

ARIZONA DEPARTMENT OF ADMINISTRATION  
BENEFIT SERVICES DIVISION



*Retired*  
STATE EMPLOYEE



BENEFIT OPTIONS ENROLLMENT GUIDE  
2019



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## About This Guide

*This guide is designed to summarize 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.*

*You may view and print the complete Retiree Benefits Guide and the Summary of Benefits and Coverage from the Benefit Options website at **[benefitoptions.az.gov](http://benefitoptions.az.gov)**.*

## Benefit Changes for 2019

### ❑ **New EPO Deductible, pg. 9**

The EPO medical plan will have a deductible of \$100 for individuals and \$200 for families. This means you will have to pay \$100 or \$200 in qualified out-of-pocket expenses before the plan begins to pay. See an example of how the deductible works on pg. 8.

### ❑ **Premium Increase, pg. 9**

Medical plan premiums for the EPO and PPO plans will increase by 3%.

### ❑ **New Pharmacy Provider for Medicare Eligible Members – VibrantRx, pg. 7**

Medicare GenerationRx is changing to VibrantRx (PDP). You will receive a new prescription card in November to use starting in January 2019.

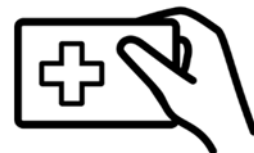


## Personal Contact Information Update

As you enroll on [yes.az.gov](http://yes.az.gov), you ***are required*** to validate and update your personal contact information, such as address, email and phone number, so we can communicate efficiently with you about your benefits. To change your contact information at any other time, call Benefit Options at 602-542-5008, or toll-free 1-800-304-3687. Contact information cannot be changed by email.

## New ID Cards

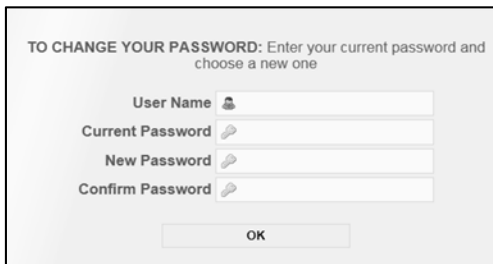
If you make a change to your medical plan during enrollment, you will receive a new medical ID card. You can access your ID card in early January via the insurance company's website or app. If you need assistance before you can retrieve your card information, please contact Benefit Options at 602-542-5008, toll free at 1-800-304-3687 or [benefitsissues@azdoa.gov](mailto:benefitsissues@azdoa.gov).



# How to Enroll

Benefit enrollment must be done online at  
**www.yes.az.gov**


- 1) Visit **www.yes.az.gov**
- 2) On the right side, in the **RETIREE** box, **CLICK BEGIN HERE.**
- 3) The HRIS Password Self Service screen will appear. **You will be required to change your password to continue.**



- 4) **USER NAME**  
Enter your **Employee Identification Number (EIN)**. Your EIN is printed on the cover letter you received with this guide.
- 5) **CURRENT PASSWORD**  
Enter your four-digit birth year plus the last four numbers of your SSN. *Example:* if you were born on December 11, 1943, and the last four of your SSN is 1234, your password will be **19431234**.
- 6) **NEW PASSWORD**  
Create a **new** password and type it in.
  - Must be at least **8 characters**.
  - Must have **one number**.
  - Must have **one upper-case letter**.
  - Must have **one special character** (except: % <> () = ~ \$).
  - *Acceptable: 12345678!Abc*  
*Not Acceptable: 123456789abc*

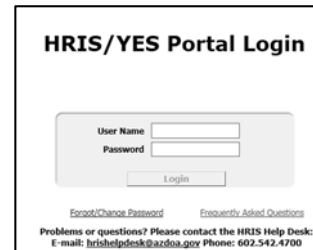
- 7) **CONFIRM PASSWORD**  
Type in your new password again.

- 8) **CLICK OK**  
This message should appear:

 **Your password has been changed**

- 9) **CLICK** the **Y.E.S** button on the left side.

- 10) A new login screen will appear:



- 11) **USER NAME**  
Enter your **Employee Identification Number (EIN)**. Your EIN is printed on the cover letter you received with this guide.
- 12) **PASSWORD**  
Enter the password that you just created in **Step 6**.
- 13) **CLICK** the **LOGIN** button.
- 14) **CLICK** on the **OPEN ENROLLMENT** link on the left side, and follow the instructions to enroll.

## Web Browsers

The only certified web browsers for Open Enrollment are as shown below. **Using other web browsers may present issues with enrolling.**



**Microsoft  
Internet Explorer  
(not Edge)**



**Google  
Chrome**

## Problems with the technology?

- Contact the Y.E.S. Help Desk at 602-542-4700.
- **OR** fill out the Retiree Open Enrollment form enclosed with your mailing. Return by email, fax or mail as listed on the form. Mailed forms must be postmarked by Nov. 9, 2018, to be accepted.

## Benefit questions?

Contact ADOA Benefit Services at 602-542-5008 or toll-free 1-800-304-3687.

# Eligibility for Benefits

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

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

**Dependents:** An eligible dependent includes:

- 1) Your legal spouse.
- 2) Your child(ren) under 26 years old defined as:
  - a. Your natural child, adopted child, stepchild, foster child, a child for whom you are a court-ordered guardian or a child 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 age 26.

## **First Time Enrollment - Supporting Documentation**

For dependents who are being enrolled for the first time, AND fall into the following categories: different last name, stepchild, court-ordered guardianship or court-ordered placement pending adoption – you must submit a copy of the birth or marriage certificate within 14 days to the ADOA

Benefit Services Division to complete processing. **Failure to submit documentation will result in a loss of enrollment.**

## **Social Security Numbers**

By federal law, **you are required to provide a Social Security Number (SSN) for all dependents enrolled** in our plans. SSNs are needed to prepare Form 1095-C under the Affordable Care Act (ACA). If you do not provide accurate SSNs, you may have an IRS penalty.

## **Qualified 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, the death of a spouse.
- Birth, adoption, placement for adoption, guardianship, dependent eligibility due to limited age, the death of a dependent child, change in legal custody.
- Change in employment status or a work schedule that affects benefits eligibility for you and/or your dependents. You may only enroll in the coverage that was lost.
- Return to Work retirees.

## **How to Submit Changes Based on a QLE**

Visit [benefitoptions.az.gov](http://benefitoptions.az.gov) under the Retiree tab and follow the instructions. **Supporting documents must be submitted with a request for an election change. Failure to submit within 31 days will result in a loss of enrollment.**

## **Declining Coverage - Impact on Future Enrollment**

- IF you DECLINE both medical and/or dental coverage, you will FORFEIT the ability to enroll with ADOA in the future.
- IF you KEEP medical and/or dental coverage through ADOA, you may elect medical or dental coverage during future Open Enrollments.

## Eligibility, cont.

### **Dual Coverage**

If you and your spouse are employed by the State or a State University, and/or are retirees of the State or a State University, dual coverage of an employee, spouse and/or dependent is not permitted under our plan. An employee may elect coverage for their entire family, including the State

employee spouse, or each State employee spouse may elect their own coverage.

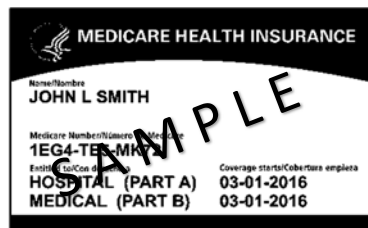
You cannot enroll as a single subscriber and be enrolled as a dependent on your spouse's or parent's policy simultaneously. If an individual is enrolled in this manner, the dual coverage will be terminated, and no refunds will be made for the premiums paid.

# Medicare

Medicare is federal health insurance available to people who are age 65 or over, under age 65 with disabilities (receiving Social Security Disability or Supplemental Security Income), and/or diagnosed with End-Stage Renal Disease.

Medicare eligibility is determined by the Social Security Administration. Many people automatically receive Parts A and B.

- If you receive benefits from Social Security, you will receive Part A and Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.
- If you are under the age of 65 and disabled, you automatically receive Parts A and B after you receive disability benefits from Social Security for 24 months.
- You should receive your Medicare card in the mail three months before your 65th birthday or your 25th month of disability.



If you become eligible to receive Medicare, you **must** contact the ADOA Benefit Services Division and provide a copy of your Medicare card along with your state benefits enrollment form and Vibrant Rx Medicare pharmacy form. Forms are available on [benefitoptions.az.gov](http://benefitoptions.az.gov).

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

### Medicare Is Primary

If you are retired and receiving a pension from a recognized State-sponsored Retirement Plan or you are receiving LTD benefits from a State-sponsored disability plan, Medicare is primary coverage, and Benefit Options is secondary coverage.

Medicare Parts A and B pay 80% of covered charges once you have met your deductible. Doctors often charge patients the remaining portion of the bill that Medicare has not paid

If you enroll in the Benefit Options Plan, the remaining portion (20%), less copays, will be covered since Benefit Options becomes the secondary payor. Benefit Options will pay up to the total allowable amount less copays as determined by the Plan.

If you choose a doctor who opts out or does not accept assignment from Medicare, your doctor may be allowed to bill you for additional costs.

If you are enrolled in Medicare Part A only, you are still Medicare-eligible. If you decline Part B, you will be responsible for Part B covered charges.

### Medicare Crossover Program

With this program, Medicare automatically forwards medical claims to your health plan after they have paid as the primary payor. All medical Networks have a Medicare Crossover program. **Call the number on the back of your medical ID card to enroll in the Medicare Crossover Program.**

## Medicare, cont.

### Parts of Medicare

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

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

**You must submit a Vibrant Rx enrollment form for each eligible dependent.**

### 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. This applies to both Medicare and non-Medicare plans.

### Transition of Care

If you are undergoing an active course of treatment with a doctor not contracted with your new selected Network, you can apply for Transition of Care (TOC). Forms are available at [benefitoptions.az.gov](http://benefitoptions.az.gov). This applies to both Medicare and non-Medicare plans.

## New Medicare Pharmacy Provider - VibrantRx

Our new Medicare pharmacy PDP provider for 2019 is VibrantRx, replacing Medicare GenerationsRx. Here's what will happen this fall to prepare for the change.



<b>October 2</b>	<input type="checkbox"/> Termination letter sent from Medicare GenerationsRx to inform you of the change. <input type="checkbox"/> No action needed. You will automatically be enrolled in the VibrantRx plan for 2019. <input type="checkbox"/> <b>Remember: You must use Medicare GenerationsRx until December 31, 2018.</b>
<b>October 15</b>	<input type="checkbox"/> VibrantRx can begin answering questions about your 2019 benefits. <ul style="list-style-type: none"> <li>Call 844-826-3451, TTY 711. Visit <a href="http://myvibrantrx.com/stateofaz">myvibrantrx.com/stateofaz</a></li> </ul>
<b>October 31</b>	<input type="checkbox"/> Pre-Enrollment Kit will be mailed to your home. <ul style="list-style-type: none"> <li>Since you are automatically enrolled, the kit will have a federally required opt-out letter. If you opt out, you will lose both your medical and prescription coverage since you are required to take the pharmacy coverage that is paired with our Medicare coverage under the Benefit Options plan.</li> </ul>
<b>November</b>	<input type="checkbox"/> A Welcome Kit and prescription ID card will be mailed to your home. <input type="checkbox"/> Be sure to read the kit and hold on to the ID card. <input type="checkbox"/> <b>Begin using your VibrantRx card starting January 1, 2019.</b> <input type="checkbox"/> Rx BIN: 003585   Rx PCN: 28914





# Medical Plans

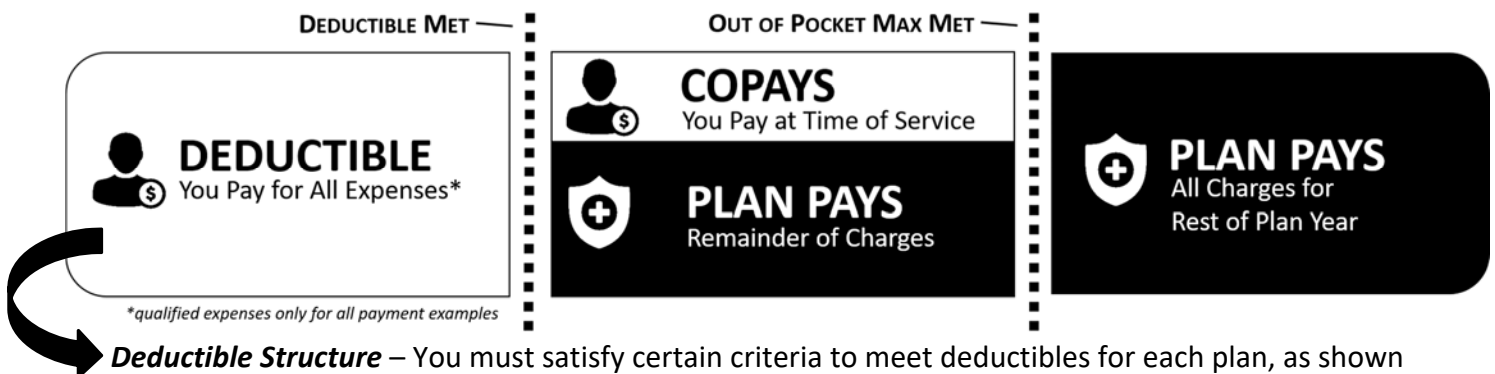
Benefit Options offers employees three types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, deductibles, and provider networks. This year, the EPO plan has added a deductible, which is outlined below. Full comparison on pg. 9.



## Cost Sharing

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

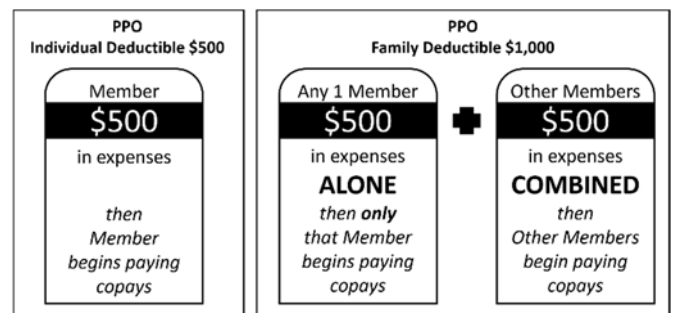
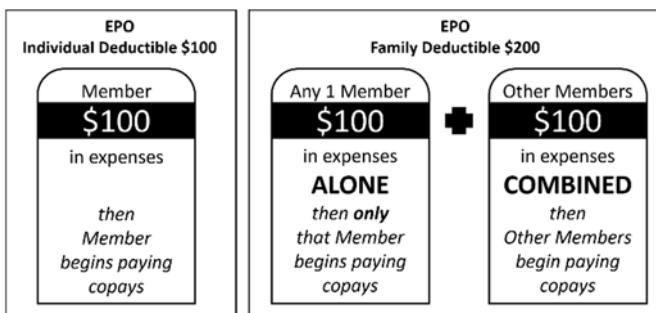
<b>Premium</b>	Your premium is the amount you pay each pay period for your insurance coverage.
<b>Deductible</b>	At the start of each Plan Year, you pay for the cost of your health care before your State of Arizona health plan will pay.
<b>Copayment/Coinsurance</b>	Once you have met your deductible, you will share in the cost of your health care with the State of Arizona. A copayment is the flat dollar amount that you will pay for health care services. Coinsurance is a percentage of the cost you will pay for health care services.
<b>Out-of-Pocket Maximum</b>	This amount is the most you will pay for health care services (not including premium). 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.



**Deductible Structure** – You must satisfy certain criteria to meet deductibles for each plan, as shown

### EPO (Exclusive Provider Organization)

### PPO (Preferred Provider Organization)



- 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%.
- **NEW** – In-Network deductible must be satisfied before the plan pays for medical services.
- Deductibles: \$100 individual/\$200 family.
- **Prescription drug copays do not count toward the medical deductible. Also, they do not require a separate deductible.**

- 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.
- Deductibles: \$500 individual/\$1,000 family.
- **Prescription drug copays do not count toward the medical deductible. Also, they do not require a separate deductible.**

# Medical Plan Premiums & Copayments

The chart below is a comparison of in-Network services only. For a complete list of benefits coverage and out-of-Network services, view the Summary Plan Descriptions at [benefitoptions.az.gov](http://benefitoptions.az.gov).



Medical Premiums Per Month		EPO PLAN <sup>1</sup>	PPO PLAN <sup>2</sup>
<b>Without Medicare</b>			
Retiree Only		\$671.87	\$934.73
Retiree + One		\$1,571.47	\$2,276.20
Retiree + Family		\$2,117.58	\$2,489.20
<b>With Medicare</b>			
Retiree Only		\$500.79	\$893.94
Retiree + One (both Medicare)		\$994.77	\$1,785.61
Retiree + One (one Medicare)		\$1,160.19	\$1,971.42
Retiree + Family		\$1,321.08	\$2,243.34
		IN-NETWORK Aetna, BCBSAZ, Cigna UnitedHealthcare	IN-NETWORK Aetna, BCBSAZ UnitedHealthcare
Plan Year Deductible <sup>3</sup>	Retiree Only	NEW - \$100	\$500
	Retiree + One	NEW - \$200	\$1,000
	Family	NEW - \$200	\$1,000
Out-of-Pocket Maximum <sup>3,4</sup>	Retiree Only	\$7,350	\$1,000
	Retiree + One	\$14,700	\$2,000
	Family	\$14,700	\$2,000
Lifetime Maximum		Unlimited	Unlimited
<b>Retiree Copayment / Coinsurance<sup>3,4,5</sup></b>			
Routine Preventive Services		\$0	\$0
Office Visits (incl. Mental & Behavioral Health)			
Primary Care Physician (PCP)		\$20	\$20
Specialist <sup>6</sup>		\$40	\$40
OB/GYN		\$20	\$20
Telemedicine Services		\$20	\$20
Durable Medical Equipment		\$0	\$0
Emergency Services			
Ambulance		\$0	\$0
Emergency Room		\$200 <sup>7</sup>	\$200
Urgent Care		\$75	\$75
Inpatient Hospital Admission		\$250	\$250
Outpatient Facility		\$100	\$100
Laboratory and X-Ray Services <sup>8</sup>		\$0	\$0
Major Radiology Services <sup>9</sup>		\$100	\$100

<sup>1</sup> Out-of-Network, there is no coverage, except in emergency situations.

<sup>2</sup> For the NAU only BCBS PPO Plan details, see your Retiree Enrollment Form or visit [nau.edu/human-resources/benefits/benefit-plan-document/](http://nau.edu/human-resources/benefits/benefit-plan-document/)

<sup>3</sup> Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the Out-of-Pocket Maximum.

<sup>4</sup> The Plan pays 100% after the out-of-pocket maximum is met.

<sup>5</sup> If you choose a doctor who opts out or does not accept assignment from Medicare, your doctor may be allowed to bill you for additional costs.

<sup>6</sup> Includes Chiropractor and Therapy services. 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 \$40 specialist copayment.

<sup>7</sup> Emergency Room copayment waived if admitted, but subject to hospital admission copayment.

<sup>8</sup> See summary plan document for more information on covered services.

<sup>9</sup> Includes CAT scans, MRI/MRA, PET scans, etc. See summary plan document for more information.

# Pre-Medicare Prescription Drug Plan

MedImpact is the pharmacy for all pre-Medicare medical plans and is included in your medical plan premium. All prescriptions must be filled at an in-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 removed from the formulary. Ask your pharmacist to verify the current copay amount at the time your prescription is filled.



The prescription drug benefit 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.

To see the formulary, visit [benefitoptions.az.gov](http://benefitoptions.az.gov) or request a copy by contacting the MedImpact Customer Care Center at **888-648-6769**. Customer Care is available 24 hours a day, 365 days a year. Rx BIN: 003585 | Rx PCN: 28914. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

## Pre-Medicare Prescription Drug Copays

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

### 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 Walgreens Specialty Central Fill facility by calling 888-782-8443.

### 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 Vibrant Rx.

### 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.

### Choice90

Members requiring 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.

### Mail Order Service

A convenient and less expensive service for members who require medications for on-going health conditions or who will be in an area with no participating retail pharmacies for an extended period. Walgreens Specialty Central Fill 1-888-782-8443.

*(Continues on pg. 11)*

## Pre-Medicare Prescription Drug Plan, cont.

### iRx Discount Program

You may be able to obtain a discount on certain brand and generic medications that are not covered by your ADOA pharmacy drug plan, through the iRx Program™. Pre-Medicare members can present their medical ID card, and Medicare members can present their Vibrant Rx ID card at any participating pharmacy, along with their prescription for the medication.

Savings are applied automatically when the item prescribed qualifies for a discount. The amount of the discount will vary based on pharmacy chosen and the type of medication. *Note: Medicare has neither reviewed nor endorsed this information.*

### Out-of-Network & International

The cost of prescriptions filled out-of-Network will not be reimbursed. No international pharmacy services are covered. Be sure to 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.

## Medicare Prescription Drug Plan

### Auto Enrollment

**If you elect any Benefit Options Medical Plan, you pay a combined medical/pharmacy premium and will be automatically enrolled in Vibrant Rx for Benefit Options.** Vibrant Rx in an Employer Prescription Drug Plan (PDP) for Medicare eligible retirees and Medicare eligible dependents.

### Vibrant Rx – New Medicare PDP



For 2019, VibrantRx is our new PDP plan sponsor, replacing Medicare GenerationsRx. Please see the full schedule of change

information, including when you will get new ID cards, on pg. 7. VibrantRx will be able to answer questions starting October 15, 2018. Call **844-826-3451** or visit [myvibrantrx.com/stateofaz](http://myvibrantrx.com/stateofaz).

### Medicare Part C or Part D

If you enroll in either a Medicare Part C or Part D plan other than Vibrant Rx, our new Medicare PDP sponsor for 2019, you will not be eligible for Benefit Options medical coverage. For example: If you enroll in the Humana Part D Plan outside of the Benefit Options program, you are not eligible to enroll in any of the ADOA Medical Plans.

### Part D-Income Related Monthly Adjustment Amount

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be

notified by the Social Security Administration. You will be responsible for paying this extra amount. You will be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to Vibrant Rx.



**IMPORTANT:** If you are required to pay the extra amount, and you do not pay it, you will be disenrolled from the plan and lose both your medical and pharmacy benefit.

### Formulary

The formulary is the list of medications chosen by a committee of doctors and pharmacists to help maximize the value of your prescription benefit. Members will use Vibrant Rx's four-tier formulary on pg. 12. Generic and brand name medications are available at a lower cost.

Generally, your formulary will not change during the year except for cases in which you can save additional money or to ensure your safety. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we will notify affected members of the change at least 60 days before the change becomes effective. Some drugs may have additional requirements or limits on coverage. *(Continued on pg. 12)*

## Medicare Prescription Drug Plan, cont.

These requirements and limits may include:

### Prior Authorization

Prescriptions for certain medications may require clinical approval before they can be filled, even with a valid prescription. Before the Plan can cover these drugs, you or your physician will need to obtain approval from Vibrant Rx, our new Medicare PDP sponsor for 2019.



### Step Therapy Program

The program promotes the use of safe, cost-effective and clinically appropriate medications. This requirement encourages you to try less costly but just as effective drugs before the Plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the Plan may require you to try Drug A first. If Drug A does not

work for you, the Plan will then cover Drug B. This requirement to try a different drug first is called “step therapy.”

### Quantity Limits

For certain drugs, Vibrant Rx, our new Medicare PDP sponsor for 2019, limits the amount of the drug that will be covered.

After October 15, you can see what medications are on the formulary and get additional information about drug restrictions, by contacting Vibrant Rx, our new Medicare PDP sponsor for 2019: [myvibrantRx.com/stateofaz](http://myvibrantRx.com/stateofaz) or call Customer Care at **1-844-826-3451**. **TTY: 711**. Customer Care is available 24 hours a day, 365 days a year. Rx BIN: 003585 | Rx PCN: 28914.

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

## Medicare Prescription Drug Plan Copays

Tier Number / Name	Retail (up to 31-day supply)	Mail Order (up to 90-day supply)	Choice90Rx Extended supply at retail (up to 90-day supply)
Tier 1: Generic	\$15	\$30	\$37.50
Tier 2: Preferred Brand	\$40	\$80	\$100
Tier 3: Non-Preferred Brand	\$60	\$120	\$150
Tier 4: Specialty - Over \$670 <sup>1</sup>	\$60	Not available	Not available

<sup>1</sup> Total medication cost.

## Dental Plans

Benefit Options offers two dental plan options. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit [benefitoptions.az.gov](http://benefitoptions.az.gov).



### Cigna Dental HMO

A Dental Health Maintenance Organization Plan with no deductibles or dollar limits. Services must be obtained from your assigned in-Network general provider. Out-of-Network services are only covered in emergency situations.

*Plan not available in AK, HI, MI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, 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. Additionally, there are in-Network and out-of-Network deductibles that must be met.

# Dental Plan Comparison

The chart below is a comparison of in-Network services only which 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 at [benefitoptions.az.gov](http://benefitoptions.az.gov).



		Cigna	Delta Dental
<b>Plan Type</b>		DHMO <sup>1</sup>	PPO
<b>Dental Premiums Per Month</b>			
Retiree Only		\$8.52	\$35.94
Retiree + Adult		\$17.04	\$75.63
Retiree + Child		\$16.59	\$60.48
Retiree + Family		\$25.54	\$118.26
<b>Retiree Cost For Care</b>			
Plan Year Deductibles		None	\$50/\$150
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 <sup>2</sup>
	Emergency Exam	\$0 (treatment of pain) \$55 (after hours office visit)	\$0 - Deductible Waived <sup>2</sup>
	Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived <sup>2</sup>
	Fluoride Treatment	\$0	\$0 (to age 18) - Deductible Waived <sup>2</sup>
	X-Rays	\$0	\$0 - Deductible Waived <sup>2</sup>
Sealants		\$12 per tooth	20% (to age 19)
Fillings		Amalgam: \$0   Resin: \$0	20%
Extractions		Simple: \$12 Surgical \$53	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		\$43	50%
Implant Body		\$1,025	50% <sup>3</sup>
Orthodontia		24-month treatment fee – see charge schedule	50% <sup>4</sup>
Other Services	TMJ Exam/Services	\$330	Not covered
	External Bleaching	\$165	Not covered
		Occlusal orthotic device	

<sup>1</sup> Plan not available in AK, HI, MI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.

<sup>2</sup> 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%.

<sup>3</sup> 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.

<sup>4</sup> Limited to a lifetime maximum of \$1,500 per member.

# Vision Plans

Avesis is the Benefit Options vendor for the vision programs.



## Availability and Billing

Vision coverage is available **only if you have medical or dental coverage with Benefit Options**; it is not available as a stand-alone policy. It is not subsidized by ASRS, nor deducted from your pension. Avesis bills you directly for the premiums every three (3) months. Failure to remit your premium payment to Avesis by the due date will result in cancellation of your vision benefits.

## Avesis Advantage Program

This 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. Discounts on additional optical purchases are unlimited.

## Avesis Discount Program

If you choose not to enroll in the Avesis Advantage Program, you will automatically receive an Avesis Discount card at no cost. The Avesis Discount card provides you 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 at [benefitoptions.az.gov](http://benefitoptions.az.gov).

Vision Premiums Per Month		Advantage Program	Discount Program <sup>1</sup>
Retiree Only		\$3.99	\$0.00
Retiree + Adult		\$12.94	\$0.00
Retiree + Child		\$12.76	\$0.00
Retiree + Family		\$16.10	\$0.00
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
Retiree 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 (in lieu of frame/spectacle lenses)	Elective	10-20% discount & \$150 allowance <sup>2</sup>	10-20% discount
	Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		Up to \$600	10-20% discount

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

<sup>2</sup> Includes fitting, follow-up and materials.

# Understanding Your Premium

## Premium Payments

***You are responsible for paying all premiums. Failure to keep your premiums current will result in cancellation of your insurance coverage.***

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount. If you are required to pay the extra amount, and you do not pay it, you will be disenrolled from the plan and lose both your medical and pharmacy benefit.

## New Retirees/LTD Members

Depending on when the Retirement System receives your benefit elections, **you may owe one or more months of health and/or dental premiums.**

After enrolling, check your pension deductions. If the premium deduction has not occurred or the deduction is incorrect by your first full (not the estimated) pension check, immediately contact ADOA Benefit Services Division at 602-542-5008.

## Premium Benefit Subsidy

The Arizona State Retirement System (ASRS), the Public Safety Personnel Retirement System (PSPRS), the Elected Officials Retirement Plan (EORP) and the Corrections Officer Retirement Plan (CORP) may provide payment subsidies toward insurance premiums for eligible members and dependents who elect health coverage through ADOA Benefit Services Division.

No basic premium benefit subsidy is provided to Retirees in the University Optional Retirement Plan or to PSPRS or CORP members who are LTD members.

**Your retirement system will determine if you are eligible for a premium benefit subsidy and the amount to which you may be entitled.**

To determine your basic premium benefit subsidy, you need to know:

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

Calculating your monthly costs, premium benefit subsidy, and pension check can be simple. Each retiree's circumstances are different, but understanding how all the pieces work together will make it an easy process.

- **1st:** The premium benefit subsidy for the basic program varies depending on your years of service with the State of Arizona, the retirement system you are enrolled in, and the insurance plan in which you enroll.
- **2nd:** ADOA, ASRS, and PSPRS offer retiree health insurance plans. Premiums differ depending on the plan option selected and whether you are enrolled in single or family coverage.

## Non-Direct Pay Members

If the sum of your premium benefit subsidy and pension is greater than or equal to the total monthly premium, you will be considered a non-direct pay member. Non-direct pay members are not billed.

## Direct Pay Members

If you are or become a direct pay member, you will receive a billing notice regarding future premium payments. If you do not receive a billing notice within 90 days, contact ADOA Benefit Services Division at 602-542-5008.

For more information on your subsidy, contact ASRS at 602-240-2000 or 1-800-621-3778 outside of Phoenix, TTY: 602-240-5333



# Basic Premium Benefit Subsidy

The worksheets below will help you determine the amount of insurance premiums that will be deducted from your monthly pension. In the event your pension does not cover the net premium, you will be identified as a direct pay member and will be required to pay ADOA Benefit Services Division.

<b>Net Monthly Health Insurance Cost Worksheet</b>	
A) Your monthly medical plan premium (see pg. 9)	A <input style="width: 100px; height: 20px;" type="text"/>
	+
B) Your monthly dental plan premium (see pg. 13)	B <input style="width: 100px; height: 20px;" type="text"/>
	=
C) Total Premium (A + B)	C <input style="width: 100px; height: 20px;" type="text"/>
	-
D) Your Basic Premium Benefit Subsidy (see chart below)	D <input style="width: 100px; height: 20px;" type="text"/>
	=
E) Your Net Premium (C – D)	E <input style="width: 100px; height: 20px;" type="text"/>

Years of Service	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependents without
<b>Arizona State Retirement System (ASRS) Members</b>						
5.0–5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0–6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0–7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0–8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0–9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Elected Officials' Retirement Plan (EORP) Members</b>						
5.0–5.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
6.0–6.9	\$112.50	\$195.00	\$75.00	\$127.50	\$161.25	\$161.25
7.0–7.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
8.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Corrections Officer Retirement Plan (CORP) Members</b>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Public Safety Personnel Retirement System (PSPRS)</b>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

# 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](http://benefitoptions.az.gov).

Documents	Summary Description
<b>Health Insurance Marketplace Coverage</b>	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.
<b>Summary of Benefits and Coverage and Uniform Glossary</b>	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.
<b>Summary Plan Description (SPD)</b>	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.
<b>Insurance Certificates and Policies</b>	Provides information on specific benefit coverage and limitations.

Legal Notices	Summary Description
<b>Health Insurance Portability &amp; Accountability Act (HIPAA)</b>	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.
<b>Medicare Notice of Creditable Coverage</b>	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.
<b>Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice</b>	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.
<b>Patient Protection &amp; Affordable Care Act (PPACA)</b>	Notices of the Arizona Benefit Options Program about PPACA.
<b>HIPAA Special Enrollment Rights Notice</b>	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.
<b>Women's Health and Cancer Rights Act (WHCRA)</b>	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.
<b>Newborns' and Mothers' Health Protection Act of 1996</b>	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.
<b>Wellness Program</b>	This notice requires employers that offer wellness programs that collect health information to inform members what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.

# Contacts for 2019 Benefits

Plan Type	Vendor Name	Phone	Website   Email   Policy Information
<b>Benefit Options</b>	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
<b>Dental Plans</b>	Cigna	800-968-7366	cigna.com/stateofaz   Group: 2500541
	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com Group: 77777-0000
<b>Long-Term Disability Plans - LTD</b>	Broadspire Services, Inc. <i>(ASRS participants)</i>	877-232-0596	azasrs.gov/content/long-term-disability
	The Hartford <i>(PSPRS, EORP, CORP, &amp; ORP participants)</i>	866-712-3443	groupbenefits.thehartford.com/Arizona Group: 395211
<b>Medicare</b>	Medicare	800-633-4227 TTY: 877-486-2048	mymedicare.gov
<b>Medical Plans</b>	Aetna	866-217-1953	aetna.com   Group: 476687
	Blue Cross Blue Shield of AZ	866-287-1980	azblue.com   Group: 30855
	Cigna	800-968-7366	cigna.com/stateofaz   Group: 3331993
	UnitedHealthcare	800-896-1067	welcometouhc.com/stateofaz Group: 705963
<b>Pharmacy Plan Non-Medicare</b>	MedImpact	888-648-6769	benefitoptions.az.gov Rx BIN: 003585   Rx PCN: 28914
<b>Pharmacy Plan Medicare</b>	VibrantRx <i>(Replacing Medicare GenerationsRx, coverage begins 1/1/2019)</i>	844-826-3451 TTY: 711 <i>Phone Line Open Oct. 15, 2018</i>	myvibrantrx.com/stateofaz Rx BIN: 003585   Rx PCN: 28914
<b>Retirement Systems</b>	Arizona State Retirement System (ASRS) 3300 N. Central Ave, Lobby Phoenix, AZ 85012	602-240-2000 800-621-3778	azasrs.gov
	<ul style="list-style-type: none"> <li>• Public Safety Personnel Retirement System (PSPRS)</li> <li>• Elected Officials Retirement Plan (EORP)</li> <li>• Corrections Officer Retirement Plan (CORP) 3010 E. Camelback Rd, #200 Phoenix, AZ 85016</li> </ul>	602-255-5575 877-925-5575	psprs.com
<b>Vision Plan</b>	Avesis, Inc.	888-759-9772	avesis.com   Policy: 11001-2178 Discount Policy: 10000-4
<b>Wellness – Flu Shots</b>	ADOA Benefit Services Division	602-771-9355	benefitoptions.az.gov/wellness wellness@azdoa.gov



**Arizona Department of Administration  
Benefit Services Division  
100 N 15<sup>th</sup> Ave, Ste. 260  
Phoenix, AZ 85007**

**Phone: 602-542-5008  
Toll Free: 1-800-304-3687  
Fax: 602-542-4744**

**Email: [benefitsissues@azdoa.gov](mailto:benefitsissues@azdoa.gov)  
Web: [benefitoptions.az.gov](http://benefitoptions.az.gov)**