partials 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

TDA
Total Dental Administrators

Arizona Department of Administration
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Benefit Services Division

CONTRACTED PROVIDERS

- Total Dentists = 2,979
- General Dentists = 1,858
- Endodontists = 203
- Oral Surgeons = 239
- Orthodontists = 296
- Periodontists = 182
- Pedodontists (Pediatric) = 193
- Prosthodontist = 8

TDA
Total Dental Administrators

Arizona Department of Administration
Benefit Options
Benefit Services Division

TDAHP PLAN CONTACTS

www.TDAdental.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

TDA
Total Dental Administrators

Arizona Department of Administration
Benefit Options
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