Arizona Department of Administration
Benefit Options
Benefit Services Division

2017 Active State Employee Benefit Guide

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This guide is designed to provide an overview of the benefits offered through the State of Arizona Benefit Options Program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by 26 U.S. Code § 125, Plan Descriptions, and contracts. The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit Plans at any time.

Benefit Expos

Free FLU SHOTS at all Benefit Expo locations!

The Benefit Options 2017 Open Enrollment Period is October 24 through November 14, 2016. Benefit Expos provide employees an opportunity to meet with vendors and representatives from the Arizona Department of Administration, Benefit Services Division. ***Learn more about your benefit Plans, ask questions, and choose the best Plan for you!*** Representatives from the ADOA Benefit Services Division will be presenting a brief overview of all your benefits, including changes for 2017 and new benefit offerings, at certain Benefit Expos.

When	Where
Wednesday, October 19, 2016 9:00am-12:00pm **Limited to DEMA Employees Only**	Department of Emergency and Military Affairs (DEMA) 5636 E. McDowell Rd., Phoenix, AZ 85008
Thursday, October 20, 2016 9:00am-3:00pm	Attorney General's Office - The Capital Center Building Conference Room A & B 15 S. 15th Ave., Phoenix, AZ 85007
Friday, October 21, 2016 9:00am-3:00pm *9:30am & 12:30pm*	Arizona Department of Administration 100 N. 15th Ave., Phoenix, AZ 85007 *ADOA Benefit Services Division Presentation in Conference Room 300*
Tuesday, October 25, 2016 9:00am-3:00pm	Tempe Historical Museum Community Room 809 E Southern Ave., Tempe, AZ 85282
Thursday, October 27, 2016 11:00am-1:00pm **Limited to AHCCCS Employees Only**	Arizona Health Care Cost Containment System (AHCCCS) 801 E. Jefferson St., Phoenix, AZ 85034
Friday, October 28, 2016 9:00am-3:00pm	Arizona Department of Transportation Human Resources Development Center, Grand Canyon Room 1130 N. 22nd Ave., Phoenix, AZ 85009
Tuesday, November 1, 2016 9:00am-3:00pm *9:30am & 12:30pm*	Northern Arizona University - High Country Conference Center Doyle-Rees Conference Room 201 W. Butler Ave., Flagstaff, AZ 86001 *ADOA Benefit Services Division Presentation*
Thursday, November 3, 2016 9:00am-3:00pm	Rio Vista Recreation Center Lakeview Conference Room 8866-A W. Thunderbird Rd., Peoria, AZ 85381
Tuesday, November 8, 2016 9:00am-3:00pm *9:30am & 12:30pm*	Tucson Government Offices - State of AZ Regional Complex 400 W. Congress St., Tucson, AZ 85701 *ADOA Benefit Services Division Presentation in Conference Room 158*
Wednesday, November 9, 2016 9:00am-3:00pm *9:30am & 12:30pm*	Tucson Government Offices - State of AZ Regional Complex 400 W. Congress St., Tucson, AZ 85701 *ADOA Benefit Services Division Presentation in Conference Room 158*

Benefit Changes for Plan Year 2017

The 2017 Plan Year is January 1 through December 31, 2017. The Arizona Department of Administration, Benefit Services Division is pleased to announce the following benefit changes effective the 2017 Plan Year.

Short-Term Disability

The Hartford Short-Term Disability premium will be reduced from $0.65 to $0.39 per $100 of your earned monthly wages. The example below shows this reduction results in a savings directly back to you.

EXAMPLE	2016	2017
Your Earned Monthly Wages	$2,000	$2,000
Your Monthly Premium	$13.00	$7.80
A $5.20 monthly savings.[1]		

1 Results will vary due to payroll rounding and individual wages.

*See page 8 for more information on the Short-Term Disability Program or visit the Benefit Options Website at **benefitoptions.az.gov**.*

HSA Medical Plan

The IRS has released new 2017 Health Savings Account (HSA) Limits. Contribution limits for individuals will increase from $3,350 to $3,400. For those with family coverage, the maximum contribution remains the same at $6,750.

Virtual Office Visits – Doctor on Demand

Benefit Options is pleased to offer a new benefit enhancement that allows you to have virtual access to medical care via your mobile device, tablet, or computer.

Doctor on Demand has partnered with each of our medical networks to offer 24/7 access to see a doctor right way. You will have access to a face-to-face video visit with a board-certified physician to diagnose, treat and prescribe for common medical issues such as cough, cold, flu, rash, pink eye, sports injury, bug bite, urinary tract infection, and sore throat. The cost for this visit is the same as a Primary Care Physician visit for all Benefit Options Health Plan participants.

You can download the app from the App Store, Google Play, or access care via DoctorOnDemand.com.

Health Care Center and Pharmacy

The ADOA Benefit Services Division has launched a pilot program with Maricopa County to allow state employee access to the Premise Health Care Center, located one mile from the Capitol Mall.

Premise Health Care Center provides professional services for acute medical services such as a common cold, skin condition evaluations, minor injuries, immunizations and vaccinations, lab service, and onsite pharmacy.

The health center is conveniently located at 301 W. Jefferson #201 and takes same day appointments online at https://pickatime.com/MaricopaHealthCenter or by calling 480-347-4791.

Health Impact Program Portal

Benefits Options has partnered with Total Well-Being as the State's Wellness portal vendor beginning in January 2017. Program participation will begin through registration on the new Total Well Being Strive online portal. This confidential, personalized system will grant employees access to the Health & Well-Being Assessment, wellness challenges, 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.

Look for more program details and guidelines in January, by visiting the Benefit Options Wellness website at **benefitoptions.az.gov/wellness**.

Benefit Enrollment

This guide is designed to *summarize* your benefits. You may view and print the complete Benefit Guide and the Summary of Benefits and Coverage from the Benefit Options Website at **benefitoptions.az.gov**.

Personal Information and Beneficiary Update

All employees are encouraged to login to the Y.E.S. (Your Employee Services) website at **yes.az.gov** to validate and update their personal information, such as home address, and designated beneficiaries for Basic and Supplemental Life insurance.

If you are electing Supplemental Life insurance for the first time during Open Enrollment, you will not be able to

designate a beneficiary. You must login to Y.E.S. *after* January 1, 2017 to designate a beneficiary.

Open Enrollment Deadlines

Open Enrollment is available beginning at 8am October 24 through 5pm November 14, 2016 (Arizona Time). Benefit election changes will become effective January 1, 2017.

If you are already enrolled in the Benefit Options Plan and are satisfied with your current medical, dental, vision, and life and disability elections, **no action is required**. Your current elections will automatically continue for the 2017 Plan Year.

If you want to make a change, the deadline for the 2017 Plan Year is November 14, 2016. **If you do not make a new election or make changes to your current election by the deadline, you will not be able to make a change to your benefit until the next annual Open Enrollment period unless you experience a Qualified Life Event.**

If you want to participate in the Medical Flexible Spending Account, Limited Purpose Flexible Spending Account, and/or Dependent Care Account for the 2017 Plan Year, you **must** elect your pre-tax contribution. Please note: IRS regulations may require your contribution be reduced by ADOA as a result of annual IRS non-discrimination testing requirements.

How to Enroll

If you decide to make changes during Open Enrollment, all benefit elections **must** be made using the Y.E.S. website at **yes.az.gov**. No paper Enrollment Forms will be accepted during Open Enrollment.

Active State Employees

Go to **yes.az.gov**, click "Click Here to Log in", enter your User Name (your EIN), and Y.E.S. Password, click the Open Enrollment link found on the left navigational bar. Follow the instructions to begin your benefit elections.

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 registered either an email or cell phone. If you have not registered, you must have your password reset manually by contacting the HRIS Help Desk by calling 602-542-4700 or via email at *hrishelpdesk@azdoa.gov*.

DID YOU KNOW?…

PC and MAC Users can NOW use Google CHROME to complete online enrollment

No changes will be allowed after the Open Enrollment period has ended on November 14, 2016

University Employees

ASU – Go to **cfo.asu.edu/hr-openenrollment** and click on the Enroll Now link or login to My ASU using your ASURITE User ID and password.

NAU – Go to **peoplesoft.nau.edu** and log into LOUIE using your employee ID and password.

UA – Go to UAccess Employee at **uaccess.arizona.edu** and select "Employee/Manager Self Service".

Benefit Eligibility

Eligibility

You and your eligible dependents may participate in the Benefit Options Program if 1) You are an active employee who is hired by the State or State University and regularly scheduled to work 20 hours or more per week for at least 90 days or longer; or 2) You are a seasonable, temporary, or variable hour employee that has been paid for an average of at least 30 hours per week using a 12-month measurement period. An eligible dependent includes:

1. Your legal spouse as defined by Arizona Statute
2. Your child(ren) under 26 years old defined as:
   a. Your natural child, adopted child, stepchild, foster child, child for whom you have court-ordered guardianship, or child placed in your home by court order pending adoption.
   b. Your child who is disabled and continues to be disabled as defined by 42 U.S.C. 1382c before the age of 26.

In accordance with the Mandatory Insurer Reporting Law which was effective January 1, 2009, employees are required to provide Social Security Number (SSN) for all dependents enrolled in the Benefit Options Plan. This information is required to prepare IRS Form 1095-C under the Patient Protection and Affordable Care Act (ACA) provisions. If employees do not provide all SSNs to the State of Arizona accurately, you may have to pay a penalty to the IRS.

If you are enrolling a dependent with a different last name, you will need to submit a copy of the birth certificate or marriage license within 14 days to the ADOA Benefit Services Division to complete processing of benefits coverage. Failure to submit documentation will result in a loss of enrollment.

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

Qualifying Life Events

Once the Open Enrollment period has ended, you may only change your benefit elections when you experience a Qualified Life Event (QLE). Events that may be considered a QLE must be submitted in writing to the ADOA Benefit Services Division within 31 days of the event. A QLE event may include but not be limited to:

- Marriage, divorce, legal separation, annulment, death of spouse.
- Birth, adoption, placement for adoption, guardianship, dependent eligibility due to limited age, death of dependent child, change in legal custody.
- Change in employment status or work schedule that affects benefit eligibility for you and/or your dependents.

Supporting documentation must be provided with a request for an election change. Failure to submit documentation within 31 days will result in a loss of enrollment. For more information regarding QLE's, contact your agency Benefit Liaison or visit the Benefit Options Website at **benefitoptions.az.gov**.

Dual Coverage

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 Benefit Options policy simultaneously. If you do enroll in this manner, you will be notified that you or your dependents are enrolled in dual coverage, it will need to be corrected immediately. No refunds will be made for the employee contributions paid while in a dual coverage situation.

For more information regarding Dual Coverage, visit the Benefit Options Website at **benefitoptions.az.gov**.

Benefit Options Plans, Premiums, and Services

Benefit Options is a "grandfathered health plan" under ACA. As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Arizona Department of Administration Benefit Services Division at 602-542-5008 or 1-800-304-3687.

Medical

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

EPO (Exclusive Provider Organization)

Available for active employees and retirees. Services must be obtained from a Network provider. Out-of-Network services are only covered in emergency situations.

Pay Period Medical Premiums (26 pay periods)[1]					
Plan	**Tier**	**Employee Premium**	**State Premium**	**Total Premium**	**Agency HSA Contribution**
EPO	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	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	Emp Only	$9.23	$171.69	$180.92	$27.69
	Emp+Adult	$27.69	$355.85	$383.54	$55.38
	Emp+Child	$23.54	$232.62	$256.16	$55.38
	Family	$51.23	$396.46	$447.69	$55.38

1 UA has 24 pay period deductions. Refer to your Human Resources website for more information.
For the NAU Blue Cross Blue Shield plan rates visit: nau.edu/human-resources/benefits/insurance/medical/

Provider networks include: Aetna, Blue Cross Blue Shield of Arizona (BCBSAZ), CIGNA, and UnitedHealthcare (UHC).

PPO (Preferred Provider Organization)

Available for active employees and retirees. Services can be obtained in-Network or out-of-Network, but will have higher costs for out-of-Network services. Additionally, there are in-Network and out-of-Network deductibles that must be met.

Provider networks include: Aetna, Blue Cross Blue Shield of Arizona (BCBSAZ), and UnitedHealthcare (UHC).

HSA (Health Savings Account)

A High Deductible Health Plan for active employees only. The Plan allows you to 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%.

Provider network: Aetna with Health Savings Accounts administered by Payflex

Medical Management Services

Medical Management

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

Utilization Management

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

Case Management

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

Disease Management

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

Pregnancy/Maternity, Coronary Artery Disease, and Healthy Back.

NurseLine

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

Aetna	1-800-556-1555
BCBSAZ	1-866-422-2729, Option 9
Cigna	1-800-968-7366
UnitedHealthcare	1-800-401-7396

Network Options Outside of Arizona

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

Transition of Care

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 (TOC). TOC 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.

If you are approved, you will receive in-Network benefits for your current doctor during a transitional period after January 1, 2017. TOC forms are available on the Benefit Options Website at **benefitoptions.az.gov**.

DID YOU KNOW?…

The State of Arizona's Benefit Options Health Plans are SELF-INSURED. This means that after your copay is applied, the State pays the remaining costs of your health care and prescription drugs, not the insurance company.

Pharmacy Plan

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

Formulary

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

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

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

HSA Plan participants are subject to a deductible and will be responsible for 100% of the contracted rate for non-preventive prescription drugs. Once the deductible is met, the standard copays shown above will apply.

To see what medications are on the formulary, visit the Benefit Options Website at **benefitoptions.az.gov** or contact the MedImpact Customer Care Center and ask to have a copy sent to you. Sharing this information with

your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

Mail Order Service

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

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.

Medication Prior Authorization

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

Step Therapy Program

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

Specialty Pharmacy Program

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

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

Limited Prescription Drug Coverage

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

Non-Covered Drugs

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

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

Dental Plans

Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit the Benefit Options Website at **benefitoptions.az.gov**. *See page 13 for a summary of benefit coverage information.*

Delta Dental PPO Plus Premier (Delta Dental)

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

Total Dental Administrators (TDA)

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

Pay Period Dental Premiums (26 pay periods)[1]

Plan	Tier	Employee Premium	State Premium	Total Premium
Delta Dental	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+Fam	$48.26	$6.32	$54.58
TDA	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+Fam	$6.12	$6.32	$12.44

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

Vision Plans

Avesis is the Benefit Options vendor for the vision programs. Benefits are subject to all provisions, terms and conditions of the policy. For more information, visit

the Benefit Options Website at benefitoptions.az.gov. *See page 14 for a summary of benefit coverage information.*

Advantage Program

The Avesis Advantage Program is voluntary insurance where you pay the entire premium. It provides yearly coverage for vision exam, glasses or contact lenses, extensive provider access throughout the state, and a $600 allowance for LASIK. You can also receive unlimited discounts on additional optical purchases.

Pay Period Vision Premiums (26 pay periods)[1]

Plan	Tier	Employee Premium
Advantage Program	Emp Only	$1.84
	Emp+Adult	$5.97
	Emp+Child	$5.89
	Family	$7.43

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

Discount Program

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

DID YOU KNOW?...

You can earn HIP points for dental cleanings and vision exams

Life & Short-Term Disability Insurance

The Hartford is the Benefit Options vendor for life and disability insurance. Benefits are subject to all provisions, terms and conditions of the policy. For more information, visit the Benefit Options Website at benefitoptions.az.gov. 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.

Basic Life Insurance

You are automatically covered at no cost to you. The State pays a premium for $15,000 Basic Life Insurance and $15,000 Accidental Death and Dismemberment (AD&D) insurance coverage.

Supplemental Life and AD&D Insurance

Supplemental life and AD&D insurance is available in increments of $5,000 (not to exceed $500,000 or 3 times your annual salary). Your premium for the first $35,000 of supplemental life insurance is pretax. Your premium for supplemental life insurance is based on your age as of January 1 (the first day of the Plan Year).

Pay Period Supplemental Life and AD&D Premiums (26 pay periods)[1,2]

Your Age	Cost per $5,000
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

1 UA has 24 pay period deductions. Refer to your Human Resources website for more information.
2 Total calculated premium may vary due to payroll rounding.

Dependent Life Insurance

You can purchase life insurance coverage for your dependents. Each dependent will be covered for the amount you choose for a small employee premium.

Pay Period Dependent Life Premiums (26 pay periods)[1,2]

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[3]	$10.85

1 UA has 24 pay period deductions. Refer to your Human Resources website for more information.
2 Total calculated premium may vary due to payroll rounding.
3 Employees must have combined basic and supplemental coverage of at least $50,000; supplemental life elections must be at least $35,000.

Short-Term Disability (STD) Insurance

Benefit Options offers short-term disability insurance by The Hartford. STD Insurance is voluntary insurance where you pay the entire premium.

If you are unable to work due to a non-work related injury (as determined by The Hartford), you may receive a weekly benefit for up to 26 weeks. If you are unable to work due to illness or pregnancy, you may receive a weekly benefit after your benefit waiting period for up to 18 or 22 weeks. The STD benefit pays up to 66-2/3% of your weekly pre-disability earnings. You must meet the actively-at-work provision.

Weekly Minimum	Weekly Maximum[1]
$57.69	$769.27

1 Benefits are reduced by 100% of any sick, annual, and donated leave paid to you after the benefit waiting period.

Benefit Waiting Period

There is no wait period if you have non-work-related injury, benefits start on the first day of your disability. Your benefits will start on the 31st day if you become disabled due to illness or pregnancy. If you elect STD coverage after your initial 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.

Payment Reduction

Paid benefits will be reduced by 100% of any sick, annual, and donated leave paid to you after the benefit waiting period.

Pay Period STD Premiums (26 pay periods)[1,2]
Employee Cost per Month
$0.39 per $100 of your earned monthly wages Monthly premium = (Earned monthly wages/100) x $0.39
Example: Earned monthly wages = $2,000 Monthly premium = ($2,000/100) x $0.39 = $7.80

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

2 Total calculated premium may vary due to payroll rounding and individual wages.

Long-Term Disability Insurance

As a benefits-eligible employee, you are automatically enrolled in one of the State's two Long-Term Disability (LTD) programs. The retirement system to which you contribute determines the LTD program available to you.

Arizona State Retirement System Participants

As of September 1, 2016, Broadspire Services, Inc. is the administrator for Arizona State Retirement System (ASRS) Participants LTD Program. This includes management of LTD claims, which was formerly managed by Sedgwick CMS. Your LTD benefit will pay up to 66-2/3% of your income earnings during your disability as determined by Broadspire and based on supporting medical documentation.

You can 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.

Non-ASRS Participants

The Hartford is the Benefit Options vendor for 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.

You can learn more about the LTD plan offered by The Hartford by calling 1-866-712-3443 or visiting **groupbenefits.thehartford.com/arizona**.

DID YOU KNOW?...

STD payment is reduced if you are paid sick, annual, or donated leave

Example:

Weekly STD Benefit	**$500**
Paid Leave	**- $425**
Total STD Payment	**$ 75**

Flexible Spending Accounts

Medical and Dependent Care Flexible Spending Accounts (FSAs) administered by ASIFlex allows you to set aside pretax dollars to pay medical expenses or out-of-pocket child care expenses for dependents under the age of 13. There are three types of FSAs:

1. Medical FSA: Pays for qualified medical expenses, including insurance copays and deductibles. (EPO and PPO participants only)

2. Dependent care FSA: Pays for the care of a dependent child or adult so that you can work.
3. Limited Purpose FSA: Pairs with a health savings account to help you pay for dental and vision expenses. (HSA participants only)

Enrollment in an FSA must be completed annually during Open Enrollment. You specify the annual dollar amount of your earnings to be deposited to each account. Minimum and maximum contributions apply. Based on current non-discrimination testing, the Dependent Care FSA for Highly Compensated Employee contribution is limited to $1,600 in 2017. (A highly compensated employee is defined by the IRS as having earned $120,000 or more in 2016.) University Faculty and Staff: To assist you in making an informed decision, please refer to your Human Resources website for the flexible spending account options available to you.

Flexible Spending Account Annual Contribution	
Medical and Limited Purpose	
Minimum	**Maximum**
$130	$2,550
Dependent Care[1]	
Minimum	**Maximum**
$260	$5,000 ($2,500 married & filing separately)

1 IRS regulations may require your contribution be reduced by ADOA as a result of IRS non-discrimination test requirements.

International Coverage

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

MEDICAL CARE	
EPO (Aetna, BCBSAZ, Cigna, UnitedHealthcare)	
Emergency & Urgent Only	
PPO (Aetna, BCBSAZ, UnitedHealthcare)	
Emergency & Urgent Only at in-Network Benefit Level[1]	
HSA (Aetna)	
Emergency & Urgent Only at in-Network Benefit Level[1]	
PHARMACY	
MedImpact	Not covered
DENTAL CARE	
Delta Dental	Coverage is available under non-participant provider benefits
TDA	Emergency Only
VISION CARE	
Avesis	Covered as out-of-Network and will be reimbursed based on the Avesis reimbursement schedule

1 All other services should be verified by the Network.

Wellness

If you are an active employee enrolled in the Benefit Options plan, you are automatically eligible to participate in the Wellness program. The wellness program offers free or low cost services and programs such as educational seminars and webinars, mini-health screenings, flu shots, health challenges, and management education courses. University Faculty and Staff: Please refer to your Human Resources website for employee assistance and wellness services available to you.

Programs and Services

Health Impact Program

The Health Impact Program (HIP) is a Wellness component of the total Benefit Options Plan. HIP is an incentive based employee wellness program for all benefits eligible State of Arizona employees. Through engagement and completion of designated activities, employees will earn up to 500 points and have the opportunity to receive up to $200 upon reaching the total points by the end of the program. HIP is designed to promote and encourage health and well-being of state employees through sustained engagement in a variety of challenges, preventive health activities and screenings.

Look for more program details and guidelines in January, by visiting the Benefit Options Wellness website at **benefitoptions.az.gov/wellness**. University Faculty and Staff: Please refer to your Human Resources website for employee assistance and wellness services available to you.

ASU/ABOR: https://cfo.asu.edu/employee-assistance-wellness

NAU: https://nau.edu/EAW/Welcome/

UA: https://lifework.arizona.edu/ea/employee_assistance, https://lifework.arizona.edu/wsw

Healthwaves 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, blood glucose measures, and Hemoglobin A1c. Our vendor also offers optional screens such as osteoporosis, facial skin analysis, and 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.

Flu Vaccine Program
September 6 - 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 Benefit Options Wellness website at **benefitoptions.az.gov/wellness**.

Employee Assistance Program
ComPsych is the Benefit Options vendor for the Employee Assistance Program (EAP). As a benefits-eligible employee, you are automatically able to utilize EAP services. This is a confidential Wellness benefit that provides short-term counseling to employees, their spouses, and their dependents. Employees have access to **six** free counseling sessions per issue to help with personal issues, coping with a loss, stress and anxiety, or financial concerns.

To access online resources and see all of the services ComPsych provides, visit **guidanceresources.com**. Register using company code HN8876C.

For more information on the Wellness Program and Services, visit the Benefits Options Wellness Website at **benefitoptions.az.gov/wellness**

Other Benefit Programs

You may also participate in other benefit programs and services provided by the State of Arizona Benefit Options. For more information, visit the Benefit Options website at **benefitoptions.az.gov**. University Faculty and Staff: Please refer to your Human Resources website for other benefits and discount programs available to you.

Computer Purchase Program
The Computer Purchase Program through Purchasing Power is not a discount program, but an alternative to financing with easy qualifications. You may purchase new, brand name computers through the ease of payroll deductions.

Auto and Home Insurance Program
Travelers Insurance and Liberty Mutual Insurance offer the convenience of automatic payroll deductions and special program savings. You can apply and comparison shop year round.

Discount Program
With PerksConnect, you receive discounts on products and services for local retailers, restaurants, gift cards, movie tickets, vacations, etc.

Medical Plan Comparison – In-Network Services

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

		EPO[1]	PPO	HSA
Available Plans		**Aetna BCBSAZ Cigna UnitedHealthcare**	**Aetna BCBSAZ UnitedHealthcare**	**Aetna**
		IN-NETWORK	**IN-NETWORK**	**IN-NETWORK**
Plan Year deductible	EmpOnly	None	$500[2]	$1,300[2]
	Emp+Adult Emp+Child Emp+Family	None	$1,000[2]	$2,600[2]
Out-of-pocket max	EmpOnly	None	$1,000[2,3]	$2,000[2]
	Emp+Adult Emp+Child Emp+Family	None	$2,000[2,3]	$4,000[2]
Lifetime max		None	None	No maximum
EMPLOYEE COST FOR CARE				
Behavioral health	Inpatient	$150	$150	10% coinsurance after deductible
	Outpatient	$15	$15	10% coinsurance after deductible
Chiropractic		$15	$15	10% coinsurance after deductible
Durable medical equipment		$0	$0	10% coinsurance after deductible
Emergency ER copay waived if admitted	Ambulance	$0	$0	10% coinsurance after deductible
	ER	$125	$125	10% coinsurance after deductible
	Urgent care	$40	$40	10% coinsurance after deductible
Home health services Maximum visits per year		42	42	42
Hospital admission (Room and Board)		$150	$150	10% coinsurance after deductible
Mammography		$0	$0	Preventive at no cost Non-Preventive 10% coinsurance after deductible
Office visits Maximum of one copay/day/provider (in-person and/or telemedicine visit)	PCP	$15	$15	Preventive at no cost Non-Preventive 10% coinsurance after deductible
	Specialist[4]	$30	$30	Preventive at no cost Non-Preventive 10% after deductible
	Preventive	$15	$15	Preventive at no cost
	OB/GYN	$10	$10	Preventive at no cost Non-Preventive 10% after deductible
Outpatient services Freestanding ambulatory facility or hospital outpatient surgical center		$50	$50	10% after deductible
Radiology		$0	$0	10% after deductible

1 If employee goes out-of-Network, there is no coverage, except in emergency situations.
2 Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the out-of-pocket maximum.
3 The Plan pays 100% after out-of-pocket maximum is met.
4 All Mayo Clinic Primary Care Physicians (PCP) are contracted with Cigna HealthCare as specialists, therefore all primary care services administered by Mayo PCPs will be subject to the $30 specialist copayment.

Dental Plan Comparison – In-Network Services

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

	TDA	Delta Dental
PLAN TYPE	DHMO/Prepaid	Indemnity/PPO
DEDUCTIBLES	None	$50/$150
MAXIMUM BENEFITS		
Annual Combined Basic and Major Services	No Dollar Limit	$2,000 per person
Orthodontia Lifetime	No Dollar Limit	$1,500 per person
PREVENTIVE CARE CLASS I		
Oral Exam	$0	$0 - Deductible Waived[1]
Emergency Exam	$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, and cleanings, and flouride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.

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

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

Vision Plan Comparison – In-Network Services

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

	Advantage Program	Discount Program[1]
Examination Frequency	Once per Plan Year	Once per Plan Year
Lenses Frequency	Once per Plan Year	Once per Plan Year
Frame Frequency	Once per Plan Year	Once per Plan Year
Examination Copay	$10 copay	20% discount
Optical Materials Copay (Lenses & Frame Combined)	$0 copay	Refer to schedule below
Standard Spectacle Lenses		
Single Vision Lenses	Covered-in-full	20% discount
Bifocal Lenses	Covered-in-full	20% discount
Trifocal Lenses	Covered-in-full	20% discount
Lenticular Lenses	Covered-in-full	20% discount
Progressive Lenses	Uniform discounted fee schedule	20% discount
Selected Lens Tints & Coatings	Uniform discounted fee schedule	20% discount
Frame		
Frame	Covered up to $100-$150 retail value ($50 wholesale cost allowance)	20% discount
Contact Lenses (in lieu of frame/spectacle lenses)		
Elective	10-20% discount & $150 allowance[2]	10-20% discount
Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		
LASIK/PRK	Up to $600	10-20% discount

1 Members that choose not to enroll in the Advantage Vision Care Program will automatically be enrolled in the Discount Plan at no cost.

2 Includes fit, follow-up and materials.

Important Plan Information for Participants and Beneficiaries

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following documents and Legal Notices. The information below is a list and summary of these documents. Detailed information is available to you electronically on the Benefit Options Website at **benefitoptions.az.gov**.

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

Legal Notices

Legal Notices	Summary Description
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. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.
Patient Protection & Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program in reference to PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the Benefit Options health plan without waiting for the next open enrollment period if you request a QLE change within 31 days of an event for loss of other coverage or birth, adoption or placement for adoption. In addition, you may enroll if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.
Women's Health and Cancer Rights Act (WHCRA)	This notice describes mandated benefits for mastectomy-related services and informs individuals that services are available for such treatment and services, including reconstructive surgery, prosthesis, and lymphedema treatment, and explains how to obtain a detailed description of the mastectomy-related benefits under the Plan.
Newborns' and Mothers' Health Protection Act of 1996	This notice provides that health plans and issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for prescribing a length of stay not in excess of 48 hours (or 96 hours). The plan may not require that a provider obtain authorization from the Plan for prescribing the minimum length of stay.
Wellness Program	This notice requires employers that offer wellness programs that collect employee health information to inform employees what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.

Benefit Options Website and Contact Information

ADOA Benefit Services Division
100 N. 15th Avenue, Suite 260
Phoenix, AZ 85007
602-542-5008 or 1-800-304-3687
benefitoptions.az.gov

Benefit Options Wellness

602-771-9355
benefitoptions.az.gov/wellness

Compsych
1-877-327-2362
Guidancesresources.com
Company code HN8876C

Medical Plans

Aetna
1-866-217-1953
aetna.com

Payflex
1-866-217-1593
payflex.com

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

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

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

Pharmacy Plan

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

Dental Plans

Delta Dental of Arizona
602.588.3620
1-866-9STATE9
deltadentalaz.com

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

Vision Plan

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

Life & Short-Term Disability Insurance

The Hartford
1-866-712-3443
groupbenefits.thehartford.com/arizona

Long-Term Disability Plans

Broadspire Services, Inc.
(ASRS participants)
1-877-232-0596
azasrs.gov/content/long-term-disability

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

Flexible Spending Accounts

ASI Flex
1-800-659-3035
asiflex.com

Computer Purchase Program

Purchasing Power
1-866-670-3479
Arizona.PurchasingPower.com

Auto and Home Insurance Program

Liberty Mutual Insurance
1-800-786-1855
libertymutual.com/arizona

Travelers
1-888-695-4640
travelers.com

Discount Program

PerkConnects
1-866-671-3322
member.perksconnect.com

For University Employees

Arizona State University
Employees: 855-278-5081, Faculty: 480-727-9900
cfo.asu.edu/hr-benefits
HRESC@asu.edu

Northern Arizona University
928-523-2223
nau.edu/human-resources

University of Arizona
520-621-3660
hrsolutions@email.arizona.edu

100 N. 15th Avenue, Suite 260
Phoenix, AZ 85007
Phone: 602-542-5008
Toll-free: 800-304-3687