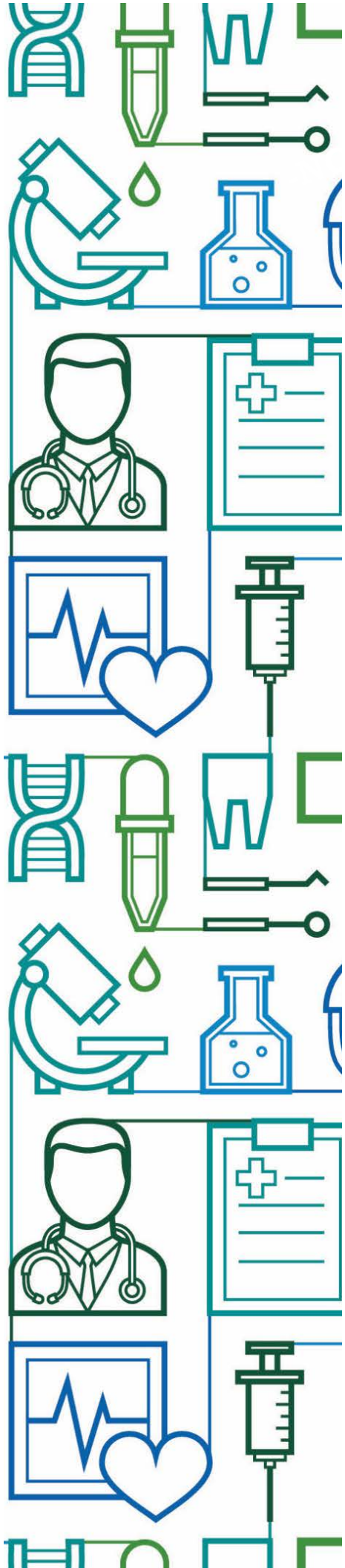


**Arizona Department of Administration
Benefit Services Division
Benefit Options**

**2018
RETIRED
STATE EMPLOYEE
BENEFITS
ENROLLMENT
GUIDE**

ARIZONA
DEPARTMENT OF ADMINISTRATION
BENEFITS



BENEFIT EXPOS

2018 OPEN ENROLLMENT OCTOBER 30 - NOVEMBER 17

MEET OUR CARRIER REPRESENTATIVES
RECEIVE PERSONAL ASSISTANCE WITH YOUR ENROLLMENT

TEMPE

WED, OCT 25 10 a.m. - 2 p.m.	Tempe Historical Museum 809 E Southern Ave Community Rm	Active/Retired Employees	Flu Shots Available
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PHOENIX

MON, OCT 30 10 a.m. - 2 p.m.	ADOT 1130 N 22 nd Av Grand Canyon Rm	Active/Retired Employees	Flu Shots Available
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TUE, OCT 31 10 a.m. - 2 p.m.	ADOA 100 N 15 th Ave Lobby	Active/Retired Employees	Flu Shots Available
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TUCSON

WED, NOV 1 10 a.m. - 2 p.m.	Tucson Government Offices State of Arizona Regional Complex 400 W Congress St Atrium	Active/Retired Employees	Flu Shots Available
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PEORIA

MON, NOV 6 10 a.m. - 2 p.m.	Rio Vista Recreation Center 8866 W Thunderbird Rd Lakeview Rm	Active/Retired Employees	Flu Shots Available
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FLAGSTAFF

MON, NOV 13 10 a.m. - 2 p.m.	High Country Conf. Center - NAU 201 W Butler Ave Doyle-Rees Rm	Active/Retired Employees	Flu Shots Available
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Reasonable accommodations will be provided to individuals with disabilities.
Contact benefitsissues@azdoa.gov or 602-542-5008 prior to the event.

ARIZONA
DEPARTMENT OF ADMINISTRATION
BENEFITS

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

Email: benefitsissues@azdoa.gov
Web: benefitoptions.az.gov



8/4/18 4:17

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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 www.benefitoptions.az.gov.

Personal Contact Information Update

All retirees electing benefits for 2018 **are required** to validate and update their personal contact information, such as email and phone number so we can communicate efficiently with you about your benefits.

Benefit Changes for 2018

The 2018 Benefits Plan Year is January 1 - December 31, 2018. Important changes are being made effective January 1, 2018, which will impact all retirees who elect ADOA benefits. See below for a quick overview of what is changing for 2018. For a full explanation, please see the pages noted.

Copay Changes, pgs. 8, 9.

For the first time since 2009, copayments are increasing for medical and prescription drugs.

New Dental HMO Provider, pg. 12.

Cigna Dental is the new Dental Health Management Organization carrier, replacing Total Dental Administrators. On this new plan, premiums have been reduced.

Medical Plan Premiums, pg. 8.

Premiums for all medical plans have increased for the first time since 2011.

Preventive Care at \$0 copay, pg. 7.

A wide range of routine screenings and medications are now available at no cost.

Open Enrollment Dates & Notices

OPEN ENROLLMENT DATES

Oct. 30 at 8 a.m.

to

Nov. 17 at 5 p.m. (AZ Time)

All benefit elections become effective January 1, 2018.



NOTICE ACTION IS REQUIRED

If you do not make medical, dental and/or vision elections by the Open Enrollment deadline Nov. 17 at 5 p.m. Arizona time, you will no longer have benefits after December 31, 2017.

IF you DECLINE medical, dental and/or vision coverage, you will FORFEIT the ability to re-enroll with ADOA in the future.

IF you KEEP ADOA medical, dental and/or vision coverage, you may elect our coverage during future Open Enrollments.

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 default password to continue.**

TO CHANGE YOUR PASSWORD: Enter your current password and choose a new one


User Name

Current Password

New Password

Confirm Password

OK

- 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 an **upper-case** letter.
 - Must have a **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:

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

10) A new login screen will appear:

HRIS/YES Portal Login

User Name

Password

Login

[Forgot/Change Password](#) [Frequently Asked Questions](#)





Problems or questions? Please contact the HRIS Help Desk:
E-mail: hrishelpdesk@azdoa.gov Phone: 602-542-4700

- 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 new 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.

Web Browsers

Microsoft Internet Explorer (IE) and Google Chrome are the only certified browsers for Open Enrollment.

If you get a blank screen in Explorer:

- On your keyboard's top row, **HIT  KEY**.
- In the black bar, **CLICK NETWORK**.
- In the window that opens, on the top bar, **CLICK** on these two symbols:

- **HIT  KEY** to close the window.
- At the top of your browser window, **HIT ** (refresh button) to open www.yes.az.gov.

Problems with the technology?

Contact the Y.E.S. Help Desk at 602-542-4700.

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 covered at the time of the employee's death.

Dependents

An eligible dependent includes:

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

Supporting Documentation: For dependents who are being enrolled for the first time, AND fall into the following categories:

- Stepchild
- Court-ordered guardianship
- Placed in your home by court order pending adoption
- Different last name

You will need to submit a copy of the birth certificate or marriage license within 14 days to the ADOA Benefit Services Division to complete processing of benefits coverage. **Failure to provide documentation will result in a loss of enrollment.**

Social Security Numbers: By the Mandatory Insurer Reporting Law, **retirees are required to provide Social Security Number (SSN) for all dependents enrolled** in the Benefit Options Plan. This information is required to prepare IRS Form 1095-C under the Patient Protection and Affordable Care Act (ACA) provisions. If you do not provide all SSNs to the State of Arizona accurately, you may have to pay a penalty to the IRS.

Qualifying Life Events

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

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

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.

Eligibility, cont.

Dual Coverage

For those state/university employees or retirees (Person 1) with a spouse/dependent who is also a state/university employee or retiree (Person 2), you may choose one of the following enrollment options:

Option A: Person 1 may elect to include Person 2 on their state/university coverage or vice versa.

Option B: Person 1 and Person 2 may each elect their own state/university coverage.

You cannot choose Option A and B at the same time. If you do enroll this way, you will be notified to correct it. No refunds will be given for employee contributions or retiree premiums paid while under dual coverage.

Medicare

Medicare is 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 Part B.

- If you receive benefits from Social Security, you will receive Parts 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.

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 pays 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 does not accept assignment from Medicare, your doctor may be allowed to bill you for additional costs up to the Medicare limiting charge.

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

Medicare Crossover is a program by which 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	
Medicare Part A (Hospital Insurance)	Helps cover inpatient care in hospitals, skilled nursing facility, 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)	A health coverage choice 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.
If you enroll in either a Medicare Part C or Part D plan other than Medicare GenerationRx, 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.	

NOTES



Medical Plans

Benefit Options offers two types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, copayments, deductibles, and provider networks. See a full comparison on pg. 8.

EPO (Exclusive Provider Organization)

- Services must be obtained from an in-Network provider.
- In-Network preventive services are covered at 100%.
- Out-of-Network services are only covered in emergency situations.

PPO (Preferred Provider Organization)

- 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.

Preventive Care

Starting in 2018, you and your family may be eligible for some important preventive services with **no copay**. For example, depending on your age, you may have access — at no cost — to preventive services such as:

- Blood pressure, diabetes, and cholesterol tests.
- Many cancer screenings, including mammograms and colonoscopies.
- Seasonal flu and pneumonia immunizations.

More information will be available in the 2018 editions of the *Benefit Options Benefit Guide* and the *Summary of Benefits and Coverage* available in January on **benefitoptions.az.gov**.



Medical Management Services

When you enroll with Benefit Options medical insurance, you get more than basic healthcare coverage. You get personalized medical management programs at no additional cost.

The medical Network you select during open enrollment serves their specific members. Professional, experienced staff work on your behalf to make sure you are getting the best care possible and that you are properly educated on all aspects of your treatment.

Network Options Outside of Arizona

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

Transition of Care

If you are undergoing an active course of treatment with a doctor not contracted with your new selected Network, you can apply for Transition of Care (TOC). Forms are available at **benefitoptions.az.gov**

NurseLine

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

Aetna: 1-800-556-1555

BCBSAZ: 1-866-422-2729, Opt. 9

Cigna: 1-800-968-7366

UnitedHealthcare: 1-800-401-7396

Medical Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions at benefitoptions.az.gov. For the first time since 2009, there will be an increase in copays.

		EPO PLAN ¹	PPO PLAN ⁵
Medical Premiums Per Month			
Without Medicare			
Retiree Only		\$652.30	\$907.50
Retiree + One		\$1,525.70	\$2,209.90
Family		\$2,055.90	\$2,416.70
With Medicare			
Retiree Only		\$486.20	\$867.90
Retiree + One (both Medicare)		\$965.80	\$1,733.60
Retiree + One (one Medicare)		\$1,126.40	\$1,914.00
Family		\$1,282.60	\$2,178.00
		IN-NETWORK	IN-NETWORK
		Aetna, BCBSAZ, Cigna UnitedHealthcare	Aetna, BCBSAZ UnitedHealthcare
Plan Year Deductible²	Retiree Only	None	\$500
	Retiree + One	None	\$1,000
	Family	None	\$1,000
Out-of-Pocket Maximum^{2,3}	Retiree Only	\$7,350	\$1,000
	Retiree + One	\$14,700	\$2,000
	Family	\$14,700	\$2,000
Lifetime Maximum		Unlimited	Unlimited
Retiree Copayment / Co-Insurance²			
Behavioral Health	Inpatient	\$250	\$250
	Outpatient	\$20	\$20
Chiropractic		\$40	\$40
Durable Medical Equipment		\$0	\$0
Emergency ER copay waived if admitted	Ambulance	\$0	\$0
	ER	\$200	\$200
	Urgent care	\$75	\$75
Inpatient Hospital Admission		\$250	\$250
Laboratory		\$0	\$0
Office Visits	PCP	\$20	\$20
	Preventive	\$0	\$0
	Specialist ⁴	\$40	\$40
	OB/GYN	\$20	\$20
Outpatient Services		\$100	\$100
Radiology		\$100	\$100

¹ If member goes out-of-Network, there is no coverage, except in emergency situations.

² Copayments apply after the Plan deductible is met. Copayments and Deductible apply to the out-of-pocket maximum.

³ The Plan pays 100% after the out-of-pocket maximum is met.

⁴ All Mayo Clinic Primary Care Physicians (PCP) are contracted with Cigna HealthCare as specialists. Therefore, all primary care services administered by Mayo PCPs will be subject to the \$40 specialist copayment.

⁵ For the NAU only BCBS PPO Plan details, see your blue Retiree Enrollment Form or visit nau.edu/human-resources/benefits/benefit-plan-document/

Pre-Medicare Prescription Drug Plan

MedImpact is the prescription drug provider for all medical Plans. 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 what medications are on the formulary, visit the Benefit Options Website at benefitoptions.az.gov or contact the MedImpact Customer Care Center and ask to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona

Pre-Medicare Prescription Drug Copays

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

Medical Prior Authorization

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

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 mail order 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.

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 injectionable drugs and other therapies requiring complex administration methods and special storage, handling, and delivery.

Specialty medications are limited to a 31-day supply and may be obtained only at a Walgreens retail pharmacy or through the **Walgreens Specialty Central Fill facility by calling 1-888-782-8443.**

Pre-Medicare Prescription Drug Plan, cont.

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.

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.

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 Medicare GenerationRx 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 type of medication. *Medicare has neither reviewed nor endorsed this information.*



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 Medicare GenerationRx for Benefit Options. Medicare GenerationRx in an Employer Prescription Drug Plan (PDP) for Medicare eligible retirees and Medicare eligible dependents.

Medicare GenerationRx

Transamerica Life Insurance Company is a PDP plan sponsor with a Medicare contract that sponsors Medicare Generation Rx. Enrollment in this Plan



depends on Transamerica's contract renewal.

All Medicare GenerationRx communications will include the Medicare GenerationRx logo.

Medicare Part C or Part D

If you enroll in either a Medicare Part C or Part D plan other than Medicare GenerationRx, 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 Medicare GenerationRx.

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 Medicare GenerationRx's four-tier formulary. Generic and brand name medications are available at a lower cost.
(continued on next page)

Medical Prescription Drug Plan, cont.

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. 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. You or your physician will need to obtain approval from Medicare GenerationRx before the Plan can cover these drugs.

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, Medicare GenerationRx limits the amount of the drug that Medicare GenerationRx will cover.



To see what medications are on the formulary and get additional information about drug restrictions, go to medicaregenerationrx.com/stateofaz or call **Medicare GenerationRx’s Member Services at 1-877-633-7943. TTY users: call 711.** Member Services is available 24 hours a day, 365 days a year. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State.

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 \$670¹	\$60	Not available	Not available

¹ 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.



Cigna Dental HMO

A Dental Health Maintenance Organization Plan with no deductibles or dollar limits. Services must be obtained from an in-Network provider. Out-of-Network services are only covered in emergency situations. This carrier replaces Total Dental Administrators (TDA).

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 Plans, cont.

Dental Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only and 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.

		Cigna	Delta Dental
Plan Type		DHMO	PPO
<u>Dental Premiums Per Month</u>			
Retiree Only		\$8.52	\$35.94
Retiree + Adult		\$17.04	\$75.63
Retiree + Child		\$16.59	\$60.48
Retiree + Family		\$25.54	\$118.26
<u>Retiree Cost For Care</u>			
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 ¹
	Emergency Exam	\$0 (treatment of pain) \$55 (after hours office visit)	\$0 - Deductible Waived ¹
	Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived ¹
	Fluoride Treatment	\$0	\$0 (to age 18) - Deductible Waived ¹
	X-Rays	\$0	\$0 - Deductible Waived ¹
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% ²
ORTHODONTIA		Coverage for Adults & Children 24-month treatment fee (see charge schedule)	See lifetime
OTHER SERVICES	TMJ Exam/Services	\$330 Occlusal orthotic device	Not covered
	External Bleaching	\$165	Not covered
<p>¹ Routine visits, exams, and cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.</p> <p>² 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.</p>			

Vision Plans

Avesis is the Benefit Options vendor for the vision programs. Benefits are subject to all provisions, terms and conditions of the policy. **Vision coverage is available only if you have medical or dental coverage with Benefit Options; it cannot be purchased as a stand-alone policy.** For more information, visit the Benefit Options Website at benefitoptions.az.gov.

Avesis Advantage Program

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

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.

		Advantage Program	Discount Program ¹
VISION PREMIUMS PER MONTH			
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			
Examination Copay		\$10 copay	20% discount
Optical Materials Copay (Lenses & Frame Combined)		\$0 copay	Refer to schedule below
Standard Spectacle Lenses	Single Vision Lenses	Covered-in-full	20% discount
	Bifocal Lenses	Covered-in-full	20% discount
	Trifocal Lenses	Covered-in-full	20% discount
	Lenticular Lenses	Covered-in-full	20% discount
	Progressive Lenses	Uniform discounted fee schedule	20% discount
	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 ²	10-20% discount
	Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		Up to \$600	10-20% discount
¹ Members that choose not to enroll in the Advantage Vision Care Program will automatically be enrolled in the Discount Plan at no cost. ² Includes 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.



- **First:** 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.
- **Second:** 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 regarding your subsidy, contact ASRS by visiting azasrs.gov or calling 602-240-2000 or 1-800-621-3778 if outside of Phoenix. For hearing impaired, call TTY 602-240-5333.

Understanding Your Premium, cont.

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.

Net Monthly Health Insurance Cost Worksheet		
Your monthly medical plan premium (<i>see pg. 8</i>)	A	
	+	
Your monthly dental plan premium (<i>see pg. 12</i>)	B	
Total Premium (A + B)	C	
	-	
Your Basic Premium Benefit Subsidy (<i>see chart below</i>)	D	
	=	
Your Net Premium (C - D)	E	

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
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	\$112.50	\$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
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)						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

Important Plan Information for Participants & Beneficiaries

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

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

Legal Notices	Summary Description
Health Insurance Portability & Accountability Act (HIPAA)	This notice protects the privacy of individually identifiable health information and establishes who can use the personal health information and how it can be used.
Medicare Notice of Creditable Coverage	This notice has information about the prescription drug coverage through the Benefit Options program for participants with Medicare. It explains the options you have under Medicare prescription drug coverage (Medicare Part D) and can help you decide whether you want to enroll.
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice	Notice of the Arizona Benefit Options Program COBRA Coverage. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.
Patient Protection & Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program about PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the Benefit Options health plan without waiting for the next open enrollment period if you request a QLE change within 31 days of an event for loss of other coverage or birth, adoption or placement for adoption. Also, you may enroll if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.
Women's Health and Cancer Rights Act (WHCRA)	This notice describes mandated benefits for mastectomy-related services and informs individuals that services are available for such treatment and services, including reconstructive surgery, prosthesis, and lymphedema treatment, and explains how to obtain a detailed description of the mastectomy-related benefits under the Plan.
Newborns' and Mothers' Health Protection Act of 1996	This notice provides that health plans and issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for prescribing a length of stay not more than 48 hours (or 96 hours). The plan may not require that a provider obtain authorization from the Plan for prescribing the minimum length of stay.
Wellness Program	This notice requires employers 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.

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Contact Information

Benefit Options	ADOA Benefit Services Division 100 N. 15th Avenue, Suite 260 Phoenix, AZ 85007	602-542-5008 800-304-3687	benefitoptions.az.gov
Medical Plans	Aetna	866-217-1953	aetnastateaz.com
	Blue Cross Blue Shield of AZ	866-287-1980	azblue.com
	Cigna	800-968-7366	cigna.com/stateofaz
	UnitedHealthcare	800-896-1067	stateofazwelcometouhc.com/
Pharmacy Plans	MedImpact	888-648-6769	benefitoptions.az.gov
	Medicare GenerationRx Employer PDP	877-633-7943	medicaregenerationrx.com/stateofaz
Dental Plans	Cigna	800-968-7366	cigna.com/stateofaz
	Delta Dental of Arizona	602-588-3620 866-9STATE9	deltadentalaz.com
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com
Retirement Systems	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"> • Public Safety Personnel Retirement System (PSPRS) • Elected Officials Retirement Plan (EORP) • Corrections Officer Retirement Plan (CORP) 3010 E. Camelback Rd, #200 Phoenix, AZ 85016	602-255-5575 877-925-5575	psprs.com
Wellness (Flu Shots)	ADOA Benefit Services Division 100 N. 15th Avenue, Suite 260 Phoenix, AZ 85007	602-771-9355	benefitoptions.az.gov/wellness

ARIZONA

DEPARTMENT OF ADMINISTRATION
BENEFITS

**100 N 15th Ave, Ste. 260
Phoenix, AZ 85007**

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

**Email: benefitsissues@azdoa.gov
Web: benefitoptions.az.gov**

