ARIZONA
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

RETIREE BENEFITS ENROLLMENT GUIDE 2022

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Symbol Key

Important Info

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About This Guide

This guide is a summary of the benefits offered through the Arizona Department of Administration (ADOA) 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, 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 on **benefitoptions.az.gov/retiree**.

How To Enroll

- Use the "Retiree Enrollment 2022 Form" as posted on **benefitoptions.az.gov/forms**.
- Submit as instructed on the form.
- AFTER all required forms and supporting documents are submitted and approved, your benefits are effective the day after your coverage ends.
- Benefit and enrollment questions? Contact Benefit Services at 602-542-5008 or toll-free 800-304-3687.

Self-Service YES Portal

- View your benefit elections
- Change your address
- Keep your login updated so you don't have to reset your password at Open Enrollment by logging in every 90 days
- If your password has expired, you will need to reset it to access the site.
- Visit benefitoptions.az.gov/selfservice to learn more

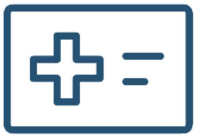
Problems accessing the YES Portal? Call the HRIS Service Desk at 602-542-4700. Please note, the Service Desk cannot reset your password.
Benefit and enrollment questions? Contact ADOA HR-Benefits at 602-542-5008 or toll-free 800-304-3687.

Contact Information Requirement

You ***are required*** to maintain and update your personal contact information such as mailing address, email and phone number, so we can communicate efficiently with you about your benefits. ***ADOA is not responsible for lost or misdirected communications.***

To change your contact information or view your elections at any time during the year, visit **benefitoptions.az.gov/selfservice**.

ID Cards



Medical Cards

- Current/new enrollees - You will receive a new ID card in 2022.

Dental Cards

- Current Cigna enrollees - The ID card you have will be the same for 2022.
- Current Delta Dental enrollees - You will receive a new card in late December.
- New enrollees/carrier change - You will receive a new card in late December.

If you need assistance before you can retrieve your card information, please contact 602-542-5008, toll-free at 1-800-304-3687 or benefits@azdoa.gov

Eligibility for Benefits

The following individuals are eligible to participate in the ADOA 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 spouse and eligible dependents of a retiree covered at the time of the retiree's death.
E. Surviving spouse of a former elected official 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 spouse and eligible dependents of an active member that is eligible to retire who is covered at the time of the employee's death.

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.

Supporting Documentation

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

- Spouse.
- Child: natural, adopted, step, foster, under court-ordered guardianship or court-ordered placement pending adoption.

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

Social Security Numbers

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

Qualified Life Events

After Open Enrollment, benefit changes can only be made for Qualified Life Events (QLE). Events that may be considered a QLE must **be submitted in writing to ADOA HR-Benefits within 31 days of the event.** A QLE event 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. You may only enroll in the coverage that was lost.
- Becoming a Return-to-Work Retiree.

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. Note that ex-spouses will be offered enrollment in COBRA coverage.

How to Submit Changes Based on a QLE

Visit **benefitoptions.az.gov/retireeQLE** and follow the instructions. All required supporting documents must be submitted. ***Failure to submit within 31 days will result in a loss of enrollment.***

Effective Date for Benefits

*Benefits are effective the first of the month **AFTER** all required forms and supporting documents are submitted and approved.*

Declining Coverage and Future Enrollment

- IF you DECLINE both medical and dental coverage, you FORFEIT future ADOA enrollment.
- IF you KEEP medical and/or dental coverage through ADOA, you may elect medical or dental coverage during future Open Enrollments.

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Eligibility for Benefits, cont.

Duplicate Enrollment Rules

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 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.

Also, you cannot enroll simultaneously as a single subscriber in the retiree medical, dental, and/or vision plans for the Arizona Department of Administration (ADOA) and the Arizona State Retirement System (ASRS).

If your child is a State and/or State University employee, he/she cannot be enrolled as a single subscriber in a State plan and as a dependent on your policy.

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 65 and disabled, you automatically receive Parts A and B after you receive disability benefits from Social Security for 24 months.
- Your Medicare ID card will be mailed three months before your 65th birthday or your 25th month of disability.

If you become eligible to receive Medicare, you **must** contact ADOA HR-Benefits and provide a copy of your Medicare ID card, your state benefits enrollment form and ADOA's Medicare Part D enrollment form. Forms are available on **benefitoptions.az.gov/forms**.

If you have Medicare Parts A and B, during Open Enrollment, you may elect the ADOA Plan offered at the "with Medicare" premium.

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 ADOA 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 ADOA Plan, the remaining 20% portion, less deductibles and/or copays, will be covered since ADOA becomes the secondary payor.

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 Part A only, you are still Medicare-eligible. If you decline Part B, you will be responsible for 80% of 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.**

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Medicare, cont.

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

NOTE: If you enroll in either a Medicare Part C or Part D plan other than ADOA's plan, you will not be eligible for ADOA Medical Coverage. For example: If you enroll in the Humana Part D Plan outside of the ADOA program, you are not eligible to enroll in any of the ADOA Medical Plans. You must notify ADOA if you enroll in a supplemental plan.

NOTE: You must submit a Vibrant Rx prescription drug plan enrollment form for each eligible dependent.

Network Options Outside Arizona

Both medical Networks offer statewide and nationwide coverage and are not restricted to regional areas. However, Plans may not have equal provider availability, so it is important to check with your medical carrier's website to determine if they are contracted with your selected medical Network. This applies to both Medicare and non-Medicare plans. Find the carrier websites listed on the back cover.

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/forms.** This applies to both Medicare and non-Medicare plans.

Save Money On Your Benefits

Preventive Care Services

Provided at $0 cost

Providing preventive services at no cost is based on the idea that getting preventive care, such as screenings and immunizations, can help you stay healthy. Preventive care may also help reduce your health care costs if you catch a problem early, or if an immunization keeps you from getting a serious illness. Examples of preventive care services:

- Wellness visits and standard immunizations.
- Screenings for blood pressure, cholesterol, and Type 2 diabetes.
- Mammograms, prostate exams, and colonoscopies.

Choose the Right Care For Your Needs

Save money and time instead of an ER visit

When you have to visit a provider, how do you know which one suits your situation? Matching the service to the need is key to stretching your healthcare dollars. You can start by talking to a registered nurse 24 hours a day, seven days a week when you call the Nurseline number on the back of your medical ID card. With this free service, you'll get help to decide if you need to visit your doctor, urgent care or the ER.

Save on Prescription Drugs - see pp. 9-10

Medical Plan

ADOA offers one medical Plan and two provider networks. Each Plan has identical benefits with the same premiums and deductibles, but different provider networks. See the full comparison on p. 8 and view the carrier websites listed on the back cover.

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.

Premium	Your premium is the amount you pay each month for your insurance coverage.
Deductible	At the start of each Plan Year, this is the amount you pay for the cost of your health care before your ADOA health plan will pay.
Copayment/ Coinsurance	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.
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 ADOA health plan will pay 100% of all your covered services for the remainder of the Plan Year.

Triple Choice Plan

The Triple Choice Plan (TCP) is based on three tiers. For a single premium, you have access to all three tiers as shown below. You'll save the most when you choose providers from Tier 1, a network of doctors and facilities that meet strict criteria for both quality and cost of care.

Features

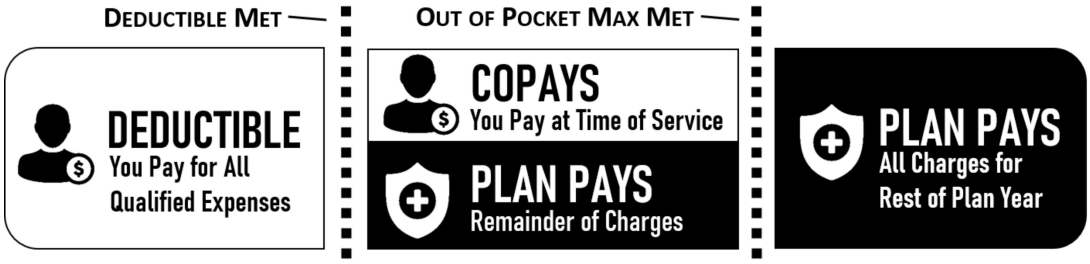
- **Carriers** – Blue Cross Blue Shield of AZ and UnitedHealthcare.
- **One Plan – The TCP is a single plan, you do not sign up for a specific tier.**
- **One Premium** – You pay a single premium to access any tier. See the premiums on p. 8.
- **Tier Access** – You can access all three tiers of providers and facilities. You control costs by choosing providers and facilities in the lowest tiers. See p. 8.
- **No Referrals** – You can still see the providers you know and trust—even if they aren't in Tier 1.
- **Deductibles** – The deductible for Tier 1 counts toward Tier 2 and vice versa. See the deductible amounts and how they work on p. 7.

Tiers		
Tier 1	**In-Network Providers**	Choose doctors & facilities from Tier 1 to get the highest level of benefits.
Tier 2	**In-Network Providers**	You receive in-Network benefits for using participating network care providers. For some services, you'll pay a higher out-of-pocket cost with a Tier 2 provider than you would with a Tier 1 provider.
Tier 3	**Out-of-Network Providers**	You will pay the highest cost for using out-of-Network providers, and may be responsible for paying the full provider-billed charges.

Continued on p. 7

Triple Choice Plan, cont.

Deductible Structure



Tier 1 Deductibles (apply to Tier 2)			Tier 2 Deductibles (apply to Tier 1)		
Member $200	**Family $400**		**Member $1,000**	**Family $2,000**	
Member meets **$200** in expenses then member begins paying copays	Any 1 Member meets **$200** in expenses ALONE then member begins paying copays	Other Members meet **$200** in expenses COMBINED then other members begin paying copays	Member meets **$1,000** in expenses then member begins paying copays	Any 1 Member meets **$1,000** in expenses ALONE then member begins paying copays	Other Members meet **$1,000** in expenses COMBINED then other members begin paying copays

Using the Triple Choice Plan

Using ONLY Tier 1 Providers

Tier 1 Deductible Met ($200) →

Tier 1	Tier 1		Tier 1	Tier 1	Tier 1
Office Visit	**Specialist Visit**		**Imaging**	**Surgery**	**Rehab**
January	February/March			April / May	

Save! The more **Tier 1** providers you use, the lower your deductible.

Using Tier 1 and Tier 2 Providers

Tier 2 Deductible Met ($1,000) →

Tier 1	Tier 2	Tier 1	Tier 1	Tier 2
Office Visit	**Specialist Visit**	**Imaging**	**Surgery**	**Rehab**
January	February/March		April / May	

How to Find Doctors and Facilities on the Triple Choice Plan

Blue Cross Blue Shield of AZ

- Visit **azblue.com/stateofaz**
- Click the "Find A Doctor" tab
- Choose the Triple Choice Plan
- Type in doctor or facility name
- Look for results with the Tier 1 blue ribbon

UnitedHealthcare

- Visit **whyuhc.com/stateofaz**
- Click the "Search for a Provider" tab
- Choose the Triple Choice Plan
- Type in doctor or facility name
- Look for results with the Tier 1 blue dot

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Medical Plan Premiums

The chart below is a comparison of in-Network and out-of-Network services. For a complete list of benefits coverage, view the Summary Plan Descriptions on **benefitoptions.az.gov**. Carrier contact information is on the back cover.

Triple Choice Plan - Premiums Per Month[1]			
Without Medicare		**With Medicare**	
Retiree Only	**$708.53**	**Retiree Only**	**$528.11**
Retiree + One	**$1,657.21**	**Retiree + One (both Medicare)**	**$1,049.05**
Retiree + Family	**$2,233.12**	**Retiree + One (one Medicare)**	**$1,223.49**
		Retiree + Family	**$1,393.16**

CARRIERS BlueCross BlueShield Arizona | United Healthcare

Coverage		Tier 1	Tier 2	Tier 3
Deductible	**Retiree Only**	$200	$1,000	$5,000
	Retiree + One **Retiree + Family**	$400	$2,000	$10,000
Out-of-Pocket Maximum[3,4]	**Retiree Only**	$7,350 **Tier 1 & Tier 2 Combined**		$8,700
	Retiree + One **Retiree + Family**	$14,700 **Tier 1 & Tier 2 Combined**		$17,400
Lifetime Maximum		Unlimited		Unlimited

Retiree Copayment / Coinsurance[2,3,4] After Applicable Deductibles Are Met			
Routine Preventive Services	$0	$0	$0
Office Visits (incl. Mental & Behavioral Health)			
Primary Care Physician (PCP)	$20	$20	50%
Specialist[5]	$40	$40	50%
OB/GYN	$20	$20	50%
Telemedicine Services	$20	$20	50%
Durable Medical Equipment	$0	$0	50%
Emergency Services[6]			
Ambulance	$0	$0	$0
Emergency Room	$200[6]	$200[6]	$200[6]
Urgent Care	$75	$75	50%
Inpatient Hospital Admission	$250	$250	50%
Outpatient Facility	$100	$100	50%
Laboratory and X-Ray Services[7]	$0	$0	50%
Major Radiology Services[8]	$100	$100	50%

1 For the NAU-only BCBS PPO Plan information, visit nau.edu/human-resources/benefits/benefit-plan-document/
2 Copayments apply after the Plan deductible is met. Copayments and deductibles apply to the Out-of-Pocket Maximum.
3 The Plan pays 100% after the out-of-pocket maximum is met.
4 If you choose a doctor who opts out of or does not accept assignment from Medicare, your doctor may be allowed to bill you for additional costs.
5 Includes Chiropractor and Therapy services.
6 Emergency Room copayment waived if admitted, but subject to hospital admission copayment.
7 See summary plan document for more information on covered services.
8 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 with your medical ID card.

MedImpact Formulary

The MedImpact formulary is the list of prescription drugs 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. Ask your pharmacist to verify the current copay when your prescription is filled. 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.

The pharmacy benefit has a three-tier formulary. The copay chart below is for medication bought via retail and mail order. Choosing a brand name over a generic may cost more. To see the formulary, visit **benefitoptions.az.gov**. Share the formulary with your doctor to ensure you are getting the best value, saving money for you and the State of Arizona.

COPAYS – PRE-MEDICARE PHARMACY PLAN

	Generic	Preferred Brand Name	Non-Preferred Brand Name
Retail 31 Days	**$15**	**$40**	**$60**
Retail 90 Days	**$37.50**	**$100**	**$150**
Mail Order 90 Days	**$30**	**$80**	**$120**

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 the pharmacy vendor.

Non-Covered Drugs

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

Coordination of Pharmacy Benefits

ADOA does not coordinate pharmacy benefits.

Out-of-Network & International

The cost of prescriptions filled out-of-Network will not be reimbursed. No international pharmacy services are covered. Fill your prescriptions before your trip and take a copy of your prescriptions with you. No coverage for lost, stolen, or damaged medication.

Prescription Drug Savings Programs

Three easy ways to save.

- **90-Day Supply** – If you require medications on an ongoing basis, you can obtain a 90-day supply at a local retail pharmacy for two and a half copays.
- **Mail Order Service** – MedImpact Direct Mail is a convenient and less-expensive service for members who require medications for ongoing health conditions or who will be in an area with no participating retail pharmacies for an extended period.
- **Discount Program** – You may be able to obtain a discount on certain brand and generic medications that are not covered by your ADOA prescription drug plan, through the discount program. Pre-Medicare members can present their medical ID card, and Medicare members can present their prescription drug plan ID card at any participating pharmacy, along with their

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Pre-Medicare Prescription Plan, cont.

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 the pharmacy chosen and the type of medication. *Note: Medicare has neither reviewed nor endorsed this information.*

Specialty Pharmacy Program – The MedImpact Direct Specialty program assists you with monitoring your medication needs and providing 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. Contact SpecialtyServiceCenter@medimpactdirect.com, 877-391-1103 (TTY: 711), open 8 am to 8 pm Eastern Time, Mon-Fri.

Medicare Prescription Drug Plan

VibrantRx is our Prescription Drug Plan (PDP) for Medicare-eligible retirees and Medicare-eligible dependents. The mail-order and specialty pharmacy programs are with MedImpact Direct.

Auto Enrollment – If you elect any ADOA Medical Plan, you pay a combined medical/pharmacy premium and will be automatically enrolled in ADOA's Prescription Drug Plan with Vibrant Rx.

Medicare Part C or Part D – If you enroll in either a Medicare Part C or Part D plan other than ADOA's pharmacy plan (VibrantRx for the State of Arizona Benefit Options), you will not be eligible for ADOA medical coverage. For example: If you enroll in the Humana Part D Plan outside of the ADOA program, you are not eligible to enroll in any of the ADOA Medical Plans.

IMPORTANT – You will lose your ADOA medical and prescription drug coverage if you decide not to be enrolled in this plan, or if you are disenrolled because of coverage in another Medicare prescription drug plan or Medicare Advantage plan. If you are the retiree, your covered spouse and children will also lose medical and prescription drug coverage. You may not be permitted to re-enroll in the future if you are not also enrolled in dental coverage, see "Eligibility for Benefits" on p. 3.

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 ADOA's pharmacy vendor (VibrantRx).

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.

Vibrant Rx 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 the plan's four-tier formulary with copays listed on p. 11. Generic and Preferred 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, add prior authorization, quantity limits and/or step therapy restrictions, or move a drug to a higher cost-sharing tier, affected members will be notified at least 30 days before the change effective date. A brand name drug may be immediately removed if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When adding the new generic drug, the brand name drug may remain on our Drug List, but in a different cost-sharing tier or with new restrictions.

Continued on p. 11

Medicare Prescription Plan, cont.

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 VibrantRx.

Step Therapy

Step therapy promotes the use of safe, cost-effective and clinically appropriate medications. This requirement encourages you to try less costly but just as effective drugs first 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.

Quantity Limits

For certain drugs, VibrantRx limits the amount of the drug that will be covered. You can see what medications are on the formulary and get additional information about drug restrictions, by contacting VibrantRx or visiting **myvibrantrx.com** or **benefitoptions.az.gov**. Sharing the formulary with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

COPAYS - MEDICARE PRESCRIPTION DRUG PLAN

Tier Number / Name	Retail (up to 31-day supply)	Mail Order (up to 90-day supply)	Choice90 Rx 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 Drug	**$60**	**$120**	**$150**
Tier 4: Specialty - Over $830[1]	**$60**	Not available	Not available

1 Total medication cost.

Dental Plans

ADOA offers two dental plan options with Cigna and Delta Dental. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit **benefitoptions.az.gov**. Carrier contact information and policy numbers are on the back cover.

Cigna Dental Care Access

A Dental Health Maintenance Organization Plan (DHMO) 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.

Residents of these states cannot enroll in the Cigna DHMO: AK, ME, MT, NH, NM, ND, PR, SD, VT, USVI 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 for non-preventive care Class 1 procedures.

Continued on p. 12

Dental Plan Premiums

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 benefits coverage and out-of-Network services, view the Summary Plan Descriptions on **benefitoptions.az.gov**. Carrier contact information and policy numbers are on the back cover.

Plan Type		Dental Care Access[1]	PPO Plus Premier
Carrier		Cigna	DELTA DENTAL
Dental Premiums Per Month			
Retiree Only		**$8.52**	**$35.94**
Retiree + Adult		**$17.04**	**$75.63**
Retiree + Child		**$16.59**	**$60.48**
Retiree + Family		**$25.54**	**$118.26**
Retiree Cost For Care			
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[2]
	Emergency Exam	$0 (treatment of pain) $55 (after hours office visit)	$0 - Deductible Waived[2]
	Prophylaxis/Cleaning	$0	$0 - Deductible Waived[2]
	Fluoride Treatment	$0	$0 (to age 18) - Deductible Waived[2]
	X-Rays	$0	$0 - Deductible Waived[2]
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		$490	50%
Implant Body		$1,025	50%[3]
Orthodontia		24-mo. treatment fee, see charge sched	50%[4]
Other Services	**TMJ Exam/Services**	$330 Occlusal orthotic device	Not covered
	External Bleaching	$165	Not covered

1 Residents of these states cannot enroll in the Cigna DHMO: AK, ME, MT, NH, NM, ND, PR, SD, VT, USVI and WY.

2 Routine visits, exams, 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%.

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

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

Vision Plan

ADOA offers the Avesis vision plan. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit **benefitoptions.az.gov**. Carrier contact information and policy numbers are on the back cover.

Avesis Advantage Program

This program is voluntary insurance—you pay the entire premium annually. It provides yearly coverage for a routine eye exam, glasses or contact lenses with extensive provider access throughout the state. Discounts on additional optical purchases are unlimited.

Availability

Vision coverage is available only if you have medical or dental coverage with ADOA.
It is not available as a stand-alone policy. It is not subsidized by ASRS, nor deducted from your pension.

Quarterly Billing

Avesis will bill you directly for the quarterly premium on Jan. 14, Mar. 18, Jun. 20 and Sep. 20. Failure to remit your premium payment to Avesis by the due date will result in cancellation of your vision benefits. There are no premium refunds for dropped coverage.

Plan Services and Premiums – The chart below lists in-Network services only. For a complete list of other benefits coverage, view the Plan Policy on **benefitoptions.az.gov**.

Vision Plan Premiums – Quarterly		Advantage Program
Retiree Only		**$11.16**/QUARTER
Retiree + Spouse		**$37.08**/QUARTER
Retiree + 1 Child		**$36.72**/QUARTER
Retiree + Family		**$46.20**/QUARTER
Retiree Cost For Care		
Routine Eye Examination Copay (One per Plan Year)		$10
Optical Materials Copay (Lenses & Frame Combined)		$0
Standard Spectacle Lenses (One per Plan Year)	**Single Vision Lenses**	Covered in full
	Bifocal Lenses	Covered in full
	Trifocal Lenses	Covered in full
	Lenticular Lenses	Covered in full
	Progressive Lenses	Uniform discounted fee schedule
	Select Lens Tints/Coatings	Uniform discounted fee schedule
Frame (One per Plan Year)		Up to $150 retail value ($50 wholesale cost allowance)
Contact Lenses in lieu of frame/spectacle lenses Includes fitting/follow-up/materials	**Elective**	10-20% discount & $150 allowance
	Medically Necessary	Covered in full
LASIK/PRK		Up to $750
Target Optical Frame Discount (locations inside Target Stores)		$25

Understanding Your Premium

Premium Payments

You are responsible for paying all premiums by the due date. Failure to pay by the due date 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 prescription drug 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 (shown as "HI Supplement" by ASRS). If the premium deduction has not occurred or the deduction is incorrect by your first full (not the estimated) pension check, immediately contact ADOA HR-Benefits 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.

No basic premium benefit subsidy is provided to:

- Retirees in the University Optional Retirement Plan
- PSPRS or CORP members on Long-Term Disability (LTD)

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

For subsidy questions, see the back cover for ASRS or PSPRS/EORP/CORP contact information.

To determine your basic premium benefit subsidy in the worksheet on p. 15, 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).
- 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 HR-Benefits at 602-542-5008.

Vision Premiums

Avesis will bill you directly for the quarterly premium on January 14, March 18, June 20 and September 20. Failure to remit your premium payment to Avesis by the due date on the invoice will result in cancellation of your vision benefits. There are no premium refunds for dropped vision coverage.

Premium Benefit Subsidy Worksheet

The worksheet below will help you determine the amount of insurance premiums that will be deducted from your monthly pension (shown as "HI Supplement" by ASRS). 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 HR-Benefits. Before you fill out this worksheet, see "Understanding Your Premium" p. 14.

NET MONTHLY HEALTH INSURANCE COST WORKSHEET

A) Your monthly medical plan premium *(see p. 8)* A _____

\+

B) Your monthly dental plan premium *(see p. 11)* B _____

=

C) Total Premium (A + B) C _____

–

D) Your Basic Premium Benefit Subsidy *(see chart below)* D _____

=

E) Your Net Premium (C – D) E _____

	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, other(s) without	Retiree & Dependent with Medicare, other(s) without
ARIZONA STATE RETIREMENT SYSTEM (ASRS) MEMBERS						
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
ELECTED OFFICIALS' RETIREMENT PLAN (EORP) MEMBERS						
5.0 - 5.9	$90.00	$156.00	$60.00	$102.00	$129.00	$129.00
6.0 - 6.9	$112.00	$195.00	$75.00	$127.50	$161.25	$161.25
7.0 - 7.9	$135.00	$234.00	$90.00	$153.00	$193.50	$215.00
8.0+	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
CORRECTIONS OFFICER RETIREMENT PLAN (CORP) MEMBERS						
Not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM (PSPRS) MEMBERS						
Not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00

Plan Documents and Legal Notices

If you participate or enroll in any of the ADOA Plans, you are entitled to the following plan documents and legal notices as summarized below. Detailed information is available to you electronically on **benefitoptions.az.gov/resources**.

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 ADOA health coverage available.
Summary of Benefits and Coverage & 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 & Policies	Provide 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 ADOA 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 ADOA 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 ADOA Program about PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the ADOA 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 & 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' & 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 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.
No Surprises Act	This notice provides information regarding your rights and protections against surprise medical bills. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Contact Information

Plan	Vendor Name	Phone	Website | Email | Policy Information
ADOA Benefit Options	ADOA HR-Benefits PO Box 6548 Phoenix, AZ 85005	602-542-5008 800-304-3687 FAX: 602-542-4744	Info: benefitoptions.az.gov/retiree Enroll: benefitoptions.az.gov/retiree Email: benefits@azdoa.gov
Dental	Cigna	800-968-7366	view.ceros.com/cigna/stateofaz/ Group: 2500541
	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com/adoa Group: 77777-0000
Flu Shots	ADOA HR-Benefits	602-771-9355	wellness.az.gov/flushot wellness@azdoa.gov
Long-Term Disability Plans - LTD	Broadspire Services, Inc. ASRS	877-232-0596	azasrs.gov/content/long-term-disability
	MetLife PSPRS, EORP, CORP & ORP	866-264-5144	Info: metlife.com/StateofArizona/ Claim: mybenefits.metlife.com/stateofarizona
Medicare	Medicare	800-633-4227 TTY: 877-486-2048	Info: medicare.gov Accounts: mymedicare.gov
Medical	Blue Cross Blue Shield of AZ	866-287-1980	Info: azblue.com/stateofaz Member: azblue.com Group: 30855
	UnitedHealthcare	800-896-1067	Info: whyuhc.com/stateofaz Member: myuhc.com Group: 705963
Prescription Drug Plan	MedImpact (Pre-Medicare) MedImpact Direct Mail MedImpact Direct Specialty	888-648-6769 855-873-8739 877-391-1103 TTY: 771	medimpact.com/plan/adoa Generic Login to see Formulary Username: EPOADOA3 Password: Arizona202! Rx BIN: 003585 Rx PCN: 28914
	Vibrant Rx (Medicare Part D)	844-826-3451	myvibrantrx.com/stateofaz Rx BIN: 015574 Rx PCN: ASPROD1
Retirement Systems	Arizona State Retirement System (ASRS)	602-240-2000 800-621-3778	azasrs.gov
	Public Safety Personnel Retirement System (PSPRS) Elected Officials (EORP) Corrections Officer (CORP)	602-255-5575 877-925-5575	psprs.com
Vision	Avesis, Inc.	888-759-9772	avesis.com/arizona Policy: 11001-2178

ARIZONA
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES