

FOR ALL MEMBERS

VISION PLAN SELECTION - ONLY AVAILABLE IF MEDICAL AND/OR DENTAL COVERAGE IS SELECTED

VISION PLAN - MONTHLY PREMIUMS AMOUNT

<input type="checkbox"/> DECLINE VISION COVERAGE OR <input type="checkbox"/> KEEP MY CURRENT VISION COVERAGE OR			
Select A Plan (only if changing)	Retiree Only	Retiree + One	Retiree & Family
Avesis	<input type="checkbox"/> \$4.83	<input type="checkbox"/> \$13.52	<input type="checkbox"/> \$16.86

DENTAL PLANS - MONTHLY PREMIUMS AMOUNT

<input type="checkbox"/> DECLINE DENTAL COVERAGE OR <input type="checkbox"/> KEEP MY CURRENT DENTAL COVERAGE OR			
Select A Plan (only if changing)	Retiree Only	Retiree + One	Retiree & Family
Delta Dental PPO Plus Premier	<input type="checkbox"/> \$35.94	<input type="checkbox"/> \$80.79	<input type="checkbox"/> \$136.82
Total Dental Administrators	<input type="checkbox"/> \$9.96	<input type="checkbox"/> \$18.92	<input type="checkbox"/> \$27.70

MEDICAL PLANS - MONTHLY PREMIUMS AMOUNT

FOR MEMBERS WITHOUT MEDICARE

<input type="checkbox"/> DECLINE MEDICAL COVERAGE OR <input type="checkbox"/> KEEP MY CURRENT MEDICAL COVERAGE OR			
Select A Plan (only if changing)	Retiree Only	Retiree + One	Retiree & Family
EPO PLANS			
AETNA EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1387.00	<input type="checkbox"/> \$1869.00
BCBS of AZ/AMERIBEN EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1387.00	<input type="checkbox"/> \$1869.00
CIGNA EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1387.00	<input type="checkbox"/> \$1869.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1387.00	<input type="checkbox"/> \$1869.00
PPO PLANS			
AETNA PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3074.00
BCBS of AZ/AMERIBEN PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3074.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3074.00
NAU Only - Available in ALL regions			
BCBS of Arizona PPO	<input type="checkbox"/> \$606.42	<input type="checkbox"/> \$1212.84	<input type="checkbox"/> \$1697.99

****BENEFIT SERVICES DIVISION USE ONLY****

PLAN NAME: _____

PLAN OPTION CODE: _____

****FOR MEMBERS WITH MEDICARE, MAKE MEDICAL ENROLLMENT SELECTIONS ON THE FOLLOWING PAGE****



**STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD
ENROLLMENT FORM 2012**

**FOR MEMBERS WITH MEDICARE - attach a copy of your Medicare card
(a copy of your Medicare Card is required if electing a Medicare Option)**

<input type="checkbox"/> I HAVE MEDICARE PART A	<input type="checkbox"/> I HAVE MEDICARE PART B
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MEDICAL PLANS - MONTHLY PREMIUMS AMOUNT

<input type="checkbox"/> DECLINE MEDICAL COVERAGE	OR	<input type="checkbox"/> KEEP MY CURRENT MEDICAL COVERAGE	OR
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Select A Plan (only if changing)	Retiree Only with Medicare	Retiree + ONE: Both with Medicare	Retiree + ONE: One with Medicare, the other without	Retiree & Family With Medicare
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EPO PLANS

AETNA EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$1024.00	<input type="checkbox"/> \$1166.00
BCBS of AZ/AMERIBEN EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$1024.00	<input type="checkbox"/> \$1166.00
CIGNA EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$1024.00	<input type="checkbox"/> \$1166.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$1024.00	<input type="checkbox"/> \$1166.00

PPO PLANS

AETNA PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1576.00	<input type="checkbox"/> \$1740.00	<input type="checkbox"/> \$1980.00
BCBS of AZ/AMERIBEN PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1576.00	<input type="checkbox"/> \$1740.00	<input type="checkbox"/> \$1980.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1576.00	<input type="checkbox"/> \$1740.00	<input type="checkbox"/> \$1980.00

NAU Only - Available in ALL Regions

BCBS of Arizona PPO	<input type="checkbox"/> \$543.06	<input type="checkbox"/> \$1086.39	<input type="checkbox"/> \$1149.76	<input type="checkbox"/> \$1467.24
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If you decline or cancel both medical and dental coverages you will NOT be able to re-enroll with ADOA in the future. If you choose to keep medical or dental coverage through ADOA, you may elect medical and/or dental coverages during future Open Enrollment periods.

I hereby certify, under penalty of perjury, that the information provided in this application for health benefits is correct and true. I am aware that providing false information - including that which is related to my address, spouse, or dependent(s) - may subject me to denial of health benefits, disciplinary action, and prosecution pursuant to ARS 13-2310, 13-2311, 13-2407, 13-2702 and other applicable laws.

Signature: _____ Date: _____

Return form to: ADOA Benefit Services Division, 100 N. 15th Ave., Suite 103
Phoenix, AZ 85007 or Fax 602-542-4744

***** BENEFIT SERVICES DIVISION USE ONLY *****

PLAN NAME: _____	PLAN OPTION CODE: _____
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