

STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD 2015 ENROLLMENT FORM

IMPORTANT! Enrollment should be completed online at yes.az.gov. This form should only be used if you are unable to access Y.E.S.

- NEW RETIREE NEW LTD PARTICIPANT ADDRESS CHANGE
 QUALIFIED LIFE EVENT TERMINATE INSURANCE

- RETIRED DISABLED
 SURVIVING SPOUSE

Retirement System

- ASRS (ZA) PSPRS, CORP, EORP (ZP) OPTIONAL (ZT)

EFFECTIVE DATE:

DECEASED MEMBER'S NAME:

DECEASED DATE:

MEMBER IDENTIFICATION

LAST NAME, FIRST NAME, M.I.	EMPLOYEE EIN or SSN	<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	DATE OF BIRTH
		<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	
STREET ADDRESS (NO P.O.BOX)			COUNTY OF RESIDENCE	
CITY, STATE, ZIP CODE		E-MAIL ADDRESS (Mandatory)		
LAST DAY WORKED	DATE RETIRED	MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE NUMBER ()	AGENCY

DEPENDENTS MUST BE LISTED FOR FAMILY COVERAGE

LAST NAME, FIRST NAME, MIDDLE INITIAL	DATE OF BIRTH <i>(Required)</i>	RELATIONSHIP CODE S=Spouse C=Child G=Guardian P=Placed for adoption T=Stepchild	MEDICARE A=Medicare A B=Medicare B C=Medicare A & B D=Medicare Unknown E=No Medicare	SOCIAL SECURITY NUMBER <i>(Required)</i>	MALE OR FEMALE M OR F	ADD OR DELETE	Indicate Plan Type Medical(M) Dental(D) Vision(V)
MEMBER:							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
SPOUSE:							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V
							<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> V

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

VISION PLAN - MONTHLY PREMIUMS AMOUNT

DECLINE VISION COVERAGE

Select A Plan	Retiree Only	Retiree + Adult	Retiree + Child	Retiree & Family
Avesis	<input type="checkbox"/> \$3.99	<input type="checkbox"/> \$12.94	<input type="checkbox"/> \$12.76	<input type="checkbox"/> \$16.10

DENTAL PLANS - MONTHLY PREMIUMS AMOUNT

DECLINE DENTAL COVERAGE

Select A Plan	Retiree Only	Retiree + Adult	Retiree + Child	Retiree & Family
Delta Dental PPO Plus Premier	<input type="checkbox"/> \$35.94	<input type="checkbox"/> \$75.63	<input type="checkbox"/> \$60.48	<input type="checkbox"/> \$118.26
Total Dental Administrators	<input type="checkbox"/> \$8.99	<input type="checkbox"/> \$17.98	<input type="checkbox"/> \$17.51	<input type="checkbox"/> \$26.97

MEDICAL PLANS - MONTHLY PREMIUMS AMOUNT

DECLINE MEDICAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
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NON MEDICARE EPO PLANS

AETNA EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1,387.00	<input type="checkbox"/> \$1,869.00
BCBS AZ AZ EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1,387.00	<input type="checkbox"/> \$1,869.00
CIGNA EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1,387.00	<input type="checkbox"/> \$1,869.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$593.00	<input type="checkbox"/> \$1,387.00	<input type="checkbox"/> \$1,869.00

NON MEDICARE PPO PLANS

AETNA PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3,074.00
BCBS AZ PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3,074.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$943.00	<input type="checkbox"/> \$2219.00	<input type="checkbox"/> \$3,074.00

NAU Only - Available in ALL regions NON MEDICARE

BCBS AZ PPO	<input type="checkbox"/> \$730.79	<input type="checkbox"/> \$1,461.57	<input type="checkbox"/> \$2,046.23
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****BENEFIT SERVICES DIVISION USE ONLY****

PLAN NAME: _____

PLAN OPTION CODE: _____

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

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**FOR MEMBERS WITH MEDICARE - You are required to complete the
2015 Group Part D Prescription Drug Enrollment Form**

I HAVE MEDICARE PART A

I HAVE MEDICARE PART B

MEDICAL PLANS - MONTHLY PREMIUMS AMOUNT - MEDICARE OPTIONS

ACCEPT MEDICAL COVERAGE - Medicare becomes primary for medical coverage and includes Medicare Part D prescription drug coverage. I understand that if I lose my prescription drug coverage, I will also lose my medical coverage.

DECLINE MEDICAL COVERAGE

Select A Plan	Retiree Only with Medicare	Retiree + ONE: Both with Medicare	Retiree + ONE: One with Medicare, the other without	Retiree & Family With Medicare
EPO PLANS				
AETNA EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$,1024.00	<input type="checkbox"/> \$1,166.00
BCBS AZ EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$,1024.00	<input type="checkbox"/> \$1,166.00
CIGNA EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$,1024.00	<input type="checkbox"/> \$1,166.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$,1024.00	<input type="checkbox"/> \$1,166.00
PPO PLANS				
AETNA PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1,576.00	<input type="checkbox"/> \$1,740.00	<input type="checkbox"/> \$1,980.00
BCBS AZ PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1,576.00	<input type="checkbox"/> \$1,740.00	<input type="checkbox"/> \$1,980.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$789.00	<input type="checkbox"/> \$1,576.00	<input type="checkbox"/> \$1,740.00	<input type="checkbox"/> \$1,980.00
NAU Only - Available in ALL Regions				
BCBS AZ of Arizona PPO	<input type="checkbox"/> \$594.94	<input type="checkbox"/> \$1,190.02	<input type="checkbox"/> \$1,325.73	<input type="checkbox"/> \$1,635.58

- 1. If you decline or cancel both medical and dental coverages you will NOT be able to re-enroll with ADOA in the future.***
- 2. If you choose to keep medical or dental coverage through ADOA, you may elect medical and/or dental coverages during future Open Enrollment periods.***
- 3. If you are eligible for Medicare, your medical coverage will include prescription drug coverage in a Medicare Part D plan with additional coverage provided by the State of Arizona.***
- 4. If you are enrolled in another Medicare prescription drug plan or individual Medicare Advantage plan – with or without prescription drug coverage – you will be disenrolled from that coverage. If you enroll in these plans after you are enrolled in the State of Arizona’s plan, you will be disenrolled from the State of Arizona plan.***
- 5. If you are disenrolled or otherwise leave the State of Arizona prescription drug plan, you will lose both your medical and prescription drug coverage.***

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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. I hereby acknowledge, I have received the Summary of Benefits and Coverage Documents as part of The Affordable Care Act (ACT).

Signature: _____ Date: _____

For members with Medicare, a 2015 Group Participation Part D Prescription Drug Enrollment Form for the State of Arizona Benefit Options Program is required to be signed for each Medicare participant, for retiree+one; two additional forms should be submitted with this enrollment form.

Return form to: ADOA, Human Resources Division, Benefit Services, 100 N. 15th Ave., Suite 103
Phoenix, AZ 85007 or fax: 602-542-4744 or email to: benefitsissues@azdoa.gov.

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

PLAN NAME: _____

PLAN OPTION CODE: _____