A decorative border of medical icons in blue and green, including a person, microscope, eye, stethoscope, heart, syringe, and pills, surrounds the central text.

ARIZONA

DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

ACTIVE STATE EMPLOYEE

BENEFITS ENROLLMENT GUIDE

2020

Table of Contents

About This Enrollment Guide.....	2	PerksConnect.....	7
Benefit Changes for 2020.....	2	Medical Plans.....	8
ID Cards.....	2	Cost Sharing.....	8
Personal Contact Information.....	2	EPO (Exclusive Provider Organization).....	8
Beneficiary Updates for Supplemental Life.....	2	PPO (Preferred Provider Organization).....	8
How to Enroll – New Hires.....	3	HDHP with HSA (High Deductible Health Plan with Health Savings Account).....	9
How To Enroll – Return-To-Work Retirees.....	3	Calculate Your HSA Deduction Per Pay Period.....	9
Eligibility for Benefits.....	4	Medical Premiums.....	10
Employee.....	4	Prescription Drug Coverage.....	11
Dependents.....	4	Formulary.....	11
Social Security Numbers.....	4	Prescription Drug Copays.....	11
Supporting Documentation.....	4	Specialty Pharmacy Program.....	11
Qualified Life Event - QLE.....	4	Prior Authorization.....	11
Divorce and Ex-Spouse Coverage.....	4	Non-Covered Drugs.....	11
How to Submit Changes Based on a QLE.....	4	Coordination of Pharmacy Benefits.....	11
Effective Date for QLE Changes.....	4	iRx Discount Program.....	11
Newborn Coverage.....	4	Out-of-Network & International.....	11
Duplicate Enrollment.....	4	Dental Plans.....	12
Benefit Premium Payments – Please Read.....	4	Cigna Dental Care Access.....	12
Make the Most of Your Benefit Dollars.....	5	Delta Dental PPO Plus Premier.....	12
Telemedicine.....	5	Vision Plans.....	13
Doctor on Demand.....	5	Avesis Advantage Program.....	13
Flexible Spending Accounts.....	6	Avesis Discount Program.....	13
Wellness.....	7	Life Insurance.....	14
Health Impact Program (HIP).....	7	Short-Term Disability Insurance.....	15
Preventive Mini-Health Screenings.....	7	Long-Term Disability Insurance.....	15
Onsite Mammography Screening.....	7	Retirement Plans – AZ Smart Save.....	15
Onsite Prostate Screening.....	7	Plan Documents & Legal Notices.....	16
Flu Vaccine Program.....	7	Contact Information for 2020 Carriers.....	17
Employee Assistance Program.....	7		
Weight & Diabetes Management Programs.....	7		
Employee Discounts.....	7		
Higher Education Tuition.....	7		

SYMBOL KEY



IMPORTANT INFO
Policies you need to know



WAYS TO SAVE
Stretch your healthcare dollars

About This Enrollment Guide

This guide summarizes 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, Summary Plan Descriptions, contracts, and State policies.

The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit plans at any time. You are encouraged to access the complete *Active Employee Benefits Guide* and the Summary of Benefits and Coverage from the Benefit Options website at benefitoptions.az.gov/employees/enrollment-guides-rates.

Benefit Changes for 2020

Here's a quick overview of what is changing for 2020. For a full explanation, please see the pages noted.

MEDICAL DEDUCTIBLE INCREASES, P. 11

- **EPO Deductibles**
\$200 employee/\$400 family
- **PPO Deductibles**
In-Network: \$1,000 employee/\$2,000 family
Out-of-Network: \$2,000 employee/\$4,000 family
- **HDHP w/HSA Deductibles**
In-Network: \$1,400 employee/\$2,800 family
To offset your deductible be sure to learn about Flexible Spending Accounts (FSAs), p. 7.

PPO OUT-OF-POCKET MAXIMUM INCREASES, P. 11

- **In-Network** -\$1,500 employee/\$3,000 family
- **Out-of-Network** -\$7,000 employee/\$14,000 family

LIFE INSURANCE PREMIUM DECREASES, P. 15

Life Insurance and Accidental Death and Dismemberment (AD&D) premiums have decreased by 23%.

SHORT-TERM DISABILITY BENEFIT INCREASES, P. 16

Weekly payable benefits have increased.

ID Cards



- When you enroll in medical and dental benefits, you will receive an ID card within a few weeks.
- You can also access your ID card via the insurance company's website or app during the period before you receive it in the mail, and anytime afterward.
- If you need assistance before you receive your card by mail or via the website, contact Benefit Options at 602-542-5008, toll free 1-800-304-3687 or benefitsissues@azdoa.gov.

Personal Contact Information



PERSONAL CONTACT INFORMATION: All employees electing benefits ***are required*** to validate and update their personal contact information, such as address, email and phone number, and their beneficiaries for Basic and Supplemental Life insurance. ***ADOA is not responsible for lost or misdirected communications.***

Beneficiary Updates for Supplemental Life

BENEFICIARIES: If you elect Supplemental Life insurance, you will be ***unable*** to designate a beneficiary at the time of election. You must log in to Y.E.S. ***after*** the benefit becomes effective, the pay period following enrollment, to designate a beneficiary.

How to Enroll – New Hires

NEW HIRE DEADLINE: You have 31 days from the date of hire to enroll.

If you miss this deadline, you cannot enroll until the next Open Enrollment or Qualified Life Event, see pg. 4.

Step 1: SPEAK TO ALEX! Visit myalex.com/adoa/2020

- The virtual benefits counselor called ALEX will help you explore your options and determine the most appropriate and cost-effective plans for you. It just takes a few minutes and is completely confidential.



Please note, after using ALEX, you must log into yes.az.gov to elect benefits.



Step 2: ENROLL. Visit yes.az.gov to make your elections

- On yes.az.gov**
On Right-Hand Side, **CLICK HERE** to Log in



- On Login Screen**

Username (your EIN) & Y.E.S. Password

- **Username**

- Your five- or six-digit Employee Identification Number (EIN).
- Your HR representative should supply your EIN.

- **Password**

- **New Hires:** The initial default password is:
 - Your four-digit birth year PLUS the last four digits of your Social Security Number.
 - Example: for the birth year 1978 with SSN last four digits 6789, the default password is 19786789.
- **Forgotten Passwords:** Visit yes.az.gov > Click Here to Log in > Password Self Service.
 - To update electronically, you must have registered an email or cell phone number.
 - To reset manually, call the help desk at 602-542-4700 or email hrihelpdesk@azdoa.gov.

- After Login - Under Your Employee Services (Y.E.S)**

- On Left Navigation in Blue Bar, **CLICK YOUR EMPLOYEE SERVICES**
- **CLICK BENEFITS**
- **CLICK NEW HIRE ENROLLMENT** and proceed through screens to enroll.

Web Browsers

The only supported web browsers for Open Enrollment are shown below.

Using other web browsers may present issues with enrolling.



Microsoft
Internet Explorer
(not Edge)



Google
Chrome

For technical issues, contact the Y.E.S. Help Desk at 602-542-4700.

How To Enroll – Return-To-Work Retirees

Your return-to-work status requires you to enroll as follows:

- A) For your active benefits: Choose your elections ONLINE as yes.az.gov.
- B) For your retiree benefits: Make elections/change on the ENROLLMENT FORM on benefitoptions.az.gov/forms. Submit as instructed on the form. Remember to drop any coverage you are now taking as an active employee.

Eligibility for Benefits

Employee

You and your eligible dependents may participate in the Benefit Options Program if you are:

- 1) An active employee of the State or a State University and are regularly scheduled to work 20 hours or more per week for at least 90 days or longer; or
- 2) A seasonal, temporary, or variable hour employee paid for an average of at least 30 hours per week using a 12-month measurement period.

Dependents

- 1) Your legal spouse.
- 2) Your child(ren) under 26 years old defined as:
 - a. Natural, adopted, step, foster.
 - b. Under court-ordered guardianship or court-ordered placement pending adoption.
 - c. Disabled child who continues to be disabled as defined by §42 U.S.C. 1382c before age 26.

Social Security Numbers

Federal law **requires a Social Security Number (SSN) for all dependents enrolled** in State plans.

Supporting Documentation

For dependents being enrolled for the first time in the following categories:

- Different last name – Spouse. Child: natural, adopted, step, foster. Newborn: see box at right.
- Under court-ordered guardianship or court-ordered placement pending adoption.

Submit the birth/marriage certificate and applicable court order within 14 days to complete processing. **Failure to submit documents will result in disenrollment.**

Qualified Life Event - QLE

After Open Enrollment, benefit changes can only be made for Qualified Life Events (QLEs). 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 may include but is not limited to:

- Marriage, legal separation, annulment, death.
- Divorce, see below.
- Birth, adoption, court-ordered placement pending adoption, court-ordered guardianship, age limit, legal custody change.
- Change in employment status or work schedule impacting benefits eligibility for you and/or your dependents, including Return to Work Retirees.
- Leave Without Pay (LWOP).

Divorce and Ex-Spouse Coverage

Divorce is a QLE. You are **required to drop coverage** for an ex-spouse within 31 days of your divorce decree. If you have a court order to provide insurance for an ex-spouse, you must obtain it elsewhere.

How to Submit Changes Based on a QLE

Visit benefitoptions.az.gov > Forms > Declaration of Change Form. The form lists the supporting documentation requirements. Failure to submit documentation within 31 days will result in a loss of enrollment.

Effective Date for QLE Changes

Changes become effective on the first day of the first pay period **AFTER** all required forms and supporting documents are submitted and approved.



Newborn Coverage

YOUR NEWBORN IS ONLY COVERED UNDER YOUR INSURANCE FOR THE FIRST 31 DAYS AFTER BIRTH. BY THE 31ST DAY, YOU MUST ENROLL YOUR NEWBORN AS A DEPENDENT OR THE BABY WILL NOT BE COVERED.



IF YOU MISS THIS DEADLINE, YOU HAVE TO WAIT UNTIL THE NEXT OPEN ENROLLMENT OR QLE. TO ENROLL YOUR CHILD, SUBMIT A DECLARATION FOR CHANGE FORM WITH A BIRTH CERTIFICATE OR CRIB CARD.

Duplicate Enrollment

Duplicate enrollment in State plans is prohibited and will be terminated with no refunds for the premiums paid. For spouses who are State and/or a State University employees and/or retirees these rules apply:

- You cannot enroll each other as dependents, nor have your children enrolled twice.
- One spouse may elect coverage for the entire family, or each spouse may elect their own coverage.
- Dependent children can be on one spouse's policy or divided between spouses.

If your parents are State and/or State University employees, you cannot be enrolled as a single subscriber in a State plan and as a dependent on your parent's policy.

Benefit Premium Payments – Please Read

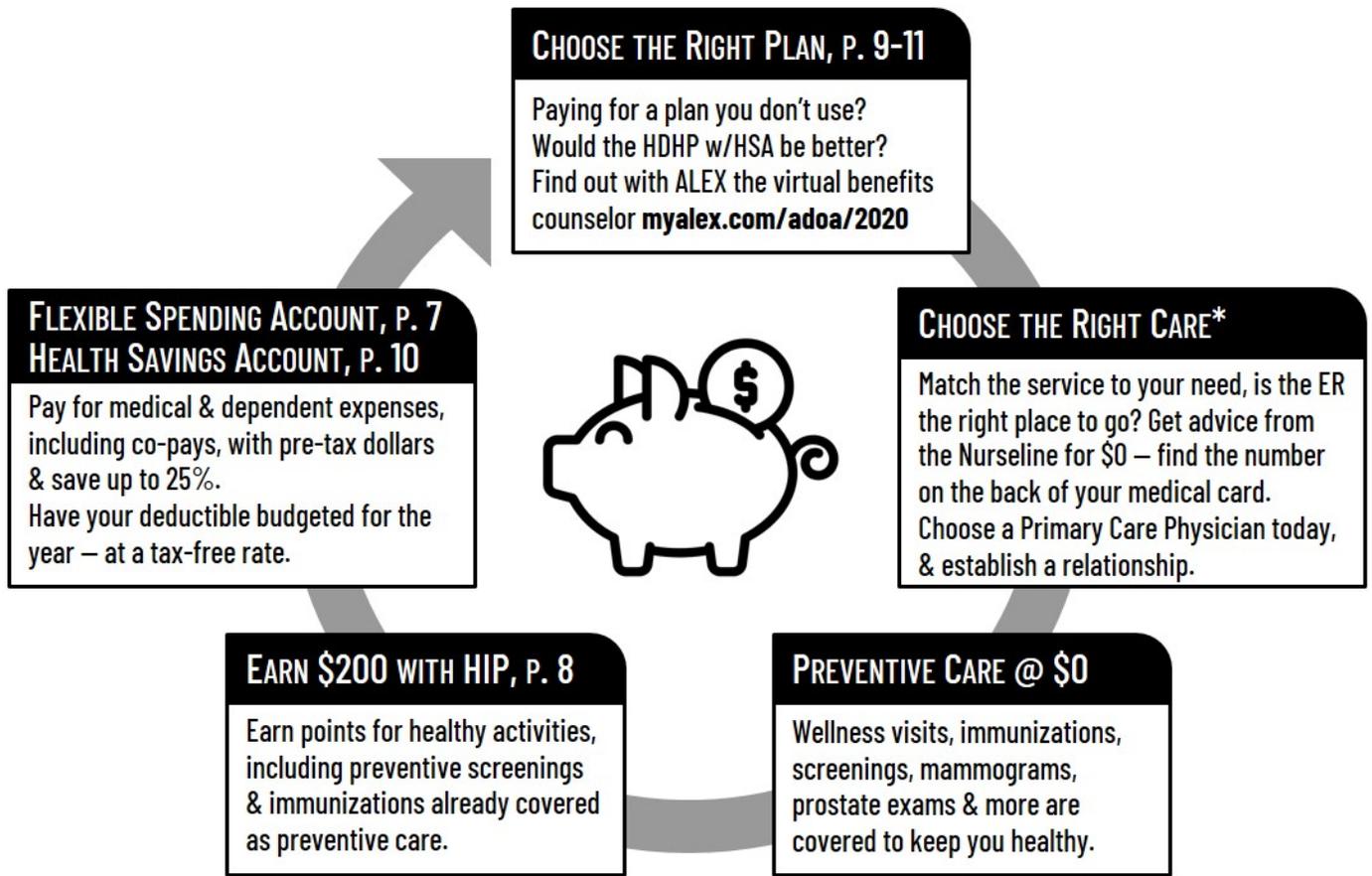
Benefit premiums are automatically deducted from your paycheck each bi-weekly payroll cycle. Payment is made in arrears, meaning your deductions are taken after the benefit coverage period.



- **Enough Pay:** If you do not receive any pay or enough pay to cover the full employee portion of the benefit premium deduction during a pay period, **YOU ARE RESPONSIBLE FOR PAYING THE FULL EMPLOYEE PORTION OF THE BENEFIT PREMIUM.** A bill will be mailed to your address on file. Failure to pay will result in disenrollment.
- **Enough Hours:** If you do not have at least thirty (30) paid hours within a pay period and are not on FMLA, **YOU ARE RESPONSIBLE FOR BOTH THE EMPLOYEE AND THE EMPLOYER BENEFIT PREMIUMS.**
- **Read the policy:** benefitoptions.az.gov > Benefit Premium Tab. Questions? Contact your benefits liaison.

Make the Most of Your Benefit Dollars

As healthcare costs continue to rise, there are steps you can take to save money with programs and services offered by Benefit Options. Here and on the next two pages are simple ways you can offset the costs of your benefits. Look for the **piggy bank symbol** throughout this guide for ways you can save.



*For more money saving ideas, visit benefitoptions.az.gov > Employee Tab > Saving on Benefits

Telemedicine

Doctor on Demand

Telemedicine visits cost much less than a visit to Urgent Care or the ER.
Connect with board certified doctors via live video from your device any time.



CONDITIONS TREATED

- Cold & Flu
- Sinus Infections
- Vomiting & Diarrhea
- Allergies
- Chronic Care
- Prescriptions & More



ADVANTAGES & COSTS

- Available 24/7
- Before deductible: \$49
- After deductible: EPO/PPO \$20, HDHP 10%
- Works for all carriers
- Download the app today and register to be ready when you need it
- Most medical carriers also offer telemedicine services, visit their websites for details.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to pay healthcare expenses or out-of-pocket dependent care expenses. TASC - Total Administrative Services Corporation (TASC) is our FSA vendor. Learn more on benefitoptions.az.gov.



FSA ADVANTAGES

- **LESS TAX** – Increase your take-home pay by reducing your taxable income. Each \$1 you contribute to an FSA reduces your taxable income by \$1. You can save up to 30%, depending on your tax rate.
- **ALL FUNDS AVAILABLE JAN. 1** – The Healthcare FSA and Limited Purpose FSA are pre-funded with the total amount you decide to contribute for the year. You have access to the full amount on Jan. 1, 2020 (or the date your benefits become effective, which is the pay period after enrollment) and your payroll contributions pay back the amount during the year. (For Dependent Care FSAs, only the funds contributed to date are available to use.)
- **OFFSET DEDUCTIBLES** – You can use the funds to pay for all or part of a deductible, up to the \$2,700 annual contribution limit. You'll have your deductible budgeted for the year — at a tax-free rate.
- **CONVENIENT PAYMENT WITH DEBIT CARD** – Your funds are accessible with a MasterCard debit card you can swipe at your healthcare provider's office. Available for both Healthcare and Dependent Care FSAs.
 - **NOTE:** You will be sent a new debit card automatically and may request additional cards for your dependents. The card will arrive in a plain white envelope for security reasons, so be sure to watch your mailbox.
- **WEBSITE** – Visit tasconline.com to manage your accounts, set email alerts and pay providers.
- **APP** – See account balances, upload receipts, check on expense eligibility, set alerts and more. Search for TASC in your device's app store and look for the green icon.



Flexible Spending Account Types

- 1) Healthcare FSA:** Use with EPO and PPO plans only to pay for qualified medical, dental, and vision expenses, including insurance copays and deductibles. Qualified over-the-counter medications and supplies can also be purchased with an FSA, visit tasconline.com for a product list.
- 2) Limited Purpose FSA:** For HSA participants only, this account is used to pay for dental and vision expenses only.
- 3) Dependent Care FSA:** Pays for the daycare expenses of a dependent child under age 13 or a disabled adult so that you can work. Not for insurance co-pays or deductibles.

FSA Annual Contributions*	
Health Care and Limited Purpose	
Minimum	Maximum
\$130	\$2,700
Dependent Care ¹	
Minimum	Maximum
\$260	\$5,000 ((\$2,500 married & filing separately))

1. IRS non-discrimination testing may require ADOA to reduce your contribution. The Dependent Care FSA contribution for Highly Compensated Employees is limited to \$1,600 in 2020. (IRS definition Highly-Compensated Employee for 2020: earned \$125,000 or more in 2019.)

How to Enroll

- Choose the total annual amount to contribute for 2020 and divide by the total number of pay periods left in the year to determine your per paycheck contribution. You must re-enroll each year.
- Minimum and maximum contributions apply as per the FSA Annual Contributions chart above*.
- Calculation
 - Pay Period Amount \$_____ x 26 or _____ remaining pay periods = \$_____ Annual Contribution Amount
- Tip:** Estimate your costs on the conservative side, since you cannot rollover the funds. See "Use It or Lose It" below.

Use It or Lose It

- FSAs are calendar year based. Funds can be set aside and used *only* during that year for the expenses incurred *only* in that year.
- If you do not use all the funds in your account between Jan. 1 and Dec. 31, 2020, funds will be forfeited as per federal regulations.
- For 2020 expenses, you have until Mar. 31, 2021, to file reimbursement claims before the funds are forfeited.

Wellness

The Wellness program is open to all benefits-eligible employees and offers free or low-cost services such as educational seminars and webinars, mini-health screenings, flu shots, and health challenges. Learn more on wellness.az.gov.

Health Impact Program (HIP)



helps you achieve your physical, financial, personal and professional well-being goals.

- **\$200 Incentive** - Earn 500 total points during the program period through a variety of challenges, preventive health activities that your insurance is already paying for, and screenings and you may be eligible to receive up to \$200 in your paycheck. You must be an active, benefits-eligible employee throughout the program period and the payout period to receive the incentive payment.



- **Eligibility** - All active, benefits-eligible employees should participate in this program. State of Arizona medical plan enrollment is not required. Spouses, dependents, and retirees are not eligible. To participate, you must enroll in or log into HIP at totalwellbeing.az.gov. Reasonable accommodations will be provided to individuals with disabilities.

Preventive Mini-Health Screenings

The mini-health screening comes to your worksite for your convenience. For the most accurate results, the blood tests require you to fast for 8 hours and include the full lipid panel and blood glucose measures for prevention and early detection of heart disease and diabetes. Our vendor also offers optional screens for osteoporosis (bone density), Prostate Specific Antigen (PSA), Hemoglobin A1C, and more.



Onsite Mammography Screening

To fight breast cancer through early detection, we offer free mammograms at worksites statewide. For your convenience, appointments only last 15 minutes and results are sent directly to your physician.

Onsite Prostate Screening

Early detection is the best defense against prostate cancer. We offer free, convenient prostate cancer screenings at worksites with a mobile medical unit. Participants receive a PSA blood test, a digital rectal exam (DRE), a testicular exam, and a physician consultation.

Flu Vaccine Program

During the flu season, Wellness provides employees with free flu shots at many State worksites and public clinic locations. See wellness.az.gov for locations.



Employee Assistance Program

The Employee Assistance Program (EAP) is for all benefits-eligible employees, their spouses, and dependents. ComPsych offers 12 free, confidential counseling sessions per person in your household, per issue, per year to help with personal matters such as loss, stress, anxiety, trauma, and financial concerns. Access online resources and see all the services ComPsych provides 24/7 on guidanceresources.com, code HN8876C.

Weight & Diabetes Management Programs

Get the support and tools necessary for you to improve your health, experience positive outcomes, and achieve your personal health goals.



Weight Management

- Real Appeal
- Naturally Slim
- WW

Diabetes Management

- Am I Hungry?
- National Diabetes Prevention Program

Programs available to benefits eligible employees, spouses, and dependents age 18 and over, visit wellness.az.gov/health-management.

Employee Discounts

Higher Education Tuition



Affordable degree programs with 10-20% discounts from institutions across the state and nationwide. For custom contact links see benefitoptions.az.gov/employees. This is a tuition discount program only, for tuition reimbursement policies check with your agency.

PerksConnect

This free program offers an app for quick access to shopping discounts with local merchants and nationwide brands – visit azbenefits.perksconnect.com.

Medical Plans

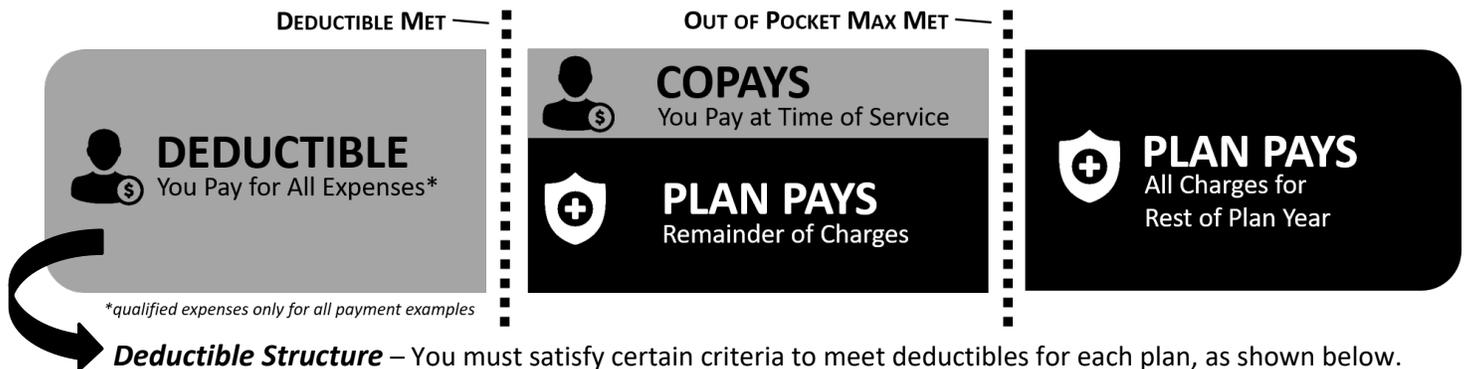
Benefit Options offers employees three types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, deductibles, and provider networks. Full comparison on p. 11. Learn more on benefitoptions.az.gov.



Cost Sharing

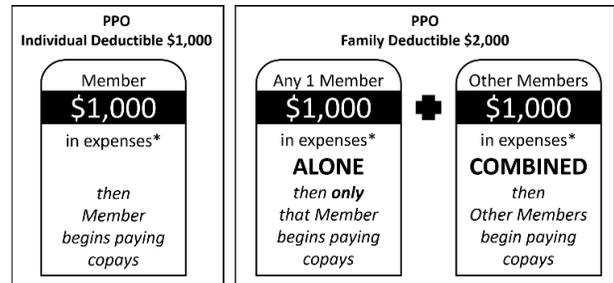
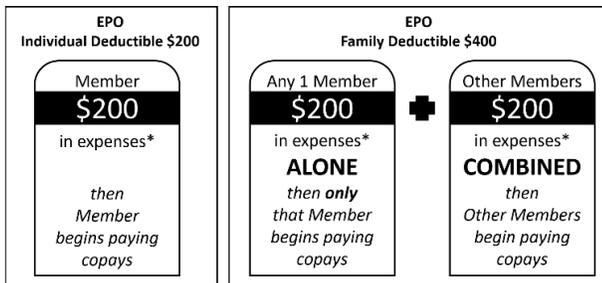
The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, copays, and coinsurance, but it does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Premium	Your premium is the amount you pay each pay period for your insurance coverage.
Deductible	At the start of each Plan Year, you pay for the cost of your health care before your State of Arizona health plan will pay.
Copay/Coinsurance	Once you have met your deductible, you will share in the cost of your health care with the State of Arizona. A copay is the flat dollar amount that you will pay for your health care services. Coinsurance is a percentage of the cost that you will pay for your health care services.
Out-of-Pocket Maximum	This amount is the most you will pay for health care services (not including premiums). Once you have reached your out-of-pocket maximum, your State of Arizona health plan will pay 100% of all your covered services for the remainder of the Plan Year.



EPO (Exclusive Provider Organization)

PPO (Preferred Provider Organization)

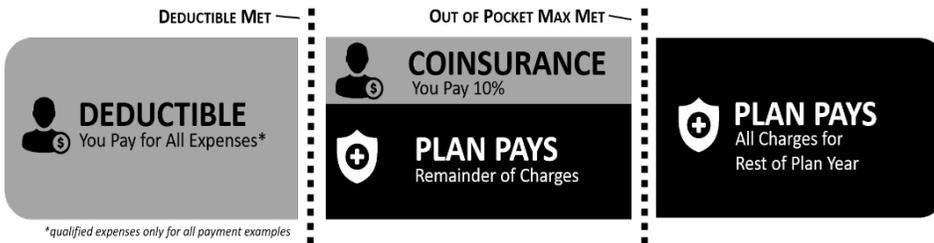


- Provider Network Options: Aetna, BlueCross BlueShield of Arizona, Cigna, UnitedHealthcare.
- Services must be obtained from an in-Network provider. Out-of-Network services are only covered in emergency situations.
- In-Network preventive services are covered at 100%.
- In-Network deductible must be satisfied before the plan pays for medical services.
- Deductibles: \$200 individual/\$400 family.
- **Annual deductible applies to the medical plan. Prescription drug copays do not count toward the medical deductible. The prescription drug plan deductible is \$0.**

- Provider Network Options: Aetna, BlueCross BlueShield of Arizona, and UnitedHealthcare.
- Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.
- In-Network preventive services are covered at 100%.
- In-Network and out-of-Network deductibles must be met separately.
- Deductibles: \$1,000 individual/\$2,000 family.
- **Annual deductible applies to the medical plan. Prescription drug copays do not count toward the medical deductible. The prescription drug plan deductible is \$0.**

Medical Plans, Cont.

HDHP with HSA (High Deductible Health Plan with Health Savings Account)



Deductible Structure – You must satisfy the criteria below to meet deductibles.

HDHP with HSA Individual Deductible \$1,400	HDHP with HSA Family Deductible \$2,800
Member \$1,400 in expenses*	Member \$2,800 in expenses*
then Member begins paying coinsurance	then All Members begin paying coinsurance

HDHP

- Provider Network: Aetna
- Premiums are 50% less than the next most expensive plan.
- In-Network preventive services are covered at 100%.
- Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.
- HDHP plan members have the advantage of participating in the Banner Health/Aetna joint venture. This allows you to access the same Aetna network, but pay 15% less when you use in-patient services at Banner facilities.
- **Separate in-Network and out-of-Network deductibles must be met before the plan pays for any services, including prescription drugs.**

HSA

- **The State will make biweekly contributions to your HSA to use towards qualified medical expenses. See p. 11.**
- Employees can contribute to the HSA on a pre-tax basis and use the funds to pay for qualified healthcare expenses, including medical, dental and vision costs.
- There is not a “use it or lose it” rule. The funds may be rolled over each year. Funds in the HSA are yours and remain available for future medical expenses, even after you retire.

HSA CONTRIBUTIONS 2020 – Use this chart to calculate your contributions

Coverage Tier	Employee Annual Contribution Maximum Limit	State Contribution	Annual IRS Contribution Maximum Limit
Employee	\$2,830.06 ¹	\$27.69 per pay period Up to \$719.94 annually ²	\$3,550
Employee + Adult	\$5,660.12 ¹	\$55.38 per pay period Up to \$1,439.88 annually ²	\$7,100
Employee + Child			
Family			
Catch Up Contribution	\$1,000 - for age 55+, in addition to the Employee or Family contribution. Include in your Max Limit if applicable.		

Calculate Your HSA Deduction Per Pay Period

Step 1: Calculate Annual State Contribution

State Contribution \$____ per pay period x 26 or ____ remaining pay periods = \$____ Annual State Contribution

Step 2: Calculate Your HSA Amount per Year: You May Contribute Less Than This Amount, but Not More

Annual IRS Contribution Max Limit \$____ — Annual State Contribution \$____ = \$____ Employee Annual Contribution Maximum Limit¹

Step 3: Calculate Your HSA Deduction Per Pay Period

Employee Annual Contribution Amount (from Step 3) \$____ x 26 or ____ remaining pay periods = \$____ Per Pay Period Deduction

HSA Eligibility

Employees are not eligible to contribute or receive contributions to an HSA if:

- You or your spouse have a Healthcare Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA).
- You are enrolled in Medicare or Medicaid.
- You are enrolled in TriCare.
- You receive care from the Veterans Administration (VA). No HSA contributions for 90 days after care is received.

Medical Premiums

MEDICAL PREMIUMS PER PAY PERIOD

	EPO PLAN		PPO PLAN		HDHP with HSA PLAN		
	Employee	State	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$20.92	\$279.46	\$53.34	\$279.46	\$10.15	\$181.87	\$27.69
Employee + Spouse	\$62.23	\$576.74	\$112.43	\$576.74	\$30.46	\$376.95	\$55.38
Employee + 1 Child	\$52.82	\$376.83	\$75.30	\$376.83	\$25.89	\$246.41	\$55.38
Family	\$115.57	\$638.55	\$131.25	\$638.55	\$56.35	\$419.97	\$55.38

MEDICAL PLAN COMPARISON – IN-NETWORK SERVICES

Carrier Contact Information – p. 18.

		EPO PLAN	PPO PLAN	HDHP with HSA ²
		IN-NETWORK	IN-NETWORK	IN-NETWORK
		 		
		 	 	
Plan Year Deductible¹	EE Only	\$200	\$1,000	\$1,400
	EE + Spouse	\$400	\$2,000	\$2,800
	EE + Child	\$400	\$2,000	\$2,800
	Family	\$400	\$2,000	\$2,800
Out-of-Pocket Maximum³	EE Only	\$7,350	\$1,500	\$2,000
	EE + Spouse	\$14,700	\$3,000	\$4,000
	EE + Child	\$14,700	\$3,000	\$4,000
	Family	\$14,700	\$3,000	\$4,000
Lifetime Maximum		Unlimited	Unlimited	Unlimited

EMPLOYEE COPAY¹ / CO-INSURANCE² AFTER DEDUCTIBLE

	EPO PLAN	PPO PLAN	HDHP with HSA ²
Routine Preventive Services	\$0	\$0	\$0
Office Visits including Mental and Behavioral Health Visits			
Primary Care Physician (PCP)	\$20	\$20	10%
Specialist ⁴	\$40	\$40	10%
OB/GYN	\$20	\$20	10%
Telemedicine Services	\$20	\$20	10%
Durable Medical Equipment	\$0	\$0	10%
Emergency Services			10%
Ambulance	\$0	\$0	10%
Emergency Room	\$200 ⁵	\$200	10%
Urgent care	\$75	\$75	10%
Inpatient Hospital Admission	\$250	\$250	10%
Outpatient Facility	\$100	\$100	10%
Laboratory and X-Ray Services⁶	\$0	\$0	10%
Major Radiology Services⁷	\$100	\$100	10%

1 Copays/coinsurance apply after the Plan deductible is met. Copays/Coinsurance and Deductible apply to Out-of-Pocket Maximum.

2 HDHP with HSA Plan members have access to the Aetna network but can save 15% when using in-patient services at Banner facilities.

3 The Plan pays 100% after the Out-of-Pocket Maximum is met.

4 Includes Chiropractor and Therapy services. All Mayo Clinic Primary Care Physicians (PCP) contract with Cigna HealthCare as specialists. Thus, all primary care services administered by Mayo PCPs will be subject to the specialist copay.

5 Emergency room copay waived if admitted but subject to hospital admission copay.

6 See summary plan document for detailed information on covered services.

7 Includes CAT scans, MRI/MRA, PET scans, etc. See summary plan document for more information.

Prescription Drug Coverage

MedImpact is the prescription drug provider for all medical Plans. All prescriptions must be filled at an in-Network pharmacy by presenting your medical insurance card. Your prescription drug coverage is included with your medical plan.

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 on a quarterly basis. Medications that no longer offer the best therapeutic value for the Plan are removed from the formulary. Ask your pharmacist to verify the current cost or copay amount when your prescription is filled.

Some preventive medications are covered with no copay. Prescription copays apply to the out-of-pocket maximum. HDHP participants are subject to a deductible and will be responsible for 100% of the contracted rate for non-preventive prescription drugs until the deductible is satisfied.

Prescription Drug Copays

	Generic	Preferred Brand Name	Non-Preferred Brand Name
Retail 30 Days	\$15	\$40	\$60
Retail 90 Days	\$37.50	\$100	\$150
Walgreens Mail Order 90 Days	\$30	\$80	\$120

To see what medications are on the formulary, visit the Pharmacy page on 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.

MedImpact Pharmacy

866-648-6769

Rx BIN: 003585

Rx PCN: 28914

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 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 AllianceRx Walgreens Prime Central Fill facility by calling 888-782-8443.

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.

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, be sure to discuss an alternative treatment with your doctor.

Coordination of Pharmacy Benefits

The State does not coordinate pharmacy benefits.

iRx Discount Program

The iRx Discount Program™ may be able to provide a discount on certain brand and generic medications that are not covered by your Benefit Options pharmacy drug plan. Present your medical ID card at any participating pharmacy, along with your prescription for the medication. Savings are applied automatically when the item prescribed qualifies for a discount.

Out-of-Network & International

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

Dental Plans

Benefit Options offers employees two dental plan options. Benefits are subject to all provisions, terms and conditions of the Plan Description. Learn more on benefitoptions.az.gov.



Cigna Dental Care Access



This plan has no deductibles or dollar limits. Services must be obtained from your assigned in-Network general provider. Out-of-Network services are covered in emergency situations only. *Plan not available in AK, ID, ME, MT, NH, NM, ND, PR, SD, VT, USVI, WV, and WY.*

Delta Dental PPO Plus Premier



A Dental Preferred Provider Organization Plan. Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services. Also, there are deductibles that must be met.

Dental Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. Benefits are subject to all provisions, terms, and conditions of the Plan Description or Patient Charge Schedule. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions on benefitoptions.az.gov.

DENTAL PREMIUMS PER PAY PERIOD

	CIGNA DENTAL CARE ACCESS ¹		DELTA DENTAL PPO PLUS PREMIER	
	Employee	State	Employee	State
Employee Only	\$1.64	\$2.29	\$14.30	\$2.29
Employee + Spouse	\$3.29	\$4.58	\$30.33	\$4.58
Employee + 1 Child	\$3.08	\$4.58	\$23.34	\$4.58
Employee + Family	\$5.46	\$6.32	\$48.26	\$6.32

EMPLOYEE COST FOR CARE

Deductible	Employee Only	\$0	\$50
			Employee + Spouse
	Employee + 1 Child		\$100
	Employee + Family		\$150
Preventive Care Class I	Oral Exam	\$0	\$0 - Deductible Waived ²
	Emergency Exam	\$0 (pain treatment), \$55 (after hrs. office visit)	\$0 - Deductible Waived ²
	Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived ²
	Fluoride Treatment	\$0	\$0 (to age 18) - Deductible Waived ³
	X-Rays	\$0	\$0 - Deductible Waived ²
Sealants	\$12 per tooth		20% (to age 19)
Fillings	Amalgam (silver) \$0, Resin-based composite \$0-\$115		20%
Extractions	Simple \$12, Surgical \$53-\$125		20%
Periodontal Gingivectomy	\$91 (1 to 3 teeth), \$180 (4 or more teeth)		20%
Oral Surgery	\$12 - \$850		20%
Crowns	\$150 - \$500		50%
Dentures	\$680 upper & lower		50%
Fixed Bridgework	\$135 per unit		50%
Crown/Bridge Repair	\$490		50%
Implant Body	\$1,025		50% ³
Orthodontia	24-month treatment fee - see charge schedule		50% ⁴
Other Services	TMJ Exam/Services	\$330 Occlusal orthotic device	Not covered
	External Bleaching	\$165	Not covered

¹ Plan not available in AK, ID, ME, MT, NH, NM, ND, PR, SD, VT, USVI, WV, and WY.

² Routine visits, exams, and cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapical) are covered once per Plan Year at 100%.

³ Subject to 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.

⁴ Limited to a lifetime maximum of \$1,500 per member.

Vision Plans

Avesis is the Benefit Options carrier for the vision programs. Benefits are subject to all provisions, terms and conditions of the policy. Learn more on benefitoptions.az.gov.



Avesis Advantage Program

 The Avesis Advantage Program is voluntary insurance where you pay the entire premium. It provides yearly coverage for a routine eye 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.

Avesis Discount Program

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

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 on benefitoptions.az.gov.

VISION PREMIUMS PER PAY PERIOD			
		AVESIS ADVANTAGE PROGRAM	AVESIS DISCOUNT PROGRAM ¹
Employee Only		\$1.84	\$0.00
Employee + Spouse		\$5.97	\$0.00
Employee + 1 Child		\$5.89	\$0.00
Employee + Family		\$7.43	\$0.00
EMPLOYEE COST FOR CARE			
Routine Eye Examination Copay		\$10	20% discount
Optical Materials Copay (Lenses & Frame Combined)		\$0	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
	Select Lens Tints & Coatings	Uniform discounted fee schedule	20% discount
Frame		Up to \$100-\$150 retail value (\$50 wholesale cost allowance)	20% discount
Contact Lenses (instead of frame/spectacle lenses)	Elective	10-20% discount & \$150 allowance ²	10-20% discount
	Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		Up to \$600 ³	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 fitting, follow-up, and materials.

³ LASIK surgery through QualSight receives up to a 25% discount on the final package plus up to a \$600 reimbursement.

Life Insurance

Securian is the Benefit Options carrier for Life and Accidental Death and Dismemberment (AD&D) insurance. Benefits are subject to all provisions, terms, and conditions of the policy. Learn more on benefitoptions.az.gov.



Basic Life Insurance – Paid by the State

You are automatically covered at no cost to you by the State of Arizona for the following amounts:

- \$15,000 Basic Life Insurance
- \$15,000 AD&D Insurance

Supplemental Life and AD&D Insurance

Purchase additional insurance for yourself to supplement the Basic Life paid by the State.

- You pay for the additional coverage.
- \$5,000 increments above the \$15,000 Basic Life policy.
- **On new hire only**, may purchase in multiples of \$5,000, not to exceed the lesser of three times your annual salary, to a maximum of \$500,000.
- AFTER the initial election period, you may add up to \$20,000 annually during future Open Enrollments only.
- Premiums for first \$35,000 are pre-tax.
- Premiums based on your age as of Jan. 1, the first day of the Plan Year.
- Be sure to keep your beneficiaries updated on yes.az.gov.

SUPPLEMENTAL LIFE AND AD&D PREMIUMS PER PAY PERIOD ¹	
YOUR AGE	COST PER \$5,000
29 and under	\$0.14
30-34	\$0.16
35-39	\$0.17
40-44	\$0.28
45-49	\$0.36
50-54	\$0.57
55-59	\$0.82
60-64	\$1.44
65-69	\$1.44
70+	\$2.26

¹ The total calculated premium may vary due to payroll rounding.

Dependent Life and AD&D Insurance

You can purchase life insurance and AD&D coverage for your dependents.

- Pay one premium to cover your spouse, children under age 26, and disabled dependent children.
- The policy pays out for each individual person.
- For \$50,000 dependent coverage, you must elect at least \$50,000 in combined basic and supplemental coverage for yourself.
- The employee is the beneficiary.

DEPENDENT LIFE AND AD&D PREMIUMS PER PAY PERIOD ¹	
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

¹ The total calculated premium may vary due to payroll rounding.

² You must have combined basic & supplemental coverage of at least \$50,000; supplemental life elections must be at least \$35,000.

Additional Free Services

There is no additional fee or enrollment for these resources. Just access them as you need them. You and your benefits-eligible dependents may access them, even if they are not insured with Securian.

Learn more on lifebenefits.com/plandesign/Arizona > Forms & Documents Tab

- Travel – Lost luggage, ID theft support, medical relocation, repatriation of mortal remains, and more
- Legal & Financial – create a will, get a financial assessment, free consult with an attorney, and more
- Greif – Unlimited telephone consultation with grief professionals, and more
- Legacy Planning – end-of-life planning, funeral arrangements, and more

Claims

- You may open claim with Securian directly. See contact information on p. 18.

Portability and Conversion

- If you leave State employment, you and/or your dependents may have the option to convert your coverage to an individual policy or port it to another group term life policy. See contact information on p. 18

Short-Term Disability Insurance

MetLife is the vendor for short-term disability insurance for claims that occur on or after Jan. 1, 2020. Benefits are subject to all provisions, terms, and conditions of the policy. Learn more on benefitoptions.az.gov.



Short-Term Disability Insurance

Short-Term Disability (STD) Insurance is voluntary insurance and you pay the entire premium. The STD benefit pays up to 66⅔% of your weekly pre-disability earnings if you are unable to work due to:

- **Non-work-related injury** (as determined by MetLife), you may receive a weekly benefit for up to 26 weeks.
- **Sickness or pregnancy**, after your benefit waiting period, you may receive a weekly benefit for up to 18 or 22 weeks.

Note: You must meet the actively-at-work provision.

Benefit Waiting Period

- There is no waiting period if you have a 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 at **new hire** 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 sickness or pregnancy.

Payment Reduction

- Paid benefits will be reduced by 100% of any sick and/or annual leave paid on your paycheck after the benefit waiting period.

Claims

- Contact MetLife to open a claim, see p. 17.

STD PREMIUMS

EMPLOYEE COST PER PAY PERIOD¹

Monthly premiums are \$0.31 for every \$100 of your annual base pay, up to the first \$70,000, if applicable. You pay premiums each bi-weekly pay period.

Calculate bi-weekly pay period premium:

Step 1: (Annual Salary ÷ 100) x \$0.31 = Annual Premium

Step 2: Annual Premium ÷ 26 Pay Periods = Pay Period Premium¹

Example:

Step 1: (\$45,000 ÷ 100) = 450 x \$0.31 = \$139.50

Step 2: \$139.50 ÷ 26 = \$5.37 Pay Period Premium¹

¹ The total calculated premium may vary due to payroll rounding.

STD PAYABLE BENEFIT²

WEEKLY MINIMUM

\$67.31

WEEKLY MAXIMUM

\$897.43

² Payable Benefit is reduced by 100% of any sick and annual leave paid on your paycheck after the benefit waiting period.

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 your LTD program.

Arizona State Retirement System Participants

Broadspire Services, Inc. is the administrator for the Arizona State Retirement System (ASRS) participants LTD Program. Your LTD benefit will pay up to 66⅔% of your pre-disability earnings during your disability as determined by Broadspire and based on supporting medical documentation. Visit azasrs.gov to learn more.

Non-ASRS Participants

MetLife is the Benefit Options carrier for non-ASRS participants. Your LTD benefit may pay up to 66⅔% of your monthly pre-disability earnings with a maximum benefit of \$10,000 per month during your disability as determined by MetLife and based on supporting medical documentation.

Retirement Plans – AZ Smart Save

In addition to the mandatory Arizona State Retirement System (ASRS) pension plan, State employees may voluntarily enroll in the AZ Smart Save Plans (previously called Deferred Compensation) with by Nationwide. Plans include: 457(b) Deferred Compensation, 401(k), 403(b), 401(a) and a Roth 457 Plan. Visit azsmartsave.com to learn more.

Plan Documents & Legal Notices

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following plan documents and legal notices as summarized below. Detailed information is available to you electronically on the Benefit Options Website at benefitoptions.az.gov > Resources tab.

DOCUMENTS	SUMMARY DESCRIPTION
Health Insurance Marketplace Coverage	Key parts of the healthcare law allow 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 & Coverage (SBC) 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	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 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 about 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. Also, 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 more than 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 who 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.

Contact Information for 2020 Carriers

PLAN TYPE	VENDOR NAME	PHONE	WEBSITE EMAIL POLICY NUMBER
Benefit Options	ADOA Benefit Services Division 100 N. 15th Ave., Ste. 260 Phoenix, AZ 85007	602-542-5008 800-304-3687	benefitoptions.az.gov benefitsissues@azdoa.gov
Dental	Cigna	800-968-7366	New members: cigna.com/stateofaz Members: mycigna.com Group: 2500541
	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com Group: 77777-0000
Employee Assistance Plan - EAP	ComPsych	877-327-2362	guidanceresources.com Code: HN8876C
Flexible Spending Accounts - FSA	TASC	833-433-4301	tasconline.com
Health Savings Account - HSA	Payflex	844-729-3539	payflex.com
Life Insurance	Securian	833-745-5517	lifebenefits.com/plandesign/Arizona
Short-Term Disability - STD	MetLife CLAIMS ON OR AFTER 1/1/2020	866-264-5144	Info: prv.metlife.com/StateofArizona/ Claims: mybenefits.metlife.com/stateofarizona
	The Hartford CLAIMS ON OR BEFORE 12/31/2019	866-712-3443	groupbenefits.thehartford.com/Arizona Group: 395211
Long-Term Disability - LTD	Broadspire Services, Inc. ASRS	877-232-0596	azasrs.gov/content/long-term-disability
	MetLife CLAIMS ON OR AFTER 1/1/2020 PSPRS, EORP, CORP & ORP	866-232-0596	Info: prv.metlife.com/StateofArizona/ Claims: mybenefits.metlife.com/stateofarizona
	The Hartford CLAIMS ON OR BEFORE 12/31/2019 PSPRS, EORP, CORP & ORP	866-712-3443	groupbenefits.thehartford.com/Arizona Group: 395211
Medical	Aetna	866-217-1953	New members: aetna.com Members: aetnastateaz.com Group: 476687
	Blue Cross Blue Shield of Arizona	866-287-1980	New members: adoa.azblue.com Members: azblue.com Group: 30855
	Cigna	800-968-7366	New members: cigna.com/stateofaz Members: mycigna.com Group: 3331993
	UnitedHealthcare	800-896-1067	New members: welcometouhc.com/stateofaz Members: myuhc.com Group: 705963
Pharmacy	MedImpact	888-648-6769	benefitoptions.az.gov Rx BIN: 003585 Rx PCN: 28914
Pension AZ State Retirement System	Arizona State Retirement System	602-240-2000 800-621-3778	azasrs.gov
Retirement Plans AZ Smart Save (DEFERRED COMPENSATION)	Nationwide 457(b), 401(k), 403(b), 401(A)	800-796-9753	azsmartsave.com
University Employees	Arizona State University	Employees: 855-278-5081 Faculty: 480-727-9900	cfo.asu.edu/benefits hresc@asu.edu
	Northern Arizona University	928-523-2223	nau.edu/human-resources
	University of Arizona	520-621-3660	hrsolutions@email.arizona.edu
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com Policy: 11001-2178 Discount Policy: 10000-4
Virtual Benefits Counselor - ALEX	Visit myalex.com/adoa/2020 - ALEX is the virtual benefits counselor that helps you find the plan to fit your needs, based on how you use insurance. After viewing ALEX, visit yes.az.gov to enroll.		
Wellness	ADOA Benefit Services Division	602-771-9355	wellness.az.gov wellness@azdoa.gov



ARIZONA DEPARTMENT OF ADMINISTRATION - ADOA

**BENEFIT SERVICES DIVISION
100 N. 15TH AVE, SUITE 260
PHOENIX, AZ 85007**

PHONE: 602-542-5008 | TOLL-FREE: 1-800-304-3687 | FAX: 602-542-4744

BENEFITISSUES@AZDOA.GOV | BENEFITOPTIONS.AZ.GOV