Arizona Department of Administration

Benefit Options

Benefit Services Division

2016 Active State Employees Benefit Guide

Website and Contact Information

ADOA Contacts
Benefit Services Division
100 N. 15th Ave #103
Phoenix, AZ 85007
602.542.5008 or 1.800.304.3687
Fax 602.542.4744
benefitoptions.az.gov
BenefitsIssues@azdoa.gov

Benefit Options Wellness
602.771.9355
benefitoptions.az.gov/wellness

Employee Assistance Program
602.771.9355
benefitoptions.az.gov/wellness/wellness%20eap.html

Medical Plans
Aetna
1.866.217.1953
aetna.com
Policy Number 476687

Payflex
1.866.217.1593
payflex.com

Blue Cross Blue Shield of Arizona
1.866.287.1980
azblue.com
Policy Number 30855

Cigna
1.800.968.7366
Cigna.com/stateofaz
Policy Number 3331993

UnitedHealthcare
1.800.896.1067
welcometouhc.com/stateofaz
Policy Number 705963

Pharmacy Plan
MedImpact
1.888.648.6769
benefitoptions.az.gov

Vision Plan
Avesis, Inc.
1.888.759.9772
avesis.com
Advantage
Policy Number 11001-2178
Plan Number 938
Discount Policy Number 10000-4
Plan Number 9900

Dental Plans
Delta Dental of Arizona
602.588.3620
1.866.9STATE9
deltadentalaz.com
Policy Number 77777-0000

Total Dental Administrators Health Plan, Inc. (TDAHP)
602.381.4280
1.866.921.7687
TDAdental.com/adoa
Policy Number 680100

Flexible Spending Accounts
ASI Member Services
1.800.659.3035
asiflex.com
asi@asiflex.com

Life & Short-Term Disability Plans
The Hartford
1.866.712.3443
groupbenefits.thehartford.com/arizona/
Policy Number 395211

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/
Policy Number 395211

For University Employees
UNUM - Short-Term Disability
1.800.799.4455
unum.com

Aetna Life Insurance
1.800.523.5065
aetna.com

Arizona State University
HR Benefits Design & Management
Employees: 855.278.5081
Faculty: 480.727.9900
cfo.asu.edu/hr-benefits
HRESC@asu.edu

Northern Arizona University
Human Resources
928.523.2223
nau.edu/human-resources/

University of Arizona
Benefits Office
520.621.3662, Option 3
hr.arizona.edu
benefits@email.arizona.edu

Table of Contents

Introduction 1
Benefit Changes for Plan Year 2016 2
Eligibility 3
Where to Enroll—State Employees 6
Where to Enroll—University Employees 7
Summary of Pay Period Premiums 8
Medical Plan Information 10
Medical Plans Comparison Charts 15
Medical Online Features 17
Medical Management 21
Pharmacy Plan Information 23
Pharmacy Online Features 26
Dental Plan Information 27
Dental Plans Comparison Chart 28
Dental Online Features 29
Vision Plan Information 30
Vision Plans Comparison Chart 31
Vision Plan Online Features 32
International Coverage 33
Life Insurance 34
Short-Term Disability 36
Long-Term Disability 37
Life/STD/LTD Online Features 38
BeWell Benefit 39
Flexible Spending Accounts 41
Limited Flexible Spending Account 45
Other Benefit Programs 47
Important Plan Information for Participants and Beneficiaries 51
Glossary 52

This Benefit Options 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 benefits plans at anytime.

Welcome to the 2016 Active Employees Benefit Guide!

This guide describes the comprehensive benefits package "Benefit Options" offered by the State of Arizona, Department of Administration - Benefit Services Division effective January 1, 2016. Included in this reference guide are explanations of the benefits programs, important plan information, contact addresses, phone numbers, web addresses, and comparison charts. This guide is intended to help you understand your benefits.

The guide is divided into chapters, each covering a specific benefits program or important information. We encourage you to review each chapter before making your benefit elections.

The actual benefits available to you and the descriptions of these benefits are governed in all cases by the relevant plan descriptions and insurance contracts. The State of Arizona reserves the right to modify, change, revise, amend or terminate these benefits plans at anytime.

For more information, please refer to your plan descriptions. If you need additional information, please visit our website at *benefitoptions.az.gov* or call us at 602.542.5008 or toll free at 1.800.304.3687.

Notice about the Summary of Benefits and Coverage and Uniform Glossary
As part of the Affordable Care Act (ACA), 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. The SBC documents along with the uniform glossary are posted electronically to the Benefit Options Website *benefitoptions.az.gov*. You may also contact Benefit Services to obtain a copy.

Benefit Services Division is pleased to announce that State employees and retirees will not be subject to a rate increase for health, dental, life and disability insurance premiums for the 2016 Plan Year. Effective January 1, 2016, the PPO and HSA Plans will experience rate reductions.

Plan Type	Tier	Active Employee Medical Premiums Per Pay Period		
		2015	2016	Change
PPO	EE only	$71.54	$47.08	-$24.46
	EE + Adult	$161.54	$99.23	-$62.31
	EE + Child	$152.77	$66.46	-$86.31
	Family	$224.31	$115.85	-$108.46
HSA	EE only	$12.00	$9.23	-$2.77
	EE + Adult	$47.08	$27.69	-$19.39
	EE + Child	$37.38	$23.54	-$13.84
	Family	$89.08	$51.23	-$37.85

HSA Medical Plan

Adjustments have been made to comply with 2016 IRS HSA Contribution Limits. Contribution limits for individuals remains at $3,350. For those with family coverage, the maximum contribution increased to $6,750.

PPO Dental Plan

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

1. An additional emergency evaluation or consultation visit has been added.
2. 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.

Eligibility

Eligible Employees

Active employees regularly scheduled to work 20 hours or more per week for at least 90 days or longer (except those listed below as ineligible) and their qualified dependents may participate in the Benefit Options Programs.

1. Eligible Employee means an individual who is hired by the State, including the Universities, and is regularly scheduled to work at least 20 hours per week for at least 90 days.
2. Ineligible Employee means:

a) A patient or inmate employed at a state institution
b) A Seasonal Employee, unless they are determined to have been paid for an average of at least 30 hours per week using a 12-month measurement period
c) A Variable Hour Employee, unless they are determined to have been paid for an
d) average of at least 30 hours per week
e) using a 12-month measurement period

Eligible Dependents

At Open Enrollment, you may add the following dependents to your plans (proper documentation may be required):

A. Your legal spouse
B. 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;
   a. Your child who is disabled as defined by 42 U.S.C. 1382c before the age of 26;
   b. Your child who continues to be disabled as defined by 42 U.S.C. 1382c;
   c. Your child who is dependent for support and maintenance upon you;
   d. Your child for whom you had custody before the child was 26.

Enrollment Requirements

Employees will be required to provide Social Security Numbers (SSN) for all dependents enrolled in the Benefit Options medical plans. This requirement is in accordance with the Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) which was effective January 1, 2009.

Dependent Documentation Requirements

If your dependent child is approaching age 26 and has a disability, application for continuation of dependent status must be made within 31 days of the child's 26th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, which occurred prior to his or her 26th birthday, in accordance with 42 U.S.C. 1382c.

If you are enrolling a dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse, or a birth certificate or court order for a dependent, is provided to the Benefit Services Division.

Qualifying Life Events

You may only change your benefit elections when you experience a Qualified Life Event (QLE). If you have not experienced a QLE, you must wait until the next open enrollment period to make benefit changes. Events that may be considered include but are not limited to:

- Changes in your marital status: marriage, divorce, legal separation, annulment, death of spouse.
- Changes in dependent status: birth adoption, placement for adoption, guardianship, death, or dependent eligibility due to age.
- Changes in employment status or work schedule that affect benefits eligibility for you, your spouse, and/or dependents.

Submitting a Change Request
Requested benefit changes must be submitted in writing to Benefit Services within 31 calendar days of the event.

Effective Date of the Change
The effective date for benefit changes resulting from birth, adoption, or placement for adoption is the date of the event.

The effective date for benefit changes based on all other QLEs is the first day of the next calendar month, following the date the retiree submits the requested change, along with required documentation, in writing, to ADOA Benefit Services Division.

Please consult with Benefit Services to determine whether or not the life event you are experiencing qualifies under the regulations.

Qualified Medical Child Support Order (QMCSO)
You may not terminate coverage for a dependent covered by a QMCSO.

Dual Coverage

If you and your spouse are both State employees and/or retirees, dual coverage is not permitted under this Plan. An employee may elect coverage for their entire family, including the State employee spouse, or each State employee spouse may elect their own coverage.

You cannot enroll as a single subscriber and be enrolled as a dependent on your spouse's policy simultaneously. If you do enroll in this manner, no refunds will be made for the premiums paid.

Eligibility Audit

Benefit Services may audit a member's documentation to determine whether an enrolled dependent is eligible according to the plan requirements. This audit may occur either randomly or in response to uncertainty concerning dependent eligibility. Should you have questions after receiving a request to provide proof of dependent eligibility, please contact the Audit Services Unit within the Benefit Services Division.

Subrogation

Subrogation is the right of an insurer to recover all amounts paid out on behalf of you, the insured. In the event you, as a Benefit Options member, suffer an injury or illness for which another party may be responsible, such as someone injuring you in an accident, and Benefit Options pays benefits as a result of that injury or illness, Benefit Options has the legal right to recover against the party responsible for your illness or injury or from any settlement or court judgment you may receive, up to the amount of benefits paid out by Benefit Options.

As a Benefit Options member you are required to cooperate with the vendors acting on behalf of ADOA during the subrogation process. Failure to do so may result in legal action by the State to recover funds received by you.

Return to Work Retirees

Former retired State employees returning to active State employment can receive health benefits through the Benefit Options Plan. If a retiree returns to work and meets the eligibility guidelines, they can elect to enroll in Active benefits and decline retiree benefits. Leaving State employment is considered a QLE. The QLE then allows members to enroll in retiree benefits again.

End-Stage Renal Disease

If you are eligible to enroll in Medicare as an active employee or retiree because of End-Stage Renal Disease, the Plan will pay for the first 30 months, whether or not you are enrolled in Medicare and have a Medicare card. At the end of the 30 months, Medicare becomes the primary payer. If a plan member who is eligible

for Medicare Part B does not enroll in Medicare Part B, the plan will only pay secondary benefits after 30 months of primary coverage.

Continuing Eligibility through COBRA

In accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you experience a loss of coverage due to termination of employment or a qualifying event, you and/or your dependents may extend coverage under the Benefit Options Plan for a limited period of time.

Please refer to the *COBRA Participant Benefit Guide* for additional information.

Benefit elections must be made using the Y.E.S. system at *yes.az.gov*. For employees unfamiliar with the Y.E.S. website function, some basic instructions are listed below.

Y.E.S. Login

1. Open the Y.E.S. website at *yes.az.gov.*
2. Click Login located on the **right portion** of the Y.E.S. website.
3. In the Login window, enter your Username and Password, then click the Login tab.
4. Once you are logged into Y.E.S., click the Open Enrollment link on the left navigational bar.
5. Follow the instructions to begin your benefit elections.
6. Save and print your confirmation.

First Time Y.E.S. Users

1. Open the Y.E.S. website at *yes.az.gov.*

2. Click Login located at the bottom of the Y.E.S. homepage.

a) In the Login window, enter your Employee Identification Number (EIN) as your Username, which is the five or six digit number given to you by your Human Resources Office.

b) Enter your Default Password which is your four digit birth year plus the last four numbers of your SSN.

3. Once you are logged into Y.E.S., click the Open Enrollment link on the left navigation bar.

4. Follow the instructions to begin your benefit elections.

5. Save and print your confirmation.

How to Reset your Password

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.

If you have answered the security questions, you may reset your password by completing the following steps:

1. Open the Y.E.S. website at yes.az.gov.
2. Click Login.
3. In the Login window, enter your User Name (EIN).
4. Click the Forgot/Change Password link.
5. Enter your New Password and then reenter to verify.
6. Answer BOTH Security Questions.
7. Click Update Password.

Where to Enroll University Employees

1. Go to *cfo.asu.edu/hr-enrollmentpackets#health* and click on the Benefits Enrollment/Change Form.
2. Print the form, read the instructions on page 1 and complete pages 2-4.
3. Submit to OHR Benefits with required documentation by fax, hand-delivery or US mail.
4. Confirm your elections through My ASU > My Employment > Benefits > My Benefits Summary.

1. Go to *peoplesoft.nau.edu* and log into LOUIE using your employee ID and password.
2. Select "Self Service" from the left menu.
3. Under "Benefits" select Benefits Enrollment.
4. On the Benefits Enrollment page there will be an Open Enrollment event. To begin click "Select."
5. **IMPORTANT:** After making your elections, click Submit.
6. After you verify your elections, click the Submit button again to authorize your elections.
7. When your confirmation appears, click "OK."

If the event is not listed or the event listed is not "open", please contact the Human Resources Department at 928.523.2223 or send an email to Hr.Contact@nau.edu.

1. Go to UAccess Employee at uaccess.arizona.edu/ and select "Employee/ Manager Self Service".
2. Log in with your UA NetID and password.
3. Select "Self Service" from the left hand menu.
4. Select "Benefits".
5. Select "Benefits Enrollment".
6. On the Benefits Enrollment page, click the "Select" button for your Open Enrollment benefits event. If you do not see an open event, contact Human Resources at 520.621.3662, option 3.

Summary of Pay Period Premiums (26 pay periods)[1]

Medical Pay Period Premiums					
Plan	**Tier**	**Employee Premium**	**State Premium**	**Total Premium**	**Agency HSA Contribution**
EPO (Aetna, BCBSAZ,Cigna, UnitedHealthcare)	Emp only	$18.46	$253.85	$272.31	-
	Emp+adult	$54.92	$521.54	$576.46	-
	Emp+child	$46.62	$338.77	$385.39	-
	Family	$102.00	$571.38	$673.38	-
PPO (Aetna, BCBSAZ, UnitedHealthcare)	Emp only	$47.08	$258.00	$305.08	-
	Emp+adult	$99.23	$545.54	$644.77	-
	Emp+child	$66.46	$365.08	$431.54	-
	Family	$115.85	$636.46	$752.31	-
HSA (Aetna)	Emp only	$9.23	$171.69	$180.92	$27. 69
	Emp+adult	$27.69	$355.85	$385.54	$55.38
	Emp+child	$23.54	$232.62	$256.16	$55.38
	Family	$51.23	$396.46	$447.69	$55.38

Dental Pay Period Premiums				
Plan	**Tier**	**Employee Premium**	**State Premium**	**Total Premium**
Total Dental Administrators Prepaid	Emp only	$1.86	$2.29	$4.15
	Emp+adult	$3.72	$4.58	$8.30
	Emp+child	$3.50	$4.58	$8.08
	Emp+family	$6.12	$6.32	$12.44
Delta Dental PPO plus Premier	Emp only	$14.30	$2.29	$16.59
	Emp+adult	$30.33	$4.58	$34.91
	Emp+child	$23.34	$4.58	$27.92
	Emp+family	$48.26	$6.32	$54.58

Vision Pay Period Premiums		
Plan	**Tier**	**Employee Premium**
Insured plan (Avesis)	Emp only	$1.84
	Emp+adult	$5.97
	Emp+child	$5.89
	Family	$7.43
Discount card (Avesis)	Emp	$0.00

*For the **NAU** Blue Cross Blue Shield plan rates visit: nau.edu/human-resources/benefits/insurance/medical/*

1 UA has 24 pay period deductions; please refer to your Human Resources website for more information.

Summary of Pay Period Premiums (26 pay periods)[1]

Supplemental Life and AD&D Plan The Hartford	
Your Age	**Cost per $5,000/pay period**
29 AND UNDER	$0.18
30-34	$0.23
35-39	$0.25
40-44	$0.44
45-49	$0.60
50-54	$0.97
55-59	$1.38
60-64	$2.49
65-69	$2.49
70+	$3.95

Dependent Life and AD&D Plan The Hartford	
Coverage Amount	**Cost per Pay Period**
$2,000	$0.43
$4,000	$0.87
$6,000	$1.30
$10,000	$2.17
$12,000	$2.60
$15,000	$3.25
$50,000[2]	$10.85

Short-Term Disability Plan The Hartford
Employee Cost/Monthly
$0.65 per $100 of your earned monthly wages
Monthly premium = (Earned monthly wages/100) x $0.65
Example: Earned monthly wages = $1,000
Monthly premium = ($1,000/100) x $0.65 = $6.50

1 UA has 24 pay period deductions; ABOR, ASU, NAU and UA have other options for Life and Short-Term Disability insurance. Please refer to your Human Resources website for more information.

2 Only available if employee also carries a minimum of $35,000 in additional supplemental life.

Understanding Your Options

For the plan year beginning January 1, 2016, employees have the option of choosing from three plans, four Networks with nationwide coverage, and four coverage tiers. "Network" describes the company contracted with the State to provide access to a group of providers (doctors, hospitals, etc.) Certain providers may belong to one Network but not another. Plans are loosely defined as the structure of your insurance policy: the premium, deductibles, copays, and out-of-Network coverage. A tier describes the number of persons covered by the medical plan.

Benefit Options Medical Plans			
NETWORK	EPO	PPO	HSA
Aetna	X	X	X
BCBSAZ	X	X	
Cigna	X		
UnitedHealthcare	X	X	

How the Plans Work

As noted above there are three medical plans offered to active participants under Benefit Options. They are the Exclusive Provider Organization (EPO), the Preferred Provider Organization (PPO), and the Health Savings Account (HSA).

The EPO Plan

If you choose the EPO plan under Benefit Options you must obtain services from a Network provider. Out-of-Network services are only covered in emergency situations. Under the EPO plan, you will pay the monthly premium and any required copay at the time of service. The EPO plan is available with all four Networks: Aetna, Blue Cross Blue Shield of Arizona, Cigna, and UnitedHealthcare. Choose the Network based on the physicians. The coverage is the same.

The PPO Plan

If you choose the PPO plan under Benefit Options you can see providers 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. Under the PPO plan, you will pay the monthly premium and any required copay or coinsurance (percent of the cost) at the time of service. The PPO plan is available with Aetna, Blue Cross Blue Shield of Arizona, and UnitedHealthcare. Choose the Network based on the physicians. The coverage is the same.

HSA (Health Savings Account)

This option is a High Deductible Health Plan for active employees. The Plan allows you open a Health Savings Account to use for qualified medical expenses with investment options available. 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. In-Network preventive services are covered at 100%. More detailed information on the HSA is available on page 11.

Choosing the Best Plan for You and Your Family

To choose the right plan for you:

1. Assess the costs you expect in the coming year including: employee premiums, copays, and coinsurance. Refer to page 8-for per pay period premiums and page 15 for plan comparisons to help determine costs.
2. Determine if your doctors are contracted with the Network you are considering. Each medical Network has a website or phone number (on the next page) to help you determine if your doctor is contracted with the Network.
3. Once you have selected which plan best suits your needs and your budget, make your benefit elections online.

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 transition of care.

If you are approved, you will receive in-Network benefits for your current doctor during a transitional period after January 1, 2016. Transition of care is typically approved if one of the following applies:

1. You have a life threatening disease or condition;
2. You have been receiving care and a continued course of treatment is medically necessary;
3. You are in the third trimester of pregnancy; or
4. You are in the second trimester of pregnancy and your doctor agrees to accept our reimbursement rate and to abide by the Plan's policies, procedures, and quality assurance requirements.

TOC forms are available on the Benefit Options website *benefitoptions.az.gov.*

ID Cards

Only members who are newly enrolled or make a change will receive a new ID card.

You will continue to use your current ID card for 2016 if no changes are made.

Contacts

Aetna: 1.866.217.1953
Non-member: *aetnastateaz.com*
Existing member: *aetna.com*

Blue Cross Blue Shield of Arizona: 1.866.287.1980
Non-member: *adoa.azblue.com*
Existing member: *azblue.com*

Cigna: 1.800.968.7366
Non-member: *Cigna.com/stateofaz*
Existing member: *myCigna.com*

UnitedHealthcare: 1.800.896.1067
Non-member: *welcometouhc.com/stateofaz*
Existing member: *myuhc.com®*

Understanding the Health Savings Account Plan (HSA)

Things You Should Know:

1. The HSA Plan is a High Deductible Health Plan that works in conjunction with a HSA:
   - You have the option of establishing a HSA. To establish this account members must complete the Customer Identification Process (see page 14).
   - HSA is a special type of savings account that allows tax-free contributions, earnings and healthcare related withdrawals.

2. The HSA offers financial advantages in that, an HSA member:
   - Pays lower employee premiums (paycheck deductions).
   - Receives qualified preventive services for free.
   - May have lower out-of-pocket costs.
   - Is eligible to open and contribute to a HSA.

3. The HSA presents financial considerations in that:
   - HSA members pay copays and/or coinsurance after the deductible is met (qualified preventive services are covered at 100%).

4. The HSA might be right for you if:
   - You want to open a tax-advantaged HSA and save for future healthcare costs.
   - You are willing to accept some degree of financial risk.
   - You can afford to pay a high deductible if necessary.

5. The HSA may be wrong for you if:
- You prefer copays because they are simple and predictable.
- You are not willing to accept some degree of financial risk.
- You cannot afford to pay a high deductible.
- You are entitled to benefits under Medicare.

Note: Members and dependents (including spouses) enrolled in a HSA do not qualify for a traditional Medical Flexible Spending Account; instead they qualify for a Limited Flexible Spending Account. The only qualifying expenses for this Limited Flexible Spending Account are dental and vision care expenses. Please see page 45 for more details.

Cost for Services/Prescriptions

The cost for services/prescriptions depends on three things:

1. Whether the service/prescription is:
- Qualified Preventive
- Non-Preventive
- Emergency

2. Whether the provider is:
- In-Network
- Out-of-Network

3. How much you have paid so far during the plan year:
- Less than the deductible
- More than the deductible, but less than the out-of-pocket maximum

At the top of the table (on the next page) you can see that:
- In-Network qualified preventive services are free, even before the deductible is satisfied.
- In-Network qualified preventive prescriptions will cost the regular copay amounts ($10/$20/$40) up to the out-of-pocket maximum.
- Once the out-of-pocket maximum is satisfied, in-Network qualified preventive prescriptions are covered at 100% for the remainder of the Plan Year.

In the middle of the table you can see that:
- In-Network emergency services will not be covered until after the deductible is satisfied.
- Once the deductible is satisfied, in-Network emergency services will be 90% covered. The remaining 10% must be paid by the member.
- Once the out-of-pocket maximum is satisfied, in-Network emergency services will be 100% covered (no member cost).
- Before enrolling in the HSA, make sure you fully understand the costs/risks of this type of plan.

Qualified Preventive Care

Preventive care is defined as:
- Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations (i.e., annual physicals)
- Routine prenatal and well-child care
- Child and adult immunizations
- Tobacco cessation programs
- Certain screening services
- Prescriptions that are preventive in nature

Understanding Health Savings Accounts (HSAs)

The HSA is only offered if you enroll in the High Deductible Health Plan.

HSA Overview

1. You open your HSA.
- You maintain ownership even after ending State employment.
- You can invest the money like you would invest money in an IRA, once funds reach $1,000.
- Your funds will earn interest.

2. When your HSA is opened, the State will make pay period contributions to your HSA.

Individual/emp+adult/emp+child/family total out-of-pocket cost at time of expense			Less than deductible	More than deductible, less than out-of-	Out-of-pocket maximum
IN-NETWORK	Qualified Preventive	Services	$0	$0	$0
		Prescriptions	$10/$20/$40 copays	$10/$20/$40 copays	
	Non-Preventive	Services	100% of contracted rate	10% of contracted rate	
		Prescriptions	100% of contracted rate	$10/$20/$40 copays	
	Emergency	Services	100% of contracted rate	10% of contracted rate	
OUT-OF-NETWORK	Qualified Preventive	Services	50% of total cost	50% of total cost	$0
	Non-Preventive	Services	100% of total cost	50% of total cost	
	Emergency	Services	100% of total cost	10% of total cost	

- For Employee only coverage, the State will contribute $27.69 per pay period.
- For Employee+adult, Employee+child, and Family coverage, the State will contribute $55.38 per pay period.

3. You can make additional contributions to your HSA through:
- Payroll deductions (pre-tax).
- Lump-sum deposits (tax deductible).

4. The Internal Revenue Service sets annual contribution limits. Currently the limits are $3,350 for Employee only and $6,750 for all other tiers.

5. You can spend HSA funds on a tax-free basis for qualified healthcare-related expenditures (defined by the Internal Revenue Service).
- You can use a debit card.
- Link personal bank account to HSA.
- Non-qualified withdrawals are allowed, however, they may be subject to tax and a 20% penalty.

6. HSAs should not be confused with FSAs:
- FSA stands for Flexible Spending Account.
- It is a special type of savings account that allows tax-free contributions and healthcare-related withdrawals.
- FSAs have "use-it-or-lose-it" rules. Unused funds do not rollover from year to year.

7. HSAs have no "use-it-or-lose-it" rules. Unused funds will rollover from year to year. This allows you to create a fund for future healthcare.

8. If the member does not require services (other than the free qualified preventive services), the money stays in the HSA and grows tax free. It can be used to pay for qualified healthcare costs anytime in the future.

About the HSA

The HSA offers the following features:
- No set-up fees
- No monthly administration fee
- No withdrawal forms
- HSA tracking through Aetna Navigator
- Cost Estimator Tool—Cost of Care

There are some fees associated with the HSA, such as:

- Monthy Account Statements
- Bill payment via check
- Stop payment via check
- Non-sufficient funds
- Deposit item returned
- For additional information, please visit the Benefit Options website

Non-Permitted Coverage

- You cannot have a regular Flexible Spending Account or Health Reimbursement Account. If you or your spouse has one of these you are not eligible to contribute to an HSA.
- If you are enrolled in Medicare or Medicaid, you are **not** eligible for an HSA. If you had an HSA when you enrolled in Medicare or Medicaid you can still use the funds. You just cannot contribute to the account. **Note**: If you are eligible for Medicare but not yet enrolled, you can still contribute to the HSA.
- If you are enrolled in Tricare you are not eligible for an HSA. (Tricare is health coverage for people in the military.) If you had an HSA when you started on Tricare you can still use the funds. You just cannot contribute to the account.
- If you receive care from the Veteran's Administration (VA), that may affect your HSA eligibility. Generally, when you receive VA care you are not eligible for an HSA for the next three months. This means that you cannot contribute for the next three months after having VA care.

How To Open Your HSA

Your HSA will be established in your name when you enroll in the High Deductible Health Plan and complete the Customer Identification Process (see below for additional information). You will receive a welcome kit by mail 3-4 weeks after the account is opened. The State will start contributing to your account on the first pay cycle following the plan year effective date. State contributions will only be made if you receive a paycheck.

Using Your HSA

- Use the PayFlex Mastercard to pay for qualified out-of-pocket expenses.
- Invest your HSA funds in a variety of investment options once the funds reach $1,000.
- You can contribute to the HSA as long as you are enrolled in a qualified health plan (such as the HSA). You may use the HSA funds anytime.

Customer Identification Process

Aetna is required to confirm some of your personal information prior to establishing your HSA. This includes your correct name, address, date of birth, and Social Security Number. Doing so is required by Section 326 of the USA Patriot Act. It is a process known as the "Customer Identification Process."

Here are some common reasons that may cause a delay in opening your HSA:

- Addresses that do not match
- P.O. Boxes are not permitted
- Not legally changing your name after a marriage or divorce
- Use of a nickname
- Inconsistent use of your middle initial
- Americanized version of your name
- Different spelling of your name

Please provide any information Aetna requests for the purpose of establishing your HSA.

Annual Contribution Limits

Individual: $3,350
Family: $6,750

Medical Plan Comparison Charts

		EPO[1]	PPO	PPO
Available Plans		**Aetna BCBSAZ Cigna UnitedHealthcare**	**Aetna BCBSAZ UnitedHealthcare**	**Aetna BCBSAZ UnitedHealthcare**
		IN-NETWORK	**IN-NETWORK**	**OUT-OF-NETWORK**
Plan Year deductible	EmpOnly	None	$500[2]	$1,000[2]
	Emp+Adult Emp+Child Emp+Family	None	$1,000[2]	$2,000[2]
Out-of-pocket max	EmpOnly	None	$1,000[2,3]	$4,000[2]
	Emp+Adult Emp+Child Emp+Family	None	$2,000[2,3]	$8,000[2]
Lifetime max		None	None	None
EMPLOYEE COST FOR CARE				
Behavioral health	Inpatient	$150	$150	50% after deductible
	Outpatient	$15	$15	50% after deductible
Chiropractic		$15	$15	50% after deductible
Durable medical equipment		$0	$0	50% after deductible
Emergency ER copay waived if admitted	Ambulance	$0	$0	10% after deductible
	ER	$125	$125	$125
	Urgent care	$40	$40	50% after deductible
Home health services Maximum visits per year		42	42	42
Hospital admission (Room and Board)		$150	$150	50% after deductible
Mammography		$0	$0	50% after deductible
Office visits Maximum of one co-pay/day/provider	PCP	$15	$15	50% after deductible
	Specialist[4]	$30	$30	50% after deductible
	Preventive	$15	$15	50% after deductible
	OB/GYN	$10	$10	50% after deductible
Outpatient services Freestanding ambulatory facility or hospital outpatient surgical center		$50	$50	50% after deductible
Radiology		$0	$0	50% after deductible

1 If employee 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.

For the NAU only BCBS PPO Plan details, go to nau.edu/human-resources/benefits/benefit-plan-document/.

		HSA	HSA
Available Plans		**Aetna**	**Aetna**
		IN-NETWORK	**OUT-OF-NETWORK**
Plan Year deductible	EmpOnly	$1,300[1]	$2,600[1]
	Emp+Adult Emp+Child Emp+Family	$2,600[1]	$5,200[1]
Out-of-pocket max	EmpOnly	$2,000[1]	$5,000[1]
	Emp+Adult Emp+Child Emp+Family	$4,000[1]	$10,000[1]
Lifetime max		No maximum	No maximum
Behavioral health	Inpatient	10% coinsurance after deductible	50% coinsurance after deductible
	Outpatient	10% coinsurance after deductible	50% coinsurance after deductible
Chiropractic		10% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment		10% coinsurance after deductible	50% coinsurance after deductible
Emergency ER copay waived if admitted	Ambulance	10% coinsurance after deductible	10% coinsurance after deductible
	ER	10% coinsurance after deductible	10% coinsurance after deductible
	Urgent care	10% coinsurance after deductible	50% coinsurance after deductible
Home health services Maximum visits per year		42	42
Hospital admission (Room and Board)		10% coinsurance after deductible	50% coinsurance after deductible
Mammography		Preventive at no cost Non-Preventive 10% coinsurance after deductible	50% coinsurance after deductible
Office visits Maximum of one copay/day/provider	PCP	Preventive at no cost Non-Preventive 10% coinsurance after deductible	50% coinsurance after deductible
	Specialist[4]	Preventive at no cost Non-Preventive 10% after deductible	50% coinsurance after deductible
	Preventive	Preventive at no cost	50% coinsurance after deductible
	OB/GYN	Preventive at no cost Non-Preventive 10% after deductible	50% coinsurance after deductible
Outpatient services Freestanding ambulatory facility or hospital outpatient surgical center		10% after deductible	50% coinsurance after deductible
Radiology		10% after deductible	50% coinsurance after deductible

1 Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the out-of-pocket maximum. The plan pays 100% after out-of-pocket maximum is met.

Medical Online Features

You can review your personal profile, view the status of medical claims, obtain general medical information, and learn how to manage your own healthcare through the available health plan websites.

Aetna

Non-member: *aetnastateaz.com*
Existing member: *aetna.com*

DocFind
Use this online directory to find out if your physician or hospital is contracted with Aetna.

Aetna members can create a user name and password and have access to:

Aetna Navigator—Review Your Plan and Benefits Information
You can verify your benefits and eligibility. You will also have access to detailed claims status and claim Explanation of Benefits (EOB) statements.

ID Card
Print a temporary or order a replacement ID card.

Contact and E-mail
Access contact information for Aetna Member Services as well as Aetna's 24/7/365 day NurseLine. Chat live with member service representatives for quick, easy and secure assistance by using the Live Help feature within the Aetna portal.

Health Information—Simple Steps to Healthier Life
This website will give you access to wellness information.

Estimate the Cost of Care
You can estimate the average cost of healthcare services in your area including medical procedures and medical tests.

Personal Health Record
Access and print historical claims information that may be useful to you and your healthcare professional.

Aetna Mobile
Simply type aetna.com in your smart phone to access doctors, Aetna Navigator, and much more. There is an i-Phone application available for downloading.

HSA Savings Calculator Tool
Use the HSA Savings Calculation Tool to help you discover the savings opportunity and tax advantages associated with a HSA.

HSA Video
The HSA Online Videos teach enrolled HSA account holders and those considering enrolling in an HSA plan, the basics of managing the HSA. It also helps employees and members understand how to make the right healthcare choices and how to manage the savings account in a simple, conversational style.

Blue Cross Blue Shield of Arizona

Non-member: *adoa.azblue.com*
Existing member: *azblue.com*

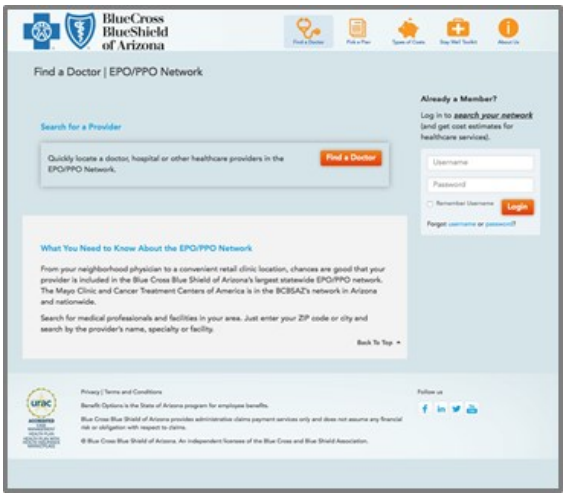
Lookup Provider
Use this tool to find out if your doctor, hospital, retail clinic, or urgent care provider is contracted with Blue Cross Blue Shield of Arizona.

Blue Cross Blue Shield of Arizona members can create a user ID and password to have access to:

ID Card
Order a new ID card or print a temporary one.

Care Comparison
This simple online tool gives you access to price ranges for many common health care services right down to the procedure and the facility in your area. You can also view cost information across many specialties including radiology, orthopedics, obstetrics, and general surgery.

Hospital Compare
In this tool you will find information on how well hospitals care for patients with certain medical conditions or surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay.



Claims Inquiry
View and read the detailed status of all medical claims submitted for payment. You can also obtain your Explanation of Benefits (EOB) or Member Health Statement.

Optional Electronic Paperless EOB
Reduce mail, eliminate filing and help the planet by going green.

Coverage Inquiry
Verify eligibility for you and your dependents.

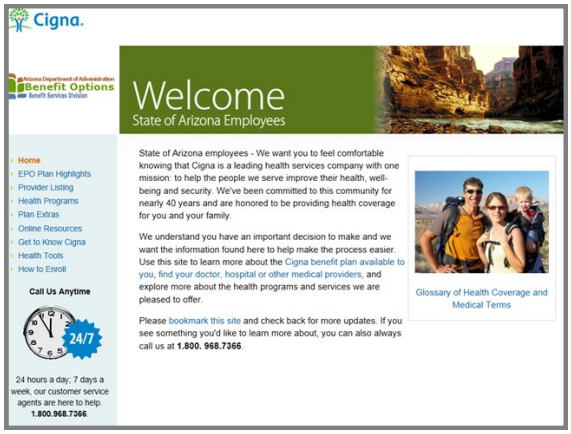
Wellness Tools
You can access wellness information through your personal HealthyBlue homepage.

Online Forms
You can find important forms and information online, including a medical claim form and medical coverage guidelines.

Help
You can find information on how to contact Blue Cross Blue Shield of Arizona regarding your benefits, claims, or any other questions you may have.

Cigna

Non-member: *Cigna.com/stateofaz*
Existing member: *myCigna.com*



For employees not enrolled in the Cigna plan, visit *Cigna.com/stateofaz* for a provider listing, program and resource information.

For employees already enrolled in the Cigna plan, please visit *myCigna.com,* for access to:

Personal Profile
You can verify your coverage, copays, deductibles, and view the status of claims.

ID Card
Order a new ID card or print a temporary one.

Evaluate Costs
You can find estimated costs for common medical conditions and services.

Rank Hospitals
Learn how hospitals rank by cost, number of procedures performed, average length of stay, and more.

Assess Treatments
You can get facts to make informed decisions about condition-specific procedures and treatments.

Conduct Research
With an interactive library, you can gather information on health conditions, first aid, medical exams, wellness, and more.

Health Coaching
Take a quick health assessment, get personalized recommendations and connect to immediate online coaching resources.

Monitor Health Records
Keep track of medical conditions, allergies, surgeries, immunizations, and emergency contacts. You can download a free, personalized smart phone app. From there, you can do almost anything on the go – from getting your ID cards, account balances, locating doctors and hospitals, and so much more. Get the myCigna Mobile app today!

Note: 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. If you choose a doctor that does not accept assignment from Medicare, your doctor may be allowed to bill you for additional costs up to the Medicare limiting charge.

UnitedHealthcare

Non-member: *welcometouhc.com/stateofaz*
Existing member: *myuhc.com®*

Visit your support site: welcometouhc.com/ stateofaz

From this site you can access benefit information, learn about available tools, resources and programs, view open enrollment materials and more.

- View and compare benefit plan options
- Learn more about wellness programs, specialized benefits and online tools
- Search for physicians and facilities
- And, access our site for members, myuhc.com

Need a new doctor or a specialist?

You can search for doctors near you and even see which doctors have been recognized by the UnitedHealth Premium® program for quality and cost-efficiency.

Your health, your questions, your myuhc.com

Once you become a member, your first stop is your member website, myuhc.com. It's loaded with details on your benefit plan and much more.

ID Card

Order a new ID card or print a temporary one.

Want to get rid of that nagging pain, but worried about the cost?

You can see what a treatment or procedure typically costs and see what your share of expenses may be.

Looking for an easier way to manage claims?

You can track claims, mark claims you've already paid, and review graphs to better understand what you owe. You can even make claim payments online.

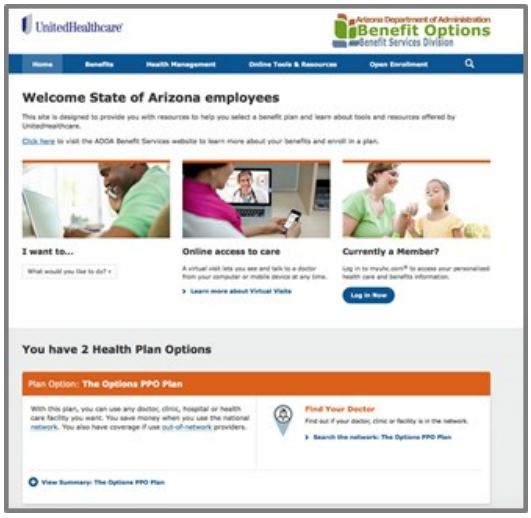
Want a place to keep your personal health information?

The *"Health & Wellness"* tab is your own personal website that is designed to:

- Inspire healthy action with a step-by-step program
- Encourage you to remain motivated through online health programs, and innovative tools and calculators that track your progress
- Reinforce your commitment by acknowledging your accomplishments

Always on the go? We can help you there too.

Whether you need to find urgent care, you forget your health plan ID card, or need to call customer service, the UnitedHealthcare Health4Me™ mobile app helps put your insurance information in the palm of your hand.



Health4Me

Services Available

When you choose Benefit Options medical insurance you get more than basic healthcare coverage. **You get personalized medical management programs at no additional cost**. Under the Benefit Options health plan, 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

Each Medical network provides prior authorization and utilization review for the ADOA Benefit Options plans when members 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. Please refer to your Plan Document for the specific list of services that require prior authorization. Each Network has a dedicated line to accept calls and inquiries:

Aetna 1.800.333.4432
Blue Cross Blue Shield of Arizona
1.800.232.2345 ext. 4320
Cigna 1.800.968.7366
UnitedHealthcare 1.800.896.1067

Case Management

Case management is a collaborative process whereby 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 the member and the State of Arizona.

Disease Management

The purpose of disease management programs is to educate you and/or your dependents 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.

The following disease management programs are available to all Benefit Options members regardless of their selected Networks:

- Asthma
- Diabetes
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Pregnancy/Maternity
- Coronary Artery Disease
- Healthy Back

If you are eligible or become eligible for one of the programs above, a disease manager from your selected Network will assess your needs and work with your physicians to develop a personalized plan. Your personalized plan will establish goals and steps to help you to positively change your specific lifestyle habits and improve your health.

Your assigned disease manager may also:

- Provide tips on how to keep your diet and exercise program on track
- Help you to maintain your necessary medical tests and annual exams
- Offer tips on how to manage stress and help control the symptoms of stress
- Assist with understanding your doctor's treatment plan
- Review and discuss medications, how they work and how to use them

Generally a disease manager will work with you as quickly or as slowly as you like - allowing you to complete the program at your own pace. Over the course of the program, participants learn to incorporate healthy habits and improve their overall health.

Getting Involved

The Benefit Options disease management programs offered through each medical Network identify and reach out through phone calls and/or mail to members who may need help managing their health conditions.

The medical Networks work with the Benefit Options plan to provide this additional service. Participation is optional, private, and tailored to your specific needs. Also, members of the Benefit Options plan who are concerned about a health condition and would like to enroll in one of the covered programs can contact their respective medical Networks directly to self enroll.

Please refer to your medical Network's phone number on page 21 if you or your dependent is interested.

NurseLine

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

Aetna 1.800.556.1555
Blue Cross Blue Shield of Arizona
1.866.422.2729, Option 9
Cigna 1.800.968.7366
UnitedHealthcare 1.800.401.7396

MedImpact

If you elect any Benefit Options medical plan, MedImpact will be the Network you use for pharmacy benefits. Enrollment is automatic when you enroll in the medical plan.

MedImpact currently services 50 million members nationwide, providing leading prescription drug clinical services, benefit design, and claims processing since 1989 through a comprehensive Network of pharmacies.

ID Card

You will not receive a pharmacy ID card. The MedImpact Customer Care information can be found on the back of the ID card provided by your medical network.

How it Works

All prescriptions must be filled at a Network pharmacy by presenting your medical card. You can also fill your prescription through the mail order service. **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.

The MedImpact plan has a three-tier formulary described in the chart on page 25. The copays listed in the chart are for a 31-day supply of medication bought at a retail pharmacy.

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.

To see what medications are on the formulary, go to *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 your plan.

Finding a Pharmacy

To find a pharmacy refer to *benefitoptions.az.gov*. See online features for more information.

The MedImpact Customer Care Center is available 24 hours a day, 7 days a week. The toll free telephone number is 1.888.648.6769.

Pharmacy Mail Order Service

A convenient and less expensive mail order service is available for employees 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.

Here are a few guidelines for using the mail order service:

- Submit a 90-day written prescription from your physician.
- Request up to a 90-day supply of medication for **two copays** (offer available to HSA members only when copays apply).
- Payments can be made by check or credit card: Visa, MasterCard, American Express, or Discover.
- Register your e-mail address to receive information on your orders.
- Order refills online at *walgreens.com* or via phone at 1.866.304.2846. Have your insurance card ready when you call!

Choice90

With this program, employees 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.** For more information, contact MedImpact Customer Care Center at 1.888.648.6769.

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 calling MedImpact at 1.888.648.6769.

Step Therapy Program

Step Therapy is a program which promotes the use of safe, cost-effective and clinically appropriate medications. This program requires that members try a generic alternative medication that is safe and equally effective before a brand name medication is covered. For a complete list of drugs under this program, please refer to the formulary at *benefitoptions.az.gov*.

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.

A Specialty Care Representative may contact you to facilitate your enrollment in the Specialty Pharmacy Program. You may also enroll directly into the program 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.

Extended Vacation or Working Abroad

Whether you go to a retail pharmacy or use mail order for your prescriptions, you will need to notify MedImpact in writing of why you are requesting an additional supply of medication, the date when you are leaving, and how long you plan to be gone. MedImpact will be able to authorize a VACATION OVERRIDE allowing you to have the extra medication you will need *provided you have the appropriate number of refills remaining.*

Order refills at least two weeks in advance of your departure. If there is a problem, such as, *not enough refills*, you will have enough time to phone your physician. If you are using Mail Order, contact MedImpact at least three weeks in advance.

Copays will be the same as you would normally pay times the number of refills you need.

If you are already out of town and need a prescription call MedImpact. Tell the representative you are out of town and need to find a participating pharmacy in the area where

you are located. You will need the zip code where you are visiting. In most cases you will have several choices.

If your medication is lost, stolen, or damaged, replacement medication is not covered.

Contacts

MedImpact

Customer Care Center and Prior Authorization	1.888.648.6769
MedImpact BIN Number	003585
Retail PCN Number	28914

Walgreens

Mail Order	1.866.304.2846
Specialty Pharmacy	1.888.782.8443

	ADOA Benefit Options (Aetna, Blue Cross Blue Shield of Arizona, Cigna, UnitedHealthcare)
Pharmacy Benefits Administered By	MedImpact
Retail Requirements	In-Network pharmacies only: one copay per prescription
Mail Order[1]	Two copays for 90-day supply
Choice90	Two & 1/2 copays for 90-day supply
Generic	$10 copay
Preferred Brand[2]	$20 copay
Non-Preferred Brand[2]	$40 copay
Annual Maximum	None

1 *Offer available to HSA members only when copays apply.*

2 *Member may have to pay more if a brand is chosen over a generic.*

Note: *Copays for compounded medications are based on the formulary placement of the main compound ingredient.*

Pharmacy Online Features

Members can view pharmacy information located at *benefitoptions.az.gov*. Click on the pharmacy link and then click "MedImpact Pharmacy Website".

Members can create a user name and password to have access to:

Benefit Highlights
View your current copay amounts and other pharmacy benefit considerations.

Formulary Lookup
Research medications to learn whether they are generic, preferred or nonpreferred drugs. This classification will determine what copay is required. You can search by drug name or general therapeutic category.

Prescription History
View your prescription history, including all of the medications received by each member, under PersonalHealth Rx. Your prescription history can be printed for annual tax purposes.

Drug Search
Research information on prescribed drugs like how to use the drug, side effects, precautions, drug interactions, and what to do if there is an overdose.

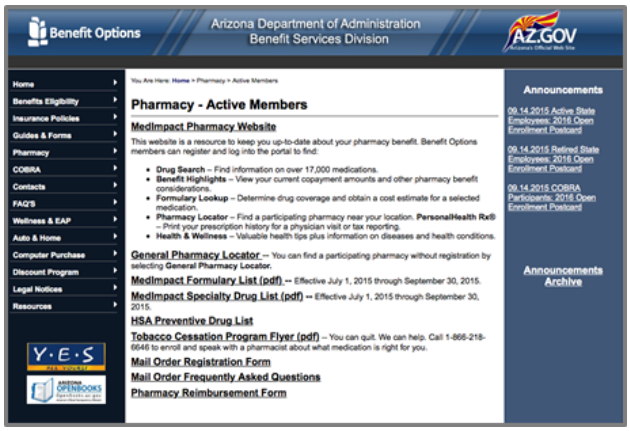
Health & Wellness
Learn valuable tips and information on diseases and health conditions.

Mail Order
A link will direct you to the Walgreens website where you may register for mail order service by downloading the registration form and following the step-by-step instructions.

Locate a Nearby Pharmacy
Locate a pharmacy near your home address, out-of-town vacation address, or your dependent's address.

Generic Resource Center
Learn more about generic drugs and savings opportunities.

Choice90
Learn more about the Choice90 option. With this program, you can obtain a 90-day supply of medication for a reduced copay.



Dental Plan Information

Employees may choose between two plan types: the Prepaid/DHMO and the Indemnity/Preferred Provider Organization (PPO) plans. Each plan's notable features are bulleted below.

Prepaid/DHMO Plan – Total Dental Administrators Health Plan, Inc. (TDAHP)

- You MUST use a Prepaid/DHMO Participating Dental Provider (PDP) to provide and coordinate all of your dental care in Arizona
- No annual deductible or maximums
- No waiting periods
- Pre-existing conditions are covered
- Specific copays for services
- Specific lab fees for prosthodontic materials

Each family member may choose a different general dentist from the TDAHP Arizona DHMO provider network. You can select or change your dentist by contacting TDAHP by telephone or using the "change my dentist" function on the website *TDAdental.com/adoa*. Members may self-refer to dental specialists within the Network. Specialty care copays are listed in the plan booklet. Specialty services not listed are provided at a discounted rate. This discount includes services at a Pedodontist, Prosthodontist, and TMJ care.

Indemnity/PPO Plan – Delta Dental PPO plus Premier

As a State of Arizona eligible member you can enroll in the Delta Dental of Arizona – PPO plus Premier plan with covered preventive services.

- Your preventive and diagnostic services are covered at 100% and are not subtracted from your annual maximum
- Your annual maximum benefit is $2,000 per benefit year
- No deductible for diagnostic and routine services
- $50 deductible per person and no more than $150 per family
- The maximum lifetime benefit for orthodontia is $1,500
- A third dental cleaning per benefit year is available for eligible members
- A no missing tooth clause is included
- You can elect to see a licensed dentist anywhere in the world
- Delta Dental has the largest network in Arizona with 3,200+ participating dentists
- You can maximize your benefits when you select a PPO Provider
- Delta Dental dentists have agreed to accept a negotiated fee (after deductibles and copays are met) and in most circumstances cannot balance bill you in excess of the allowed fee
- Claims are filed by the network dentist and they are paid directly, making it easier for you

To find a Delta Dental dentist near you, please visit *deltadentalaz.com/find*.

How to Choose the Best Dental Plan for You

When choosing between a Prepaid/DHMO plan and an Indemnity/PPO plan, you should consider the following: dental history, level of dental care required, costs/budget and provider in the Network. If you have a dentist, make sure he/she participates on the plan (Prepaid/DHMO plan - TDAHP or Indemnity/PPO - Delta Dental PPO plus Premier) you are considering.

For a complete listing of covered services for each plan, please refer to the plan description located on the website: *benefitoptions.az.gov*.

ID Card

New enrollees should receive a card within 10-14 business days after the benefits become effective.

Dental Plans Comparison Chart

	TDA	Delta Dental
PLAN TYPE	Prepaid/DHMO	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	$0	$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 flouride 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.*

Total Dental Administrators Health Plan (TDAHP), Inc.

If you are enrolling with TDAHP go to *TDAdental.com/adoa* to access the online features described below:

Participating Providers

You can search for a specific dentist contracted under this plan (Prepaid/DHMO).

Select or Change Participating Provider

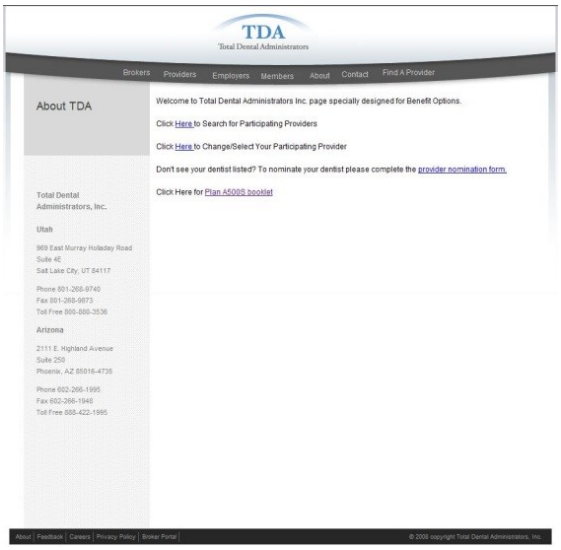
You can select or change your specific participating provider.

Nominate a Dentist

If you have a preferred dentist that is not a participating provider, you can nominate your dentist to be included in the plan.

Plan A500AZ

Learn about the plan by clicking on this option.



Delta Dental PPO plus Premier

Managing your benefits online is easy and convenient with Delta Dental! After the benefit year begins on January 1, please visit *deltadentalaz.com* to create your ID and password in the **Member Connection**, a secure website that gives you access to the following tools and materials:

- View and/or print your **benefits and eligibility**
- Go paperless and sign up for **electronic Explanation of Benefits** (EOBs)
- **24/7 claims information**: Check your claims by dates, print copies of EOBs for you or your dependents, or download a claim form
- Use the **Find a Dentist** tool to search Delta Dental's national dentist directory

Plus:

- Download the **Delta Dental Mobile App** (iOS and Android) to access your ID card, view coverage and claims details, or find a dentist from your phone or tablet
- Check out the **Delta Dental of Arizona Blog** at *deltadentalazblog*.com for oral health articles and tips
- Assess your risk for dental diseases with the **Oral Health Assessment Tool** at *MyDentalScore.com/DeltaDental*

Coverage for vision is available through Avesis. Benefit Options is offering two vision care programs: Avesis Advantage Program and Avesis Discount Program.

Avesis Advantage Program

Employees are responsible for the full premium of this voluntary plan.

Program Highlights

- Yearly coverage for a vision exam, glasses or contact lenses
- Extensive provider access throughout the state
- Unlimited discounts on additional optical purchases.

How to Use the Advantage Program

1. Find a provider – You can find a provider using the Avesis website *avesis.com* or by calling customer service at 1.888.759.9772. Although you can receive out-of-Network care as well, visiting an in-Network provider will allow you to maximize your vision care benefit.
2. Schedule an appointment – Identify yourself as an Avesis member employed by the State of Arizona when scheduling your appointment.

Out-of-Network Benefits

If services are received from a non-participating provider, you will pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. The claim form and itemized receipt should be sent to Avesis within three months of the date of service to be eligible for reimbursement. The Avesis claim form can be obtained at the website *avesis.com*. Reimbursement will be made directly to the member.

Avesis Discount Program

If you do not enroll in the Advantage Program, you will automatically be enrolled in the Discounted Plan at **no cost**. This program will provide each member with substantial discounts on vision exams and corrective materials. **No enrollment is necessary.**

How to Use the Discount Program

1. Find a provider – Go to *avesis.com* or call customer service at 1.888.759.9772.
2. Schedule an appointment – Identify yourself as an Avesis discount card holder employed by the State of Arizona.

In-Network Benefits Only

Avesis providers who participate in the Avesis Discount Vision Care Program have agreed to negotiated fees for products and services. This allows members to receive substantial discounts on the services and materials they need to maintain healthy eyesight. Providers not participating in the program will not honor any of the discounted fees. The member will be responsible for full retail payment.

Refractive Surgery Benefit

LASIK surgery benefits are available to Advantage Program or Discount Program members. To find a LASIK provider - visit *Qualsight.com/Avesis* or call 1.877.712.2010.

New Avesis Discount Hearing Plan

Whether you are enrolled in the Advantage Program or the Discount Program, members have access to a new Hearing Discount Plan. To utilize the Hearing Discount Plan, call 1.866.956.5400 and identify yourself as an Avesis member employed by the State of Arizona to access your benefits.

For a complete listing of covered services please refer to the plan descriptions at *benefitoptions.az.gov.*

Vision Plan Comparison Chart

	Advantage Program In-Network	Advantage Program Out-of-Network	Discount Program[1, 3]
Examination Frequency	Once per Plan Year	Once every 12 months	Once per Plan Year
Lenses Frequency	Once per Plan Year	Once every 12 months	Once per Plan Year
Frame Frequency	Once per Plan Year	Once every 12 months	Once per Plan Year
Examination Copay	$10 copay	Up to $50 reimbursement	20% discount
Optical Materials Copay (Lenses & Frame Combined)	$0 copay	N/A	Refer to schedule below
Standard Spectacle Lenses			
Single Vision Lenses	Covered-in-full	Up to $33 reimbursement	20% discount
Bifocal Lenses	Covered-in-full	Up to $50 reimbursement	20% discount
Trifocal Lenses	Covered-in-full	Up to $60 reimbursement	20% discount
Lenticular Lenses	Covered-in-full	Up to $110 reimbursement	20% discount
Progressive Lenses	Uniform discounted fee schedule	Up to $60 reimbursement	20% discount
Selected Lens Tints & Coatings	Uniform discounted fee schedule	No benefit	20% discount
Frame			
Frame	Covered up to $100-$150 retail value ($50 wholesale cost allowance)	Up to $50 reimbursement	20% discount
Contact Lenses (in lieu of frame/spectacle lenses)			
Elective	10-20% discount and $150 allowance[2]	Up to $150 reimbursement	10-20% discount
Medically Necessary	Covered-in-full	Up to $300 reimbursement	10-20% discount
LASIK/PRK			
LASIK/PRK	Up to $600	Up to $600 reimbursement	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 fit, follow-up and materials.*
3 *No out-of-network benefits for the Discount Vision Care Program.*

Vision Online Features

Members can view **Avesis** information by visiting *avesis.com/members.html.*

Login with your EIN Number and your last name to have access to:

Search for Providers
Search for contracted Network providers near your location.

Benefit Summary
Learn about what is covered under your vision plan and how to use your vision care benefits.

Print an ID Card
If you lose or misplace your ID card, you can print a new one.

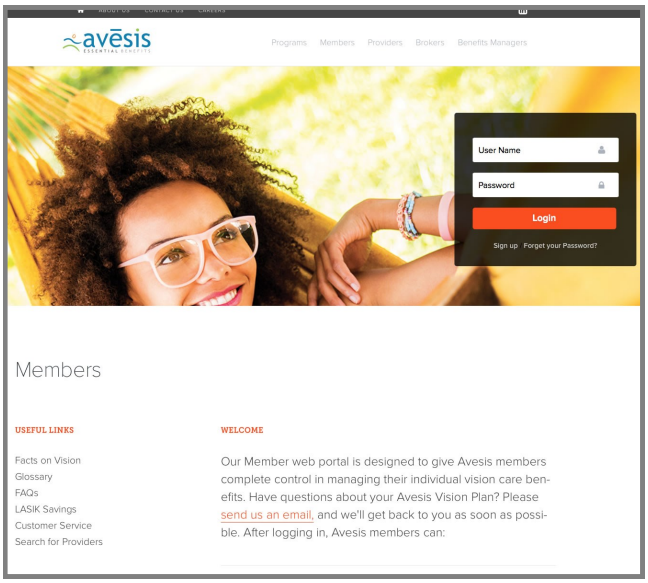
Verifying Eligibility
You can check your eligibility status before you schedule an exam or order new materials.

Plan Policy
You can view your plan policy.

Glossary
You can learn about vision terminology.

Facts on Vision
Learn about different vision facts.

Claim Form
You can obtain an out-of-Network claim form.



International Coverage

MEDICAL CARE	
EPO Plans	
Aetna	Emergency & Urgent Only
BCBSAZ	Emergency & Urgent Only
Cigna	Emergency & Urgent Only
UnitedHealthcare	Emergency & Urgent Only
PPO Plans	
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 Plan	
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	
Prepaid/DHMO Plan	
Total Dental Administrators Health Plan, Inc.	Emergency Only
PPO Plan	
Delta Dental PPO plus Premier	Coverage is available under non-participant provider benefits
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 Third Party Administrator.

The Hartford

The Hartford is the Benefit Options vendor for Life Insurance. The Hartford is one of the largest insurance companies and serves millions of customers worldwide with over 200 years in business.

Basic Life Insurance and AD&D

You are automatically covered for $15,000 of basic life insurance provided by the State at no cost to you. Non-smokers will receive an additional $1,000; eligibility is determined at the point of claim.

The State also pays for $15,000 of AD&D insurance coverage. A $15,000 Seat Belt Benefit may also be payable if you die in an automobile accident and are wearing a seat belt. You are automatically covered in these three programs if benefit eligible.

Supplemental Life Insurance

Supplemental coverage is available in increments of $5,000 if you would like additional insurance beyond the $15,000 that the State already provides to you. Your cost for supplemental life and AD&D insurance is based on your age as of January 1st (the first day of the plan year). **Premiums for supplemental life coverage above $35,000 are paid on an after-tax basis.**

You may elect to increase or decrease your supplemental life and AD&D coverage only during Open Enrollment.

You may increase coverage in increments of $5,000 up to $20,000 not to exceed the maximum benefit of $500,000 or three times your annual salary, whichever is less. You can also decrease your coverage in increments of $5,000 or cancel coverage.

Your employee supplemental AD&D coverage amount is the same as the supplemental life amount that you elect.

In the event of your death, employee life and AD&D benefits are paid to your designated beneficiary. **It is important to keep your beneficiary information current**. If you choose more than one beneficiary, you can specify the amount paid or a percent paid to each beneficiary. You may change your beneficiary online during enrollment.

Remember: adding a beneficiary does not automatically delete a previously-designated beneficiary. If you wish to change a previously designated beneficiary, you must actively do so while enrolling or as needed throughout the year. Changes can be made on the Y.E.S. website.

Dependent Life Insurance

You may purchase life insurance coverage for your dependents in the amount of $2,000, $4,000, $6,000, $10,000, $12,000, $15,000, or $50,000. You do not have to elect any supplemental coverage with The Hartford for yourself in order to choose this dependent plan for up to $15,000. **For the $50,000 coverage, you must have a combined basic and supplemental coverage of at least $50,000**. Each person will be covered for the amount you choose for a small employee premium. In the event of a claim, you are automatically the beneficiary.

Life Insurance Waiver of Premium

The Hartford provides a Waiver of Premium provision under the Life Insurance provided to eligible State of Arizona employees. Waiver of Premium is a provision which allows insured employees to continue the employee's and the employee's dependent's Life Insurance coverage **without** paying a premium if the employee:

- becomes disabled (as defined in the Life Insurance Policy) prior to age 65 and provides proof within one year,

- remains disabled for at least six consecutive months (elimination period). Premium payment is required during the elimination period.

Coverage continues while the employee remains disabled for the duration specified in the contract even if the Group Life Policy terminates. Any dependent coverage will terminate if the Group Life Policy terminates.

What does disabled mean?
Disabled means you are prevented by injury or sickness from doing any work for which you are, or could become qualified by:

- education;
- training; or
- experience.

In addition, you will be considered disabled if you have been diagnosed with a life expectancy of 12 months or less.

The Hartford makes the determination of disability to qualify for Waiver of Premium for your Life Insurance.

Filing a Life Insurance Waiver of Premium Claim
If you are enrolled in The Hartford Long-Term Disability (LTD) plan, a Waiver of Premium will be automatically considered and no claim filing will be required. ***Approval for LTD does not automatically approve Waiver of Premium for Life Insurance***.

If you are not enrolled in The Hartford Long-Term Disability (LTD) plan because you are an Arizona State Retirement System (ASRS) participant, and you expect to be out for longer than 90 days from the date of illness or injury, it is necessary for you to initiate review for Waiver of Premium. Call The Hartford at 1.866.712.3443, 7am to 6pm, Monday through Friday.

Note: This summary is an overview of the Waiver of Premium provision under the State of Arizona Life Insurance policy with The Hartford. It is provided for illustrative purposes only and is not a contract. In the event of any difference between the summary and the Insurance certificate-booklet, the terms of the Insurance certificate-booklet apply.

You can learn more by visiting *groupbenefits.thehartford.com/arizona/* or calling 1.866.712.3443.

UNIVERSITY FACULTY AND STAFF: To assist you in making an informed decision, please refer to your Human Resources website to compare both the state-sponsored and university-sponsored plans.

The Hartford

The Hartford is the Benefit Options vendor for Short-Term Disability (STD).

How STD Works

If you elect Short-Term Disability (STD) insurance and The Hartford determines you are unable to work due to illness, pregnancy, or a non-work-related injury, you may receive a weekly benefit for up to 26 weeks for an injury, 22 or 18 weeks for illness. The STD benefits will pay up to 66-2/3% of your pre-disability earnings during your disability. The weekly minimum benefit is $57.69; the weekly maximum benefit is $769.27. There are no pre-existing conditions or limitations. You must meet the actively-at-work provision.

Offsets to Paid Benefits

Paid benefits will be offset after the benefit elimination period is exhausted by any sick, annual and donated leave paid to you.

If The Hartford has determined an overpayment has been paid, The Hartford has the right to recover any amount from you. You have the obligation to refund The Hartford any such amount. Contact your agency regarding the requirements for using sick and annual time when on a leave of absence.

Coverage Effective Dates

If you previously waived STD coverage and enroll during Open Enrollment, your insurance becomes effective on January 1, 2016.

Benefit Effective Dates/Waiting Periods

Your benefits will start on your first day of disability due to **non work-related injury** or the 31st day of disability due to illness or pregnancy, if coverage was elected during your initial new hire/eligibility enrollment period. If you elect coverage after your initial new hire/eligibility enrollment period and become disabled during the first 12 months of being covered under the plan, your benefits will start on the 61st day of disability due to illness or pregnancy.

Disabled and Working Benefits

The Hartford STD program allows you to return to work and receive up to 100% of your pre-disability earnings between the STD benefit and your current weekly earnings.

Weekly Benefit Calculation under the Disabled and Working Formula

$$\frac{(A - B)}{A} \times C$$

A = weekly pre-disability earnings (what the STD plan benefit is based on).
B = your current weekly earnings (earnings while disabled).
C = the weekly STD benefit payable if a claimant were totally disabled.

To learn how your benefits are calculated for this program, see the following example:

Assume an employee is covered by the STD plan. The employee's covered earnings (base earnings) are $1,000 a week. The employee wants to return to work part-time and is able to do so on a reduced schedule.

A = $1,000; this is what the employee was making weekly prior to being disabled.
Assume B = $300; this is what the employee is making now on a part-time basis, reduced schedule, while still being considered disabled.
C = $667; this is the STD benefit the employee would receive if the employee was not working at all ($1,000 x the STD benefit percentage of 66 2/3%).

The Benefit the employee will receive under the Disabled and Working formula is:

$467=($1,000-$300) X $667 = $1,000

Filing a claim is as simple as visiting *groupbenefits.thehartford.com/arizona/* or calling 1.866.712.3443.

UNIVERSITY FACULTY AND STAFF: To assist you in making an informed decision, please refer to your Human Resources website to compare both the state-sponsored and university-sponsored plans.

As a benefits-eligible employee, you are automatically enrolled in one of the State's two Long-Term Disability (LTD) programs (participation is mandatory). The retirement system to which you contribute determines the LTD program available to you. Refer to the list below for the name of your LTD program:

Arizona State Retirement System (ASRS) Participants

Sedgwick, CMS (formerly VPA, Inc.) is administered through ASRS. Your LTD benefit will pay up to 66-2/3% of your income earnings during your disability as determined by Sedgwick, CMS and based on supporting medical documentation. Your benefits may be subject to an offset based on Social Security payments, retirement benefits and other disability benefits. LTD benefits can be paid until age 65 or until you are able to return to work after your disability as determined by Sedgwick, CMS.

Medical documentation of your disability is required to continue your payment of benefits. You may learn more about the LTD plan offered by ASRS by visiting: *azasrs.gov* or calling 602.240.2000 or 1.800.621.3778 if outside of Phoenix. For hearing impaired, please call TTY 602.240.5333.

Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan (CORP), Elected Officials Retirement Plan (EORP), Optional Retirement Plans of the Universities (TIAA-CREF, and Fidelity Investments), Non-ASRS Participants:

The Hartford is the vendor for Long-Term Disability administered through Benefit Options to non-ASRS participants. Your LTD benefit may pay up to 66-2/3% of your monthly pre-disability earnings with a maximum benefit of $10,000 per month during your disability as determined by The Hartford and based on supporting medical documentation.

Your benefits may be subject to an offset based on Social Security payments, retirement benefits and other income benefits. LTD benefits can be paid until age 65 or until you are able to return to work after your disability as determined by The Hartford. Medical documentation of your disability is required to continue your payment of benefits. You can learn more about the LTD plan offered by The Hartford by visiting *groupbenefits.thehartford.com/arizona/* or calling 1.866.712.3443.

If you are facing a possible long-term disability, you should contact The Hartford within 90 days from the date of your illness or injury. You will be provided the information you need to apply for LTD benefits. This could include a waiver of insurance premiums or you may be eligible for life insurance conversion (converting your supplemental policy from a group policy to an individual one). **Although your life and/or disability insurance premiums may be waived, your medical, dental and vision insurance premiums are not waived. You are still responsible for payment of these premiums**.

Changing Retirement Systems

Changing jobs between state agencies or within a single agency may result in a change to your retirement system. Please be aware that this change could impact your LTD coverage.

Life/STD/LTD Online Features

You can access important information about your Life and AD&D, Short-Term and for non-ASRS employees Long-Term Disability insurances by visiting *groupbenefits.thehartford.com/arizona/*.

It's My Choice Calculator
This calculator will help you estimate your life insurance needs.

Premium Calculator
Estimate the cost of coverage of your Life and AD&D Insurance. You can also estimate the cost of your dependent coverage.

Benefit Highlight Sheets
Learn important information such as: eligibility, coverage, effective dates and other information.

Filing a Claim
File a claim in one of the following ways:
Call The Hartford: 1.866.712.3443
Online at: thehartfordatwork.com

Mobile App:
Download the free app from your mobile device by searching for "My Benefits at The Hartford" at the Apple® App StoreSM or Google PlayTM Store.

Your Booklets
Find booklets with important information about Life, Short-Term Disability and for non-ASRS employees Long-Term Disability information.

Claims
Learn how to file a claim.

Check Your Claim Status
View the status of all your claims submitted at *thehartfordatwork.com* or at My Benefits Claims Mobile App.

The Hartford has gone mobile with employee benefits! The new My Benefits claims mobile app is now available to download for free from the Apple® App StoreSM or Google PlayTM Store.

Now you can get the answers regarding your disability claim faster, right from your mobile device. Here are just some of the convenient and secure features of the new app:

- Start a Short-term Disability claim
- Check the status of your claim
- Review claim payment history
- Enroll in direct deposit and update bank information for your claim payment
- View Claim Handler contact information

Life Planning & Services
You can learn about different programs offered by The Hartford, such as Life Conversations, Ability Assist, Beneficiary Assist and others.

To learn more about these programs and other features visit *groupbenefits.thehartford.com/arizona/.*

MyTomorrow
The Hartford is providing you with an online tool to help you better understand your Short-term Disability and Supplemental Life insurance. This tool is designed to help you:

- Make smart, affordable benefit choices.
- Get empowered to help protect your income.

It's called **MyTomorrow**SM. Get quick access to key benefit details, real-life stories and more -

thehartford.com/benefits/Arizona.
UNIVERSITY FACULTY AND STAFF: Please refer to your Human Resources website for additional online features.

Benefit Options Wellness is committed to helping employees and their dependents be well today and stay well for life. The BeWell Benefit is one of the most important benefits available to our health plan members. Programs and services are designed to enhance the overall health and quality of life for State of Arizona employees.

Wellness provides free or low-cost educational programming, health screenings, immunizations, interactive web tools, and health improvement services to help both employees and the State of Arizona save money on escalating healthcare costs.

BeWell Programs and Services

The Health Impact Program (HIP) is a Wellness enhancement to the total Benefit Options Plan. HIP is an incentive based employee wellness program for all benefits eligible State of Arizona employees. Through the completion of designated activities, employees will earn points and have the possibility to receive up to $200 upon successful completion of the program. HIP is designed to promote and encourage prevention as the first line of defense against chronic disease through engagement in a variety of preventive health activities and screenings.

Program participation will begin through registration on the Mayo Clinic Healthy Living online portal. This confidential, personalized system will grant employees access to the Mayo Clinic Health Assessment, health information and resources, telephonic health coaching and also serve as the tool for self-reporting all other HIP approved activities. Accommodations will be made available to support employees with access issues. Beginning in January 2016 you may register on the Mayo Clinic Healthy Living online portal at ***bewellstaywell.az.gov***. Look for more program details and guidelines in January, by visiting *benefitoptions.az.gov/wellness*.

Mini-Health Preventive Screenings

The worksite mini-health screening focuses on prevention and early detection of heart disease and diabetes. Tests included in this screening are the full lipid panel, blood pressure, body composition, and blood glucose measures. Our vendor also offers optional screens such as osteoporosis, facial skin analysis, or a Prostate Specific Antigen (PSA).

Mobile Onsite Mammography (MOM)

To fight cancer through early detection, mammograms are offered at work sites across Arizona. For convenience, employees' results are sent directly to their physician and appointments only last 15 minutes.

Prostate Onsite Project (POP)

Early detection is the best defense against prostate cancer. Wellness contracts with POP to provide free, convenient prostate cancer screenings at the worksite with a mobile medical unit. The doctor on board performs a PSA blood test, digital rectal exam (DRE), testicular exam, and a doctor consultation.

Fees for Wellness Services

Service	Employee Cost
Mini Health Screen	$0
-Bone Density	$0 for women 40+
-PSA	$0 for men 40+
Mammography	$0* for women 40+
Prostate Screening	$0 for men 40+

**PPO members who have not reached their deductible will pay co-insurance.*

Flu Vaccine Program
September 8- December 31, 2016

Wellness provides free flu shots at many State worksites and public clinic locations for employees. Locations and more information can be found on the Wellness website at *benefitoptions.az.gov/wellness*.

eMindful

eMindful is an evidence based online program geared toward developing stress management skills and mindfulness practices. Research has shown that participants showed significant reductions in stress levels as well as improvements in sleep quality and heart function … all of which translates into better

health, greater happiness, and higher productivity.

Employees can choose from four session dates and register for one session monthly. First time eMindful users will be required to create a new account, using their Employee Identification Number (EIN) as the "Unique ID" when prompted. University employees must use their Health Insurance ID Number (UA employees) OR Campus ID number (ASU employees) as their "Unique ID." To register go to *adoa.emindful.com*.

Employee Assistance Program (EAP)

EAP is a confidential Wellness benefit that provides short-term counseling to employees, their spouses, and their dependents. Employees can access six free counseling sessions to help with personal issues, coping with a loss, stress and anxiety, or financial concerns. ADOA offers an EAP contract which serves most State agencies.

The ADOA EAP website and phone number are available 24/7 for local resources, informational articles, and counseling at *guidanceresources.com* or 1.877.327.2362. The ADOA company code for use of services is HN8876C*. Other EAP contracts that serve State agencies can be found at benefitoptions.az.gov/wellness.*

Benefit Options Wellness wants you to be your best. The contracted EAP providers offer free, confidential, short-term counseling services for you and your family. The free counseling can help handle concerns or issues constructively, before they become a major problem. In addition to counseling, EAP offers work-life benefits and referrals to local affordable resources.

Please call your agency's Employee Assistance Program phone number listed below:

Agency	Contracted EAP	Phone Number	TDD/TTY
ADOA* DES AHCCCS ADE ADEQ DPS DOC ADOT	ComPsych To access helpful online resources and to see all of the services ComPsych provides, visit *guidanceresources.com*. Register using company code HN8876C. You can also log in and view a webinar to learn more about ComPsych services by clicking on "Understanding Your GuidanceResources Program," which is located on the right hand side of the web page under "Recommended."	877-327-2362	800-697-0353
ASU	Employee Assistance Onsite Visit *cfo.asu.edu/hr-eao.* The ASU Employee Assistance Office provides both personal and work-related counseling and managerial consultation. Services include assessment, referral, brief counseling, worksite crisis support and educational workshops to all benefits eligible faculty, staff, their dependents and household members. All services are voluntary, confidential and provided at no cost to eligible participants.	480-965-2271	
UA	Employee Assistance Onsite Visit *lifework.arizona.edu/ea*. Services are free, voluntary, and confidential and are available to all benefits-eligible UA employees as well as departments or workgroups.	520-621-2493	

**Agencies, Boards, and Commissions not listed above are covered under the ADOA ComPsych contract.*

Flexible Spending Accounts

Employees have the option to open Medical and/or Dependent Care (child care) Flexible Spending Accounts (FSAs) administered by ASI.

The FSAs allow you to pay eligible out-of-pocket medical and dependent care expenses with pre-tax dollars, reducing your taxable wages and, therefore, decreasing your taxes.

It is important to set aside only as much money in your FSA as you intend to use each plan year. Any monies not claimed by the employee within the specified period will be forfeited in accordance with the IRS Regulations.

You specify the annual dollar amount of your earnings to be deposited to each account. This amount is deducted in 26 equal payments, one each pay period**.**

At your request, your FSA reimbursement may be deposited into your checking or savings account by enrolling in direct deposit. To obtain an application, visit the ASI website at *asiflex.com*. A description of each type of account is provided below.

Medical FSA

This account allows you to set aside pre-tax dollars to pay for copays, coinsurance, deductibles, some prescriptions and over-the-counter supplies and other expenses.

Please note that you are required to submit a prescription for over-the-counter medications in order for these expenses to be eligible for reimbursement through your Medical FSA.

Dependent Care FSA

A dependent care FSA can be used to pay for out-of-pocket child care expenses for children under the age of 13. Also, you can use the account to pay for care for older dependents that live with you at least eight hours each day and require assistance with daily living.

Note: Dependent medical and/or other expenses should be submitted through the medical FSA not the dependent care FSA. IRS regulations may require your contribution be reduced by ADOA as a result of IRS non-discrimination testing requirements.

There are additional IRS rules that apply to your dependent care FSA contributions. You may be eligible to claim the dependent care tax credit on your federal income tax return. Consult a tax advisor to determine if participating in this program or taking the dependent care tax credit gives you the greater advantage.

Before you incur an expense, determine if it is eligible for reimbursement on the ASI website, *asiflex.com.*

UNIVERSITY FACULTY AND STAFF: Please refer to your Human Resources website for the Flexible Spending Account options available to you.

File a Claim

You will need to fill out your claim form and attach copies of invoices for services you received.

You may file claims as soon as you incur charges and services have been provided.

Submitting a Claim Form

You can:

- Fax your claim and documentation, toll-free to ASI at 1.877.879.9038
- Mail the claim form and documentation to the location indicated on the claim form, or
- Submit your claims online at *asiflex.com*. You need your ASI-assigned PIN, along with your State of Arizona employee Identification number (EIN), if you have not previously set up a user name and password. All documentation must be scanned into a PDF format.
- File a claim using the ASIFlex mobile app on your smart phone or tablet.

Reimbursement

Your reimbursement can be by direct deposit or check. An email notification of your reimbursement will be sent to you if you elect direct deposit.

Claims are processed within two business days of receipt. However, processing time will depend upon the volume of the claims received.

If you wish to start direct deposit after the Open Enrollment period, you will need to do so through ASI. The direct deposit request form is available at *asiflex.com*.

You have from January 1, 2016 through December 31, 2016 to use account funds.

All the claims for medical and dependent care expenditures must be filed with ASI prior to March 31, 2017 for reimbursement.

End of Employment

Your coverage ends at the end of the pay period of your last deduction when you leave employment.

If your employment ends prior to the end of the plan year, any expenses must be incurred prior to your termination date in order for you to receive reimbursement.

Note: Members and dependents (including spouses) enrolled in a Health Savings Account (HSA) do not qualify for a traditional Medical FSA; instead they qualify for a Limited Flexible Spending Account. The only qualifying expenses for a Limited Flexible Spending Account are dental and vision care expenses. Please see page 45 for more details.

ASIFlex Mobile App

Using your **phone or tablet**, the ASIFlex mobile app allows you to file claims and view your FSA account!

The claim filing feature allows you to capture documentation using the mobile device's camera feature and submit that documentation with the claim. The mobile app also allows you to use the microphone feature on smart devices to enter claims. This means you can choose to speak, rather than type, some of the claim information. In addition to filing claims, you can view the annual election amount, account balance, payments, contributions and previously submitted claims.

The app is free and available online at *asiflex.com* or through Google Play™ or the Apple Store℠.

Flexible Spending Accounts

	MEDICAL CARE	DEPENDENT CARE
Maximum Contributions	$2,550 annually	$5,000 annually ($2,500 if married and filing separately)
Minimum Contributions	$130 annually	$260 annually
Use of the Account	•To pay (with pre-tax money) for health-related expenses that are not covered or only partially covered, including expenses for your spouse or children not enrolled in your medical, dental, or vision plans	•To pay expenses for care of dependent provided by a non-dependent •To pay care provided for your children under the age of 13 for whom you have custody, for a spouse who is disabled or other dependents who spend at least eight hours a day in your home •To pay dependent care provided so that you can work
Samples of Eligible Expenses	•Copays •Deductibles •Coinsurance •Dental fees •Eyeglasses, exam fees, contact lenses and solution, LASIK surgery •Orthodontia	•Services provided by a day care facility. Must be licensed if the facility cares for six or more children •Babysitting services while you work •Day Camp
What's Not Covered	•Premiums for medical or dental plans •Items not eligible for the healthcare tax exemptions by IRS •Long-term care expenses	•Private school tuition including kindergarten •Overnight camp expense •Babysitting when you are not working •Transportation and other separately billed charges •Residential nursing home care
Restrictions/ Other Information	•See IRS Publication 502 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at *asiflex.com* for specific details on what expenses are allowed •You cannot transfer money from one account to the other •Your election amount may be increased (but not decreased) if you have a qualified life event	•See IRS Publication 503 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at *asiflex.com* for specific details on what expenses are allowed •You may not use the account to pay your spouse, your child who is under 19 or a person whom you could claim as a dependent for tax purposes •You cannot change your election unless you have a qualified life event •Your election may be changed by ADOA as a result of non-discrimination testing requirements

Deciding How Much to Deposit Into Your Flexible Spending Accounts

Estimate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent expenses. This estimated amount cannot exceed the established limits (Medical limit = $2,550; Dependent Care limit = $5,000). Be conservative in your estimates, since any money remaining in your accounts will be forfeited.

Note: IRS Regulations may require us to reduce your contribution.

TAX-FREE MEDICAL EXPENSE WORKSHEET	TAX-FREE DEPENDENT CARE WORKSHEET
Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year, which is January 1, 2016 through December 31, 2016. **YOUR OUT-OF-POCKET MEDICAL, DENTAL AND VISION EXPENSES** $ _____ $ _____ $ _____ $ _____ $ _____ $ _____ **SUBTOTAL** Your total contribution during the year cannot exceed $2,550. $ _____ **DIVIDE** By the number of paychecks (26) you will receive during the plan year. **This is your pay period contribution -** $ _____	Estimate your eligible dependent care expenses for the plan year, which is January 1, 2016 through December 31, 2016. **NUMBER OF WEEKS** You will have dependent (child, adult or elder) care expenses for the plan year. Remember *to subtract holidays, vacations, and other times you may not be paying for eligible dependent care.* Weeks _____ **MULTIPLY** by the amount of money you expect to spend each week $_____ **SUBTOTAL** Total contribution cannot exceed IRS limits for the calendar year and your employer's plan year. $_____ **DIVIDE** By the number of paychecks (26) you will receive during the plan year. **This is your pay period contribution -** $ _____

Limited Flexible Spending Account

The Limited Flexible Spending Account (FSA) is a money-saving option available only to members who are enrolled in a Health Savings Account (HSA). You have the option to open a Limited Medical Flexible Spending Account administered by ASI.

Members including dependents enrolled in an HSA are not allowed to enroll in a traditional Medical Flexible Spending Account.

Limited FSA Highlights

- Allows you to set aside pre-tax dollars, reducing your taxable wages and, therefore, decreasing your taxes.
- You can specify the annual dollar amount of earnings to be deposited. This amount is deducted in 26 equal payments, one each pay period.
- At your request, your FSA reimbursement may be deposited into your checking or savings account by enrolling in Direct Deposit. To obtain an application, visit the ASI website at *asiflex.com.*
- Monies not claimed within the plan year will be forfeited in accordance with the IRS regulations.

Limited Medical FSA

The limited medical FSA works the same way as our traditional FSA with the difference that it limits what expenses are eligible for reimbursement. Dental and Vision care costs are the only reimbursable expenses covered under the limited medical FSA.

Before you incur an expense under your limited medical FSA, determine if it is eligible for reimbursement on the ASI website, *asiflex.com*.

UNIVERSITY FACULTY AND STAFF: Please refer to your Human Resources website for the Flexible Spending Account options available to you.

File a Claim

You will need to fill out your claim form and attach copies of invoices for services you received.

You may file claims as soon as you incur charges and services have been provided.

Submitting a Claim Form

You can:

- Fax your claim and documentation, toll-free to ASI at 1.877.879.9038;
- Mail the claim form and documentation to the location indicated on the claim form, or
- Submit your claims online at *my.asiflex.com*. You need your ASI-assigned PIN, along with your State of Arizona employee identification number (EIN), if you have not previously set up a user name and password.
- File a claim using the ASIFlex mobile app on your smart phone or tablet.
- All documentation must be scanned into PDF format.

Reimbursement

Your reimbursement can be by direct deposit or check. An email notification of your reimbursement will be sent to you, if you elect direct deposit.

Claims are processed within two business days of receipt. However, processing time is

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The app is free and available online at *asiflex.com* or through Google Play™ or the Apple Store℠.

Benefits-eligible employees may enroll in any of the other Benefit Programs shown herein at any time during the year. As the companies associated with these programs are subject to periodic changes, members are encouraged to check the Benefit Options website at *benefitoptions.az.gov* for the most current programs available. The other Benefit Programs listed below are current as of the publication of this guide.

Computers via Payroll Deduction

As a State of Arizona employee you have access to Purchasing Power, a unique purchase program that allows you to buy new, brand name computers and pay for them over time through the ease of payroll deduction.

Discover A Better Way to Buy™

The need for a computer purchase can happen when you least expect it. When you can't spare the up-front cash for this kind of surprise, discover Purchasing Power. Unlike a discount program, Purchasing Power allows you to pay for your purchase over time through manageable payments that come directly from your paycheck.

- Your job is your credit - No credit check required. Simply meet the qualifying criteria to participate.
- Make an informed purchase - The price you see is the price you'll pay. While you'll pay a bit more than retail for the convenience of paying over time, you won't be hit with ballooning interest or hidden fees as you find with traditional financing programs, like credit cards or rent-to-own.
- Never pay a late fee again - Manageable payments come out of your paycheck in equal installments over 12 months.

Benefit at a Glance

- Manageable payments deducted from your paycheck
- 12 months to pay
- No credit check, no hidden fees
- Easy online ordering with delivery to your home

Easy Qualifications

- You must be at least 18 years of age
- You must be an employee of the State of Arizona for at least six months
- You must earn at least $16,000 a year
- You must have a bank account or credit card (to be used in case of non-payment via payroll deductions)

For more information or to order, please use the following contact information:

Benefit Options:
Benefitoptions.az.gov
Select Computer Purchase

Purchasing Power:
Toll Free Number: 1.866.670.3479
Arizona.PurchasingPower.com

UNIVERSITY FACULTY AND STAFF: Please refer to your Human Resources website for the Computer Purchase Program options available to you.

Auto and Home Insurance Program*

The Auto and Home Insurance Program gives you access to comparison shop two of the nation's leading insurance providers: Liberty Mutual Insurance and Travelers. Advantages of the program include special program savings for your auto and home insurance and the convenience of automatic payroll deduction to easily budget your premiums.

You do not have to wait until your current auto and home insurance policies are due to expire to request quotes and apply to enroll in the Auto and Home Insurance Program. You can apply year-round.

Did You Know?
You could also get an extra discount for choosing to pay your premiums through automatic payroll deduction.

Benefits-At-A-Glance
- Ability to apply year-round
- Exclusive savings
- Convenient payroll deduction
- Wide-array of coverages
- Money-saving discounts
- 24 hour claims assistance
- Portable policies
- Free, no-obligation quotes from licensed insurance professionals

Additional Coverage Options
- Condominium
- Renters
- High-value home
- Valuable items
- Personal Excess liability (umbrella)
- Identity theft**
- Boat & yacht
- Flood***

How to Request Quotes and Apply
Each provider offers licensed customer representatives to answer your questions, help you explore any lower cost options, and issue your policy right over the phone. Contact each provider to compare coverages and rates.

Travelers:	1.888.695.4640
Liberty Mutual Insurance:	1.800.786.1855

**Coverage is subject to applicable law, underwriting guidelines and state availability.*
***Certain carriers offer identity protection services at no additional cost to policyholders in certain states and with certain policy forms.*
****Flood insurance is offered through the National Flood Insurance Program (NFIP), which is administered by the federal government. All rates and rules are established by the NFIP.*

Legal Disclosures
The carriers listed operate independently and are not responsible for each other's financial obligations.

Liberty Mutual Insurance
Discounts and savings are available where state laws and regulations allow, and may vary by state. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify. Please consult a Liberty Mutual sales representative for additional information.

Coverage provided and underwritten by Liberty Mutual Insurance Company and its affiliates, 175 Berkeley Street, Boston, MA 02116.
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Travelers
Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates, One Tower Square, Hartford, CT 06183. Coverages, discounts, special program rates or savings, billing options and other features are subject to availability and individual eligibility. © 2015 The Travelers Indemnity Company. All rights reserved. Travelers and the Travelers Umbrella logo are registered trademarks of The Travelers Indemnity Company in the U.S. and other countries.

UNIVERSITY FACULTY AND STAFF: Please refer to your Human Resources website for more information on University-sponsored Auto and Home Insurance Programs.

Deferred Compensation Plan
You've probably heard of the different types of retirement plans: 457(b), 403(b), 401(a) and Roth 457 Deferred Compensation Plans. As an Arizona state public employee, the State of Arizona Deferred Compensation Plans were created specifically for you.

What Are The Plans
The State of Arizona offers retirement plans for employees like you to set aside money from each paycheck toward retirement. These plans can help bridge the gap between what you have

in your pension and Social Security, and how much you'll need in retirement. The available plans include:

457(b) Traditional Deferred Compensation Plan – tax-deferred, available to State employees.

457(b) Roth Deferred Compensation Plan — after-tax, available to State employees.

401(a) Deferred Compensation Plan – tax-deferred, and available to State employees meeting certain age requirements. This plan also has an irrevocable requirement where, once you start making contributions, you cannot stop them or change the amount of the deductions until you sever employment.

403(b) Deferred Compensation Plan – tax-deferred, and available to State employees who work at the Arizona Department of Education or the School for the Deaf & Blind. Not available for the University faculty and staff (please refer to your Human Resources website for more information about the University-sponsored voluntary 403(b) retirement savings program.)

How Does It Work

There are three simple steps to participating in a deferred compensation plan:

Enroll in your plan – It's easy to participate in deferred compensation. You can enroll on-line or on paper, just visit ArizonaDC.com for either option. Contributions are automatically deducted from each paycheck and deposited to your account, so you don't have to remember to write a check.

Use the Paycheck Impact Calculator, available at ArizonaDC.com, to see how saving pre-tax will affect your paycheck.

Invest your money – Once you are enrolled, you can choose from a wide variety of funds from the list of investment options available within your plan. You can also, once enrolled, use the Morningstar® Retirement Manager℠ to get a personalized retirement strategy, including recommendations for your retirement income goal, savings rate and portfolio asset mix. Keep in mind, any investment involves risk and there's no guarantee that any fund will achieve its investment objectives.

Receive income – Many public employees retire earlier than those in the private sector, and if that's the case, you'll want to invest enough to live in retirement on your terms. When investing in a 457(b) plan, distributions are available upon severance from employment, regardless of age! Before you begin taking payments, review our Retirement Checklist (available on ArizonaDC.com in our Library) to make sure you're ready to transition from saving to spending.

Why Should I Participate?

The State of Arizona Deferred Compensation Plans help put you in control of when, where and how much you invest. And that's just the beginning—here are four more reasons why it's smart to participate in your deferred compensation plan:

You can start anytime – Your deferred compensation plans will work for you whether you're approaching retirement or just getting started.

Every little bit helps – Even investing a small amount of money can really add up over time. And if you increase your contributions on a regular basis, the overall impact to your paycheck may not seem too painful.

Consider putting raises or bonuses into deferred compensation – it's an easy way to invest a little more.

This plan is made for you – Unlike other retirement plans, a 457(b) deferred compensation plan takes into account that you may retire sooner than workers in the private sector. Generally, you don't have to worry about paying a penalty for retiring early or beginning to take income from the plan before age 59½ (unlike 401(k) plans). Withdrawals are taxable income to you in the year the payments are made.

You will get On Your Side service – Nationwide is ready and willing to answer your questions. They have been helping public sector employees save for retirement for more than 30 years and their local Retirement Specialists have helped educate thousands of employees about investing through their retirement plans. Feel free to call today — they do not charge a fee to work with a Retirement Specialist.

Let's Talk

Give Nationwide a call at 1.800.796.9753 or in Phoenix at 602.266.2733.

Go to *arizonadc.com* to understand more details of the retirement plans and the benefits, use the calculators and tools (including the Interactive Retirement Planner and new Health Care Estimation Tool), view investment options and get started today by enrolling or making account updates.

Discount Program (State-Sponsored)

A Discount Program is available to State employees, University employees, and retirees.

The PerksConnect card or free mobile app allows access to local and national discounts on products and services which may include, but are not limited to:

- Automotive
- Dry Cleaning
- Entertainment
- Golf
- Health & Beauty
- Professional Services
- Pet Care
- Restaurants / Dining
- Shopping
- Travel

For more information visit *benefitoptions.az.gov*.

Value-Added Services

Benefit Options vendors offer a variety of value-added services, discounts, and other health and wellness options to the benefits you receive.

Medical

Discount percentages and availability can vary based on location. For additional information, please visit your medical Network website. Some services include:

- Alternative care and services: Chiropractic, Acupuncture, Massage Therapy
- Fitness memberships and equipment
- Dental care
- Hearing care
- Vision care
- Weight management and nutrition

Life Insurance

The Hartford offers life planning tools and services to help guide employees through major life decisions. For additional information, please visit *groupbenefits.thehartford.com/arizona*:

- EstateGuidance® Will Services
- Travel Assistance with ID Theft Protection and Assistance
- Ability Assist® Counseling Services
- Funeral Planning and Concierge Services
- Beneficiary Assist® Counseling Services

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 information.

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 at *benefitoptions.az.gov*.

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. The SBC documents along with the uniform glossary are posted electronically to the Benefit Options Website *benefitoptions.az.gov*. You may also contact Benefit Services to obtain a copy.

Summary Plan Description (SPD)
The SPD, or Plan Document, is a summary of important benefit features of your plan. The SPD may be revised at any time for plan clarification purposes. An updated copy of the SPD is available to you electronically on the Benefit Options website *benefitoptions.az.gov*. You may also contact Benefit Services to obtain a printed copy of the document.

Legal Notices regarding the Benefit Options Program may be found under the **"Legal Notices"** tab of the member website: *benefitoptions.az.gov.*

These notices include:

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 & Affordable Care Act (PPACA)
Notices of the Arizona Benefit Options Program in reference to PPACA. 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.

Privacy Policy
A federal law known as the HIPAA Privacy Rule requires that the health care Plans provide you with a notice of Privacy Practices. The notice describes how your medical information may be used or disclosed by the plans, as well as your rights and the plans' legal duties with respect to your medical information. You can link to an electronic copy of the notice at *benefitoptions.az.gov*.

Accidental Death and Dismemberment (AD&D)
Additional coverage to the Life Insurance policy that pays benefits to the beneficiary for an accidental death or accidental dismemberment, which is the loss of the use of certain body parts.

Appeal
A request to a plan provider for review of a decision made by the plan provider.

Balance Billing
A process in which a member is billed for the amount of a provider's fee that remains unpaid by the insurance plan. You should never be balance billed for an in-Network service; out-of-Network services and non-covered services are subject to balance billing.

Beneficiary
The person(s) you designate to receive your life insurance (or other benefit) in the event of your death.

Brand Name Drug
A drug sold under a specific trade name as opposed to being sold under its generic name. For example, Motrin is the brand name for ibuprofen.

Case Management
A process used to identify members who are at risk for certain conditions and to assist and coordinate care for those members.

Claim
A request to be paid for services covered under the insurance plan. Usually the provider files the claim but sometimes the member must file a claim for reimbursement.

COBRA (Consolidated Omnibus Budget Reconciliation Act)
A federal law that requires larger group health plans to continue offering coverage to individuals who would otherwise lose coverage. The member must pay the full premium amount plus an additional administrative fee.

Coinsurance
A percentage of the total cost for a service/ prescription that a member must pay after the deductible is satisfied.

Coordination of Benefits (COB)
An insurance industry practice that allocates the cost of services to each insurance plan for those members with multiple coverage.

Copay
A flat fee that a member pays for a service/ prescription.

Deductible
Fixed dollar amount a member pays before the health plan begins paying for covered medical services. Copays and/or coinsurance amounts may or may not apply (see comparison charts on page 15).

Dependent
An individual other than a health plan subscriber who is eligible to receive healthcare services under the subscriber's contract. Refer to page 3 for eligibility requirements.

Disease Management
A program through which members with certain chronic conditions may receive educational materials and additional monitoring/support.

Eligible Employee
Refer to page 3 for eligibility requirements.

Emergency
A medical or behavioral condition of sudden onset that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a person who possesses an average

knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the insured person in serious jeopardy, serious impairment to bodily functions, serious disfigurement of the insured person, serious impairment of any bodily organ or part of the insured person, or in the case of a behavioral condition, placing the health of the insured person or other persons in serious jeopardy.

EPO
(Exclusive Provider Organization)
A type of health plan that requires members to use in-Network providers.

Exclusion
A condition, service, or supply not covered by the health plan.

Explanation of Benefits
(EOB)
A statement sent by a health plan to a covered person who files a claim. The explanation of benefits (EOB) lists the services provided, the amount billed, and the payment made. The EOB statement must also explain why a claim was or was not paid, and provide information about the individual's rights of appeal.

Formulary
The list that designates which prescriptions are covered and at what copay level.

Generic Drug
A drug which is chemically equivalent to a brand name drug whose patent has expired and which is approved by the Federal Food and Drug Administration (FDA).

Grievance
A written expression of dissatisfaction about any benefits matter other than a decision by a plan provider.

HDHP
(High Deductible Health Plan)
A type of medical plan that provides members the opportunity to open a health savings account.

HSA
(Health Savings Account)
An account that allows individuals to pay for current health expenses and save for future health expenses on a tax-free basis. Only certain plans are HSA eligible.

ID Card
The card provided to you as a member of a health plan. It contains important information such as your member identification number.

Long-Term Disability
A type of insurance through which you will receive a percentage of your income if you are unable to work for an extended period of time because of a non work-related illness or injury.

Mail-Order Pharmacy
A service through which members may receive prescription drugs by mail.

Medically Necessary
Services or supplies that are, according to medical standards, appropriate for the diagnosis.

Member
A person who is enrolled in the health plan.

Member Services
A group of employees whose function is to help members resolve insurance-related problems.

Network
The collection of contracted healthcare providers who provide care at a negotiated rate.

Out-of-Pocket Maximum
The annual amount the member will pay before the health plan pays 100% of the covered expenses. Out-of-pocket amounts do not carry over year to year.

Over-the-Counter (OTC) Drug
A drug that can be purchased without a prescription.

PPO
(Preferred Provider Organization)
A type of health plan that allows members to use out-of-Network providers but gives financial incentives if members use in-Network providers.

Pre-Certification/Prior Authorization
The prospective determination performed by the Medical Vendor to determine the medical necessity and appropriateness of a proposed treatment, including level of care and treatment setting.

Preventive Care
The combination of services that contribute to good health or allow for early detection of disease.

Seasonal Employee
An individual who is employed by the State for not more than six months of the year and whose State employment is dependent on an easily identifiable increase in work associated with a specific and reoccurring season. Seasonal employees do not include employees of educational organizations who work during the active portions of the academic year.

Short-Term Disability
A type of insurance through which you may receive a percentage of your income if you are unable to work for a limited period of time because of a non work-related illness or injury.

Supplemental Life
Life insurance in an amount above what the state provides.

Usual and Customary (UNC) Charges
The standard fee for a specific procedure in a specific regional area.

Variable Hour Employee
An individual employed by the state, if based on the facts and circumstances at the employee's start date, for whom the State cannot determine whether the employee is reasonably expected to be employed an average of at least 30 hours per week, including any paid leave, over the applicable 12-month measurement period because the employee's hours are variable or otherwise uncertain.

Wellness
A Benefit Options program focused on providing a variety of preventive health activities, screenings, and educational opportunities.

100 N. 15th Avenue, Suite 103
Phoenix, AZ 85007
Phone: 602-542-5008
Toll-free: 800-304-3687