

2016 Retired State Employees Open Enrollment Benefit Summary Guide



Open Enrollment Action:

Decide — If you are satisfied with your medical, dental, and/or vision elections, **no action is required**.

Enroll — If you want to **make a change** to your current benefits **complete your open enrollment form** and return it to Benefit Services or log on to Y.E.S. to **complete your 2016 elections and update your personal information by November 13, 2015**.

Participate — Attend a benefit expo to be informed about your Plan choices and get your free Flu Shot.

Open Enrollment: October 26 through November 13, 2015

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This guide is designed to provide an overview of the benefits offered through the State of Arizona Benefit Options Program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by the relevant Plan Descriptions and contracts. The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit Plans at anytime.



Benefit Expos

Open Enrollment Benefit Expos will be held to allow retirees an opportunity to meet with vendors and representatives from Benefit Services Division. Booths will be set up to allow you to learn about your benefit Plans, ask questions, and choose the best Plan for you. Free flu shots will be available at all Benefit Expos. See *locations listed below*.

Date	Location	Time
Monday, October 19, 2015	Arizona Department of Transportation Human Resources Development Center 1130 N. 22nd Ave. Phoenix, AZ 85009	9:00am-3:00pm
Thursday, October 22, 2015	Mesa Convention Center 263 N. Center St. Mesa, AZ 85201	9:00am-3:00pm
Monday, October 26, 2015	Rio Vista Recreation Center 8866-A W. Thunderbird Rd. Peoria, AZ 85381	9:00am-3:00pm
Wednesday, October 28, 2015	Tucson Government Offices State of AZ Regional Complex Conference Room 158 & Atrium 400 W. Congress St. Tucson, AZ 85701	9:00am-3:00pm
Thursday, October 29, 2015	Tucson Government Offices State of AZ Regional Complex Conference Room 158 & Atrium 400 W. Congress St. Tucson, AZ 85701	9:00am-3:00pm
Monday, November 2, 2015	Northern Arizona University High Country Conference Center 201 W. Butler Ave. Flagstaff, AZ 86001	9:00am-3:00pm
Thursday, November 5, 2015	Arizona State Retirement System 10 th Floor Boardroom 3300 N. Central Ave. Phoenix, AZ 85012	9:00am-3:00pm



Benefit Changes for Plan Year 2016

The Benefit Services Division is pleased to announce that State retirees will not be subject to a rate increase for health, dental, or vision insurance premiums for the 2016 Plan Year. Effective January 1, 2016, premiums for the Non-Medicare PPO Plan will experience rate reductions.

Enrollment

All participants are encouraged to log on to Y.E.S. to update all personal information and beneficiaries. If you are satisfied with your medical, dental, and vision, **no action is required**. Your current elections will continue for the 2016 Plan Year.

Changes made during this Open Enrollment will be effective January 1, 2016. *See the Benefits Enrollment and Eligibility Section for online enrollment instructions.*

Premium Reductions

Plan	Tier	Retiree Medical without Medicare		
		2015	2016	Change
PPO	Retiree only	\$943.00	\$825.00	-\$118.00
	Retiree+one	\$2,219.00	\$2,009.00	-\$210.00
	Family	\$3,074.00	\$2,197.00	-\$877.00

PPO Dental Plan

Beginning in 2016, there are two changes to the Delta Dental PPO Plus Premier Dental Plan:

- An additional emergency evaluation or consultation visit has been added.
- A reduction in the number of bitewing x-rays from two x-rays to one x-ray per Plan Year. This change is based on recommendations from the American Dental Association.

Affordable Care Act Requirements

The Arizona Department of Administration Benefit Services Division is subject to reporting requirements of the employer shared responsibility

provisions under the Affordable Care Act (ACA). Beginning in 2016, the Benefit Services Division will provide the primary insured individual with the IRS 1095-C Form to report coverage information for the 2015 Plan Year when applicable.

iRx Discount Program

You may be able to obtain a discount on certain brand and generic medications that are not covered by your ADOA pharmacy drug plan, through the iRx Program™. Pre-Medicare members can present their medical ID card and Medicare members can present their Medicare GenerationRx ID card at any participating pharmacy, along with their prescription for the medication. Savings are applied automatically when the item prescribed qualifies for a discount. The amount of the discount will vary based on pharmacy chosen and type of medication.

Medicare has neither reviewed nor endorsed this information.

Benefits Enrollment and Eligibility

You may view and print the Retiree Benefits Guide and the Summary of Benefits and Coverage from the Benefit Options Website at benefitoptions.az.gov.

Enrollment

If you decide to make changes during Open Enrollment, benefit elections must be made using the Y.E.S. (Your Employee Services) website at yes.az.gov or by filling out and returning the 2016 Open Enrollment Form to ADOA Benefit Services Division. Enrollment will be accepted from October 26, 2015 at 8am through November 13, 2015 at 5pm (Arizona Time). Changes will be effective January 1, 2016.

How to Enroll on Y.E.S.

1. Open the Y.E.S. website at yes.az.gov.
2. Click Login located at the bottom of the Y.E.S. homepage.
3. In the Login window, enter your employee Identification Number (EIN) as your Username.



Your EIN can be located on your Welcome Letter or by contacting Benefit Services.

4. Enter your Default Password which is your four-digit birth year plus the last four numbers of your SSN.
5. Once you are logged into Y.E.S., click the Open Enrollment link on the left navigational bar
6. Follow the instructions to begin your benefit elections.
7. Save and print your confirmation.

If you forgot your password, you may visit the Y.E.S. website to reset your password. In order to update your password, you must have previously answered the security questions. If you have not answered the questions, you must have your password reset manually. Contact the HRIS Help Desk by calling 602-542-4700 or via email at hrishelpdesk@azdoa.gov.

Eligibility

The following persons are eligible to participate in the Benefit Options Plan:

- A. Retirees receiving a pension under a State-sponsored retirement Plan and continuing enrollment in the Retiree health and/or dental Plan.
- B. Long-Term Disability (LTD) participants collecting benefits under a State-sponsored Plan.
- C. Eligible former elected officials and their qualified dependents if the elected official has at least five years of credited service in the Elected Officials Retirement Plan; was covered under a group health or accident plan at the time of leaving office; served as an elected official on or after January 1, 1983; and applies for enrollment within 31 days of leaving office or retiring.
- D. Surviving spouses and qualified dependents provided they were covered at the time of the retiree's death.
- E. Surviving spouses of former elected officials provided they were covered at the time of the official's death.
- F. Surviving spouses and qualified dependents of an active member that is eligible to retire

provided they were covered at the time of the employee's death.

Eligible dependents include:

1. Your legal spouse
2. Your child defined as:
 - a. Your natural, adopted and/or stepchild who is under 26 years old;
 - b. A person under the age of 26 for whom you have court-ordered guardianship;
 - c. Your foster children under the age of 26;
 - d. A child placed in your home by court order pending adoption;
 - e. Your natural, adopted and/or stepchild who was disabled as defined by 42 U.S.C. 1382c before the age of 26.

As an eligible retiree, if you elected ADOA's medical or dental insurance, you may make changes to your Plan(s) during Open Enrollment or changes consistent with a Qualified Life Event (QLE).

If you have declined or cancelled ADOA's medical and/or dental coverage in the past, but have maintained either coverage through ADOA, you may re-elect medical and/or dental coverage during an Open Enrollment period.

If you are enrolling a dependent with a different last name, you will need to submit a copy of the birth certificate or marriage license to the ADOA Benefit Services Division to complete processing of benefits coverage. *See page 16 for Benefit Options contact information.*

For more information regarding Eligibility, visit the Benefit Options Website at benefitoptions.az.gov.



Medicare

Medicare is health insurance available to people who are age 65 or over, under age 65 with disabilities (receiving LTD from a State-sponsored LTD plan or SSI) and /or diagnosed with End-Stage Renal Disease. Medicare eligibility is determined by the Social Security Administration. Many people automatically receive Parts A and Part B. If you receive benefits from Social Security, you will receive Parts A and Part B starting the first day of the month you turn 65. If you are under the age of 65 and disabled, you automatically receive Parts A and B after you receive disability benefits from Social Security. You should receive your Medicare card in the mail three months before your 65th birthday or your 25th month of disability.

If you become eligible to receive Medicare, you **must** contact the ADOA Benefit Services Division and provide a copy of your Medicare card.

If you have Medicare Parts A and B during open enrollment, you may elect either the EPO or PPO Plan offered at the “with Medicare” premium.

Medicare Primary

If you are retired and receiving a pension from a recognized State-sponsored Retirement Plan or you are receiving LTD benefits from a State-sponsored

disability plan, Medicare is primary coverage and Benefit Options is secondary coverage

Medicare Parts A and B will only pay 80% of covered charges once you have met your deductible. Doctors often charge patients the remaining portion of the bill that Medicare has not paid. If you enroll in the Benefit Options Plan, the remaining portion less copays (20%) will be covered since Benefit Options becomes the secondary payor. Benefit Options will pay up to the total allowable amount less copays as determined by the Plan.

Medicare Crossover Program

Medicare Crossover is a process by which Medicare automatically forwards medical claims to your health plan after they have paid as the primary payor. All medical Networks have a Medicare Crossover program. **Call the number on the back of your medical ID card and let them know you would like to enroll in the Medicare Crossover Program.**

Parts of Medicare

Medicare Part A (Hospital Insurance)	Helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home healthcare.
Medicare Part B (Medical Insurance)	Helps cover doctor’s services, outpatient care, and some preventive services to help maintain your health.
Medicare Part C (Medicare Advantage Plans)	A health coverage choice run by private companies approved by Medicare. Includes Part A, Part B, and usually other coverage including prescription drugs.
Medicare Part D (Prescription Drug Coverage)	Helps cover the cost of prescription drugs. May help lower your prescription drug costs and help protect against higher costs in the future.

If you enroll in either a Medicare Part C or Part D plan other than Medicare GenerationRx, you will not be eligible for Benefit Options Medical Coverage. For example: If you enroll in the Humana Part D Plan outside of the Benefit Options program, you are not eligible to enroll in any of the ADOA Medical Plans.



Benefit Options Plans, Premiums, and Services

Medical

Benefit Options offers two types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, copayments, deductibles, and provider networks. *See page 12 for a summary of in-Network benefit coverage information.*

Medical Plans	Networks
<p>EPO (Exclusive Provider Organization) This option is available for active employees and retirees. Services must be obtained from a Network provider. Out-of-Network services are only covered in emergency situations.</p>	<p>Aetna Blue Cross Blue Shield of Arizona CIGNA UnitedHealthcare</p>
<p>PPO (Preferred Provider Organization) This option is available for active employees and retirees. Services can be obtained in-Network or out-of-Network, but will have higher costs for out-of-Network services. Additionally, there are in-Network and out-of-Network deductibles that must be met.</p>	<p>Aetna Blue Cross Blue Shield of Arizona UnitedHealthcare</p>

Medical Management

When you enroll with Benefit Options medical insurance you get more than basic healthcare coverage. You get personalized medical management programs at no additional cost. The medical Network you select during open enrollment serves their specific members. Professional, experienced staff work on your behalf to make sure you are getting the best care possible and that you are properly educated on all aspects of your treatment.

Utilization Management

Provides prior authorization and utilization review when you require non-primary care services. Prior to any elective hospitalization and/or certain outpatient procedures, you or your doctor must contact your medical Network for authorization. Refer to your Plan Document for the specific list of services that require prior authorization.

Case Management

A case manager from your selected medical Network works with you to assess, plan, implement, coordinate, monitor, and evaluate the services you may need. Often case management is used with complex treatments for severe health conditions. The case manager uses available

resources to achieve cost effective health outcomes for both you and the State of Arizona.

Disease Management

The purpose of disease management programs is to educate you about complex or chronic health conditions. The programs are typically designed to improve self-management skills and help make lifestyle changes that promote healthy living. Disease management programs that are available regardless of your selected medical Network include: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Pregnancy/Maternity, Coronary Artery Disease, and Healthy Back.

NurseLine

A dedicated team of nurses, physicians, and/or dietitians are available 24/7 for consultations. If you need medical advice or have treatment questions, you can call the toll-free nurseline:

Aetna	1-800-556-1555
Blue Cross Blue Shield of AZ	1-866-422-2729, Opt 9
Cigna	1-800-968-7366
UnitedHealthcare	1-800-401-7396



Network Options Outside of Arizona

All four medical Networks offer statewide and nationwide coverage and are not restricted to regional areas. All Plans are available in all domestic locations. However, not all Plans have equal provider availability, so it is important to check with your current provider to determine if they are contracted with your selected Medical Network.

Transition of Care (TOC)

If you are undergoing an active course of treatment with a doctor who is not contracted with one of the Networks, you can apply for TOC if you are experiencing the following:

1. You have a life threatening disease or condition;
2. You have been receiving care and a continued course of treatment is medically necessary.

If you are approved, you will receive in-Network benefits for your current doctor during a transitional period after January 1, 2016. TOC forms are available on the Benefit Options Website at benefitoptions.az.gov.

Monthly Medical Premiums (Without Medicare)		
Plan	Tier	Retiree Premium
EPO	Retiree Only	\$593
	Retiree+One	\$1,387
	Family	\$1,869
PPO	Retiree Only	\$825
	Retiree+One	\$2,009
	Family	\$2,197

Monthly Medical Premiums (With Medicare)		
Plan	Tier	Retiree Premium
EPO	Retiree Only	\$442
	Retiree+One (Both Medicare)	\$878
	Retiree+One (One Medicare)	\$1,024
	Family (Two Medicare)	\$1,166
PPO	Retiree Only	\$789
	Retiree+One (Both Medicare)	\$1,576
	Retiree+One (One Medicare)	\$1,740
	Family (Two Medicare)	\$1,980

Pre-Medicare Pharmacy Plan

MedImpact is the pharmacy provider for all medical Plans. All prescriptions must be filled at a Network pharmacy by presenting your medical card.

Formulary

The formulary is the list of medications chosen by a committee of doctors and pharmacists to help you maximize the value of your prescription benefit. These generic and brand name medications are available at a lower cost. The use of non-preferred medications will result in a higher copay. Changes to the formulary can occur during the Plan Year. Medications that no longer offer the best therapeutic value for the Plan are deleted from the formulary. Ask your pharmacist to verify the current copay amount at the time your prescription is filled.

The pharmacy Plan has a three-tier formulary. The copays listed in the chart below are for a 31-day supply of medication bought at a retail pharmacy. You may have to pay more if a brand is chosen over a generic.

Generic	Preferred Brand	Non-Preferred Brand
\$10 copay	\$20 copay	\$40 copay

To see what medications are on the formulary, visit the Benefit Options Website at benefitoptions.az.gov or contact the MedImpact Customer Care Center and ask to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

Mail Order Service

A convenient and less expensive mail order service is available for members who require medications for on-going health conditions or who will be in an area with no participating retail pharmacies for an extended period of time.

Choice90

With this program, members who require medications for an on-going health condition can



obtain a 90-day supply of medication at a local retail pharmacy for two and a half copays.

Medication Prior Authorization

Prescriptions for certain medications may require clinical approval before they can be filled, even with a valid prescription. These prescriptions may be limited to quantity, frequency, dosage or may have age restrictions. The authorization process may be initiated by you, your local pharmacy, or your physician by contacting MedImpact.

Step Therapy Program

Step Therapy is a program that promotes the use of safe, cost-effective and clinically appropriate medications. This program requires you to try a generic alternative medication that is safe and equally effective before a brand name medication is covered.

Specialty Pharmacy Program

Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy Program. This program assists you with monitoring your medication needs and also provides patient education.

The program includes monitoring of specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. Specialty medications are limited to a 31-day supply and may be obtained only at a Walgreens retail pharmacy or through the Walgreens Specialty Central Fill facility by calling 1-888-782-8443.

Limited Prescription Drug Coverage

Prescription drug coverage will generally be limited to medications that do not have an equally effective over-the-counter substitute.

Non-Covered Drugs

Certain medications are not covered as part of the Benefit Options Plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

The cost of prescriptions filled out-of-Network will not be reimbursed. No international pharmacy services are covered. Be sure to order your prescriptions prior to your trip and take your prescriptions with you. Replacement medication is not covered if your medication is lost, stolen, or damaged.

Medicare Pharmacy Plan

Medicare GenerationRx (Employer PDP) for Medicare eligible retirees and Medicare eligible dependents. If you elect any Benefit Options medical Plan, you will be automatically enrolled in Medicare GenerationRx for Benefit Options.

Medicare GenerationRx is sponsored by Stonebridge Life Insurance Company, a Medicare approved Part D sponsor. Effective October 1, 2015, Stonebridge Life Insurance Company is merging with Transamerica Life Insurance Company. You may see materials with both insurance carriers during the transition period. Transamerica Life Insurance Company is a PDP plan sponsor with a Medicare contract. Enrollment in this Plan depends on contract renewal. All Medicare GenerationRx communications will include the Medicare GenerationRx logo.



Formulary

The formulary is the list of medications chosen by a committee of doctors and pharmacists to help maximize the value of your prescription benefit.

Members will use Medicare GenerationRx's four-tier formulary. Generic and brand name medications are available at a lower cost.

Generally, your formulary will not change during the year except for cases in which you can save additional money or to ensure your safety. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher



Tier Number / Name	Retail (up to 31-day supply)	Mail Order (up to 90-day supply)	Choice90Rx – Extended supply at retail (up to 90-day supply)
Tier 1: Generic	\$10	\$20	\$25
Tier 2: Preferred Brand	\$20	\$40	\$50
Tier 3: Non-Preferred Brand	\$40	\$80	\$100
Tier 4: Specialty - Over \$600 ¹	\$40	Not available	Not available

¹ Total medical cost.

cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective.

Some drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization

Prescriptions for certain medications may require clinical approval before they can be filled, even with a valid prescription. You or your physician will need to obtain approval from Medicare GenerationRx before these drugs can be covered by the Plan.

Step Therapy Program

The program promotes the use of safe, cost-effective and clinically appropriate medications. This requirement encourages you to try less costly but just as effective drugs before the Plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the Plan may require you to try Drug A first. If Drug A does not work for you, the Plan will then cover Drug B. This requirement to try a different drug first is called “step therapy”.

Quantity Limits

For certain drugs, Medicare GenerationRx limits the amount of the drug that Medicare GenerationRx will cover.

To see what medications are on the formulary and get additional information about drug restrictions, go to medicaregenerationrx.com/stateofaz or call Medicare GenerationRx’s Member Services at 1-877-633-7943. TTY users should call 711. Member Services is available 24 hours a day, 365 days a

year. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State.

Dental Plans

Benefit Options offers two types of dental Plans:

Delta Dental PPO Plus Premier (Delta Dental)

With the Delta Dental Plan, you can elect to see any licensed dentist. The maximum benefit is \$2,000 per person per year. The maximum lifetime benefit for orthodontia is \$1,500. Deductibles and out-of-pocket payments will apply.

Total Dental Administrators (TDA)

With the TDA Plan, you **must** use a participating dental provider in Arizona. There are no annual deductible or maximums, no claim forms, and no waiting periods. Pre-existing conditions are covered. Specific copays and lab fees apply for services and/or prosthodontic materials.

Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit the Benefit Options Website at benefitoptions.az.gov.

Monthly Dental Premiums		
Plan	Tier	Total Premium
Delta Dental	Retiree Only	\$35.94
	Retiree+Adult	\$75.63
	Retiree+Child	\$60.48
	Retiree+Family	\$118.26
TDA	Retiree Only	\$8.99
	Retiree+Adult	\$17.98
	Retiree+Child	\$17.51
	Retiree+Family	\$26.97



Vision Plans

Benefit Options offers two vision care programs:

Avesis Advantage Program

The Avesis Advantage Program provides yearly coverage for vision exams, glasses or contact lenses, extensive provider access throughout the state, and a \$600 allowance for LASIK. You can also receive unlimited discounts on additional optical purchases.

If you elect vision coverage, you will be billed directly from Avesis. Vision premiums are **not** deducted from any pension checks.

Avesis Discount Program

If you choose not to enroll in the Avesis Advantage Program, you will automatically receive an Avesis Discount card at no cost. The Avesis Discount card provides you with substantial discounts on vision exams and corrective materials. Enrollment is not required.

Monthly Vision Premiums		
Plan	Tier	Retiree Premium
Advantage Program (Insured Plan)	Retiree Only	\$3.99
	Retiree+Adult	\$12.94
	Retiree+Child	\$12.76
	Family	\$16.10
Discount Program (Discount Card)	Retiree	\$0.00

Premium Benefit Subsidy

The Arizona State Retirement System (ASRS), the Public Safety Personnel Retirement System (PSPRS), the Elected Officials Retirement Plan (EORP) and the Corrections Officer Retirement Plan (CORP) may provide payment toward insurance premiums for eligible members and dependents who elect health coverage through ADOA Benefit Services Division. No basic premium benefit is provided to Retirees in the University Optional Retirement Plan or to PSPRS or CORP members who are LTD members.

Your retirement system will determine if you are eligible for a premium benefit and the amount to which you may be entitled. To determine your basic premium benefit, you need to know:

- Your years of credited service in your retirement system or Plan if you are an ASRS or EORP member (years of service is not a criterion for CORP and PSPRS members).
- Your coverage type (i.e., single or family coverage).
- Medicare eligibility.

You are responsible to pay all premiums. Failure to keep your premiums current will result in cancellation of your insurance coverage. If the sum of your premium benefit subsidy and pension is greater than or equal to the total monthly premium, you will be considered a non-direct pay member. Non-direct pay members do not receive a bill.

New Retirees/LTD Members

Depending on when the Retirement System receives your benefit elections, **you may owe one or more months of health and/or dental premiums.** After enrolling, check your pension deductions. If, by your second pension, the deduction has not occurred or the deduction is incorrect, immediately contact ADOA Benefit Services Division at 602-542-5008.

For more information regarding your subsidy, contact ASRS by visiting azasrs.gov or calling 602-240-2000 or 1-800-621-3778 if outside of Phoenix. For hearing impaired, call TTY 602-240-5333.



International Coverage

For more information on International Coverage, view the Summary Plan Descriptions on the Benefit Options Website at benefitoptions.az.gov.

MEDICAL CARE	
EPO	
Aetna	Emergency & Urgent Only
BCBSAZ	Emergency & Urgent Only
Cigna	Emergency & Urgent Only
UnitedHealthcare	Emergency & Urgent Only
PPO	
Aetna	Emergency & Urgent Only at in-Network Benefit Level ¹
BCBSAZ	Emergency & Urgent Only at in-Network Benefit Level ¹
UnitedHealthcare	Emergency & Urgent Only at in-Network Benefit Level ¹
HSA	
Aetna	Emergency & Urgent Only at in-Network Benefit Level ¹
NAU Only	
Blue Cross Blue Shield PPO	For assistance with locating a provider and submitting claims call 1-800-810-2583 or 1-804-673-1686. For an international claim form bcbs.com/bluecardworldwide/index
PHARMACY	
MedImpact	Not covered
DENTAL CARE	
Delta Dental	Coverage is available under non-participant provider benefits
TDA	Emergency Only
VISION CARE	
Avesis	Covered as out-of-Network and will be reimbursed based on the Avesis reimbursement schedule
¹ All other services should be verified by the Network.	



Medical Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions on the Benefit Options Website at benefitoptions.az.gov.

		EPO ¹	PPO
Available Plans		Aetna BCBSAZ Cigna UnitedHealthcare	Aetna BCBSAZ UnitedHealthcare
		IN-NETWORK	IN-NETWORK
Plan Year deductible	EmpOnly	None	\$500 ²
	Emp+Adult Emp+Child Emp+Family	None	\$1,000 ²
	EmpOnly	None	\$1,000 ^{2,3}
Out-of-pocket max	Emp+Adult Emp+Child Emp+Family	None	\$2,000 ^{2,3}
	Lifetime max		None
	EMPLOYEE COST FOR CARE		
Behavioral health	Inpatient	\$150	\$150
	Outpatient	\$15	\$15
Chiropractic		\$15	\$15
Durable medical equipment		\$0	\$0
Emergency ER copay waived if admitted	Ambulance	\$0	\$0
	ER	\$125	\$125
	Urgent care	\$40	\$40
Home health services Maximum visits per year		42	42
Hospital admission (Room and Board)		\$150	\$150
Mammography		\$0	\$0
Office visits Maximum of one copay/day/provider	PCP	\$15	\$15
	Specialist ⁴	\$30	\$30
	Preventive	\$15	\$15
	OB/GYN	\$10	\$10
Outpatient services Freestanding ambulatory facility or hospital outpatient surgical center		\$50	\$50
Radiology		\$0	\$0

1 If retiree goes out-of-Network 0% covered, except in emergency situations.

2 Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the out-of-pocket maximum.

3 The Plan pays 100% after out-of-pocket maximum is met.

4 All Mayo Clinic Primary Care Physicians (PCP) are contracted with Cigna HealthCare as specialists, therefore all primary care services administered by Mayo PCPs will be subject to the \$30 specialist copayment.



Dental Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions on the Benefit Options Website at benefitoptions.az.gov.

	TDA	Delta Dental
PLAN TYPE	DHMO/Prepaid	Indemnity/PPO
DEDUCTIBLES	None	\$50/\$150
MAXIMUM BENEFITS		
Annual Combined Basic and Major Services	No Dollar Limit	\$2,000 per person
Orthodontia Lifetime	No Dollar Limit	\$1,500 per person
PREVENTIVE CARE CLASS I		
Oral Exam	\$0	\$0 - Deductible Waived ¹
Emergency Exam	\$20	\$0 - Deductible Waived ¹
Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived ¹
Fluoride Treatment	\$0 (to age 15) ²	\$0 (to age 18) - Deductible Waived ¹
X-Rays	\$0	\$0 - Deductible Waived ¹
BASIC CLASS II SERVICES		
Office Visit	\$0	\$0 ¹
Sealants	\$10 per tooth (to age 17)	20% (to age 19)
Fillings	Amalgam: \$10-\$37 Resin: \$26-\$76	20%
Extractions	Simple: \$30 Surgical \$60	20%
Periodontal Gingivectomy	\$225	20%
Oral Surgery	\$30 - \$145	20%
BASIC CLASS III SERVICES		
Office Visit	\$0	\$0 ¹
Crowns	\$270 + \$185 Lab Fee (\$455)	50%
Dentures	\$300 + \$275 Lab Fee (\$575)	50%
Fixed Bridgework	\$270 + \$185 Lab Fee (\$455) per unit	50%
Crown/Bridge Repair	\$75	50%
Implants	\$140 - \$1,300	50% ³
ORTHODONTIA		
	Child: \$2,800 - \$3,400 Adult: \$3,200 - \$3,700	See lifetime
TMJ SERVICES		
Exam, services, etc.	20% Discount	100%

¹ Routine visits, exams, cleanings, and fluoride treatments are covered two times per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.

² Fluoride treatment covered 100% once per Plan Year up to age 15. Additional treatment subject to applicable copayments.

³ Subject to both the benefit year allowance and the lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms and conditions of the Plan Description.



Vision Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage, view the Plan Policy on the Benefit Options Website at benefitoptions.az.gov.

	Advantage Program	Discount Program ¹
Examination Frequency	Once per Plan Year	Once per Plan Year
Lenses Frequency	Once per Plan Year	Once per Plan Year
Frame Frequency	Once per Plan Year	Once per Plan Year
Examination Copay	\$10 copay	20% discount
Optical Materials Copay (Lenses & Frame Combined)	\$0 copay	Refer to schedule below
Standard Spectacle Lenses		
Single Vision Lenses	Covered-in-full	20% discount
Bifocal Lenses	Covered-in-full	20% discount
Trifocal Lenses	Covered-in-full	20% discount
Lenticular Lenses	Covered-in-full	20% discount
Progressive Lenses	Uniform discounted fee schedule	20% discount
Selected Lens Tints & Coatings	Uniform discounted fee schedule	20% discount
Frame		
Frame	Covered up to \$100-\$150 retail value (\$50 wholesale cost allowance)	20% discount
Contact Lenses (in lieu of frame/spectacle lenses)		
Elective	10-20% discount & \$150 allowance ²	10-20% discount
Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		
LASIK/PRK	Up to \$600	10-20% discount
¹ Members that choose not to enroll in the Advantage Vision Care Program will automatically be enrolled in the Discount Plan at no cost. ² Includes contact lens fitting, follow-up and materials.		



Important Plan Information for Participants and Beneficiaries

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following documents and Legal Notices. This information is available to you electronically on the Benefit Options Website at benefitoptions.az.gov.

Documents	
Health Insurance Marketplace Coverage	Key parts of the health care law allows you a way to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, a notice that provides some basic information about the new Marketplace and the Benefit Options health coverage is available.
Summary of Benefits and Coverage and Uniform Glossary	As part of the Affordable Care Act, the federal government announced new rules regarding the disclosure of the Summary of Benefits and Coverage (SBC) and Uniform Glossary. These regulations require group health plans and health insurance issuers that offer coverage for groups and individuals to provide access to the SBC and Uniform Glossary.
Summary Plan Description (SPD)	The SPD, or Plan Document, is a summary of important benefit features for self-funded Plans. The SPD may be revised at any time for Plan clarification purposes.
Insurance Certificates and Policies	Provides information on specific benefit coverage and limitations for fully-insured Plans.

Legal Notices	
Health Insurance Portability & Accountability Act (HIPAA)	This notice protects the privacy of individually identifiable health information, and establishes who can use the personal health information and how it can be used.
Medicare Notice of Creditable Coverage	This notice has information about the prescription drug coverage through the Benefit Options program for participants with Medicare. It explains the options you have under Medicare prescription drug coverage (Medicare Part D) and can help you decide whether or not you want to enroll.
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice	Notice of the Arizona Benefit Options Program COBRA Coverage.
Patient Protection and Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program in reference to PPACA.



Benefit Options Website and Contact Information

Arizona Department of Administration Benefit Services Division

100 N. 15th Avenue, Suite 103
Phoenix, AZ 85007
602-542-5008 or 1-800-304-3687
benefitoptions.az.gov

Medical Plans

Aetna
1-866-217-1953
aetna.com

Blue Cross Blue Shield of Arizona
1-866-287-1980
azblue.com

Cigna
1-800-968-7366
Cigna.com/stateofaz

UnitedHealthcare
1-800-896-1067
welcometouhc.com/stateofaz

Pre-Medicare Pharmacy Plan

MedImpact
1-888-648-6769
benefitoptions.az.gov

Medicare Pharmacy Plan
Medicare GenerationRx Employer PDP
1-877-633-7943
medicaregenerationrx.com/stateofaz

Dental Plans

Delta Dental of Arizona
602-588-3620
1-866-9STATE9
deltadentalaz.com

Total Dental Administrators (TDA)
602-381-4280
1-866-921-7687
TDAdental.com/adoa

Vision Plan

Avesis, Inc.
1-888-759-9772
avesis.com

Long-Term Disability Plans

Sedgwick CMS (ASRS participants)
1-818-591-9444
Claimlookup.com

The Hartford
(PSPRS, EORP, CORP, and ORP Participants)
1-866-712-3443
groupbenefits.thehartford.com/arizona

Retirement Systems

Arizona State Retirement System (ASRS)
3300 N. Central Ave, Lobby
Phoenix, AZ 85012
602-240-2000 or
1-800-621-3778
azasrs.gov

Public Safety Personnel Retirement System (PSPRS)
Elected Officials Retirement Plan (EORP)
Corrections Officer Retirement Plan (CORP)
3010 E. Camelback Rd, #200
Phoenix, AZ 85016
602-255-5575
1-877-925-5575
psprs.com

For a complete list of contacts, visit the Benefit Options Website at benefitoptions.az.gov.







100 N. 15th Ave., Suite 103

Phoenix, AZ 85007

Phone: 602-542-5008

Toll-free: 800-304-3687