

ARIZONA

DEPARTMENT OF ADMINISTRATION
BENEFITS

RETIRED STATE EMPLOYEE BENEFITS ENROLLMENT GUIDE 2020

ARIZONA DEPARTMENT OF ADMINISTRATION
BENEFIT SERVICES DIVISION

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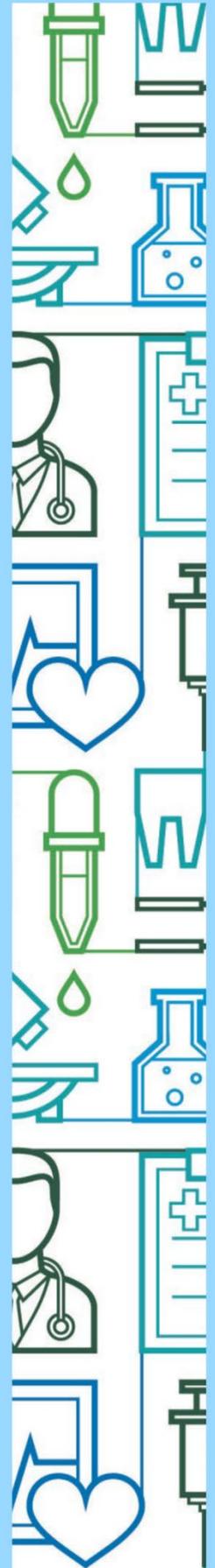
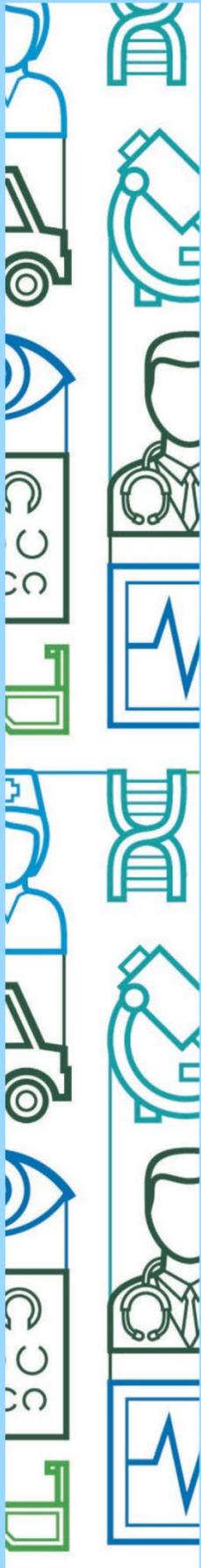


Table of Contents

About This Guide.....	2	Coordination of Pharmacy Benefits.....	8
Benefit Expos	Error! Bookmark not defined.	Choice90.....	8
Flu Shots.....	Error! Bookmark not defined.	Mail Order Service	8
Open Enrollment - Do You Need To Enroll?	Error! Bookmark not defined.	iRx Discount Program.....	9
Benefit Changes for 2020.....	2	Out-of-Network & International.....	9
New ID Cards.....	2	Medicare Prescription Drug Plan.....	9
Contact Information Requirement	2	VibrantRx - Medicare Prescription Drug Plan.....	9
How to Enroll	Error! Bookmark not defined.	Auto Enrollment.....	9
User Name and Password.....	2	Medicare Part C or Part D.....	9
Eligibility for Benefits	3	Part D-Income Related Monthly Adjustment Amount	9
Dependents	3	Formulary.....	9
Supporting Documentation	3	Prior Authorization	10
Social Security Numbers	3	Step Therapy Program	10
Qualified Life Events	3	Quantity Limits.....	10
Divorce and Ex-Spouse Coverage	3	Copays - Medicare Prescription Drug Plan	10
Effective Date for Benefits.....	3	Dental Plans	10
Declining Coverage and Future Enrollment	3	Dental Plan Premiums & Copays	11
Duplicate Enrollment Rules	4	Vision Plan.....	12
Medicare	4	Quarterly Billing	12
Medicare Crossover Program	4	Plan Comparison & Premiums	12
Network Options Outside of Arizona.....	5	Understanding Your Premium	13
Transition of Care.....	5	Premium Payments.....	13
Save Money on Your Benefits.....	5	New Retirees/LTD Members.....	13
Preventive Care Services.....	5	Premium Benefit Subsidy.....	13
Choose the Right Care For Your Needs.....	5	Non-Direct Pay Members	13
Medical Plans	6	Direct Pay Members	13
Medical Plan Premiums & Copays	7	Vision Premiums	13
Pre-Medicare Pharmacy Plan.....	8	Basic Premium Benefit Subsidy Worksheet.....	14
Formulary.....	8	Plan Documents & Legal Notices	15
Copays – Pre-Medicare Pharmacy Plan	8	Contact Information for Carriers	16
Specialty Pharmacy Program	8		
Prior Authorization	8		
Non-Covered Drugs.....	8		

SYMBOL KEY



IMPORTANT INFO
Policies you need to know



WAYS TO SAVE
Stretch your healthcare dollars

About This Guide

This guide is a summary of the benefits offered through the State of Arizona Benefit Options program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by 26 U.S. Code § 125, 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 under the Retiree tab.

Benefit Changes for 2020

❑ MEDICAL: DEDUCTIBLE INCREASES, P. 9

- **EPO Deductibles** - \$200 retiree/\$400 family.
- **PPO Deductibles** - In-Network: \$1,000 retiree/\$2,000 family,
Out-of-Network: \$2,000 retiree/\$4,000 family.

❑ MEDICAL: PPO OUT-OF-POCKET MAXIMUM INCREASES, P. 9

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

How to Enroll

Via Enrollment Form

- Visit benefitoptions.az.gov/forms. Submit as instructed on the form.
- Benefits are effective the first of the month **AFTER** all required forms and supporting documents are submitted and approved.

New ID Cards



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

Contact Information Requirement



You ***are required*** to update your personal contact information, such as mailing address, email and phone number, so we can communicate efficiently with you about your benefits. To change your contact information, call Benefit Options at 602-542-5008, or toll-free 1-800-304-3687. Contact information must be changed with a signed letter and cannot be changed via email. ***ADOA is not responsible for lost or misdirected communications.***

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

- 1) Your legal spouse.
- 2) Your child(ren) under 26 years old defined as:
 - a) Natural, adopted, step, foster.
 - b) Under court-ordered placement for pending adoption or guardianship.
 - 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:

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

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

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 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 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.

How to Submit Changes Based on a QLE

Visit benefitoptions.az.gov under the Retiree tab 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/or dental coverage, you FORFEIT the future ability to enroll with ADOA.
- IF you KEEP medical and/or dental coverage through ADOA, you may elect medical or dental coverage during future Open Enrollments.

Continued on p. 6

Eligibility, 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 a State University employees and/or retirees these rules apply:

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

Continued - next column

Also, you cannot enroll simultaneously as a single subscriber in the retiree medical, dental, and/or vision plans for 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 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, your state benefits enrollment form and VibrantRx Medicare Part D enrollment form. VibrantRx is the group Medicare Part D prescription drug plan offered by Benefit Options. Forms are available on **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.

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 deductibles and/or co-pays, will be covered since Benefit Options 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 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.**

Continued on p. 7

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)	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 VibrantRx, 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 notify ADOA if you enroll in a supplemental plan.

NOTE: You must submit a VibrantRx 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. 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 and your family stay healthy. Preventive care may also help reduce your health care costs down the road if you catch a problem early, or if an immunization keeps you from getting a serious illness. A few 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, 7 days a week when you call the Nurseline number on the back of your medical card. With this free service, you'll get help to decide if you need to visit your doctor, urgent care or the ER.

See more ways to save on healthcare on the "Choosing the Right Care" chart included with this mailing.

Medical Plans

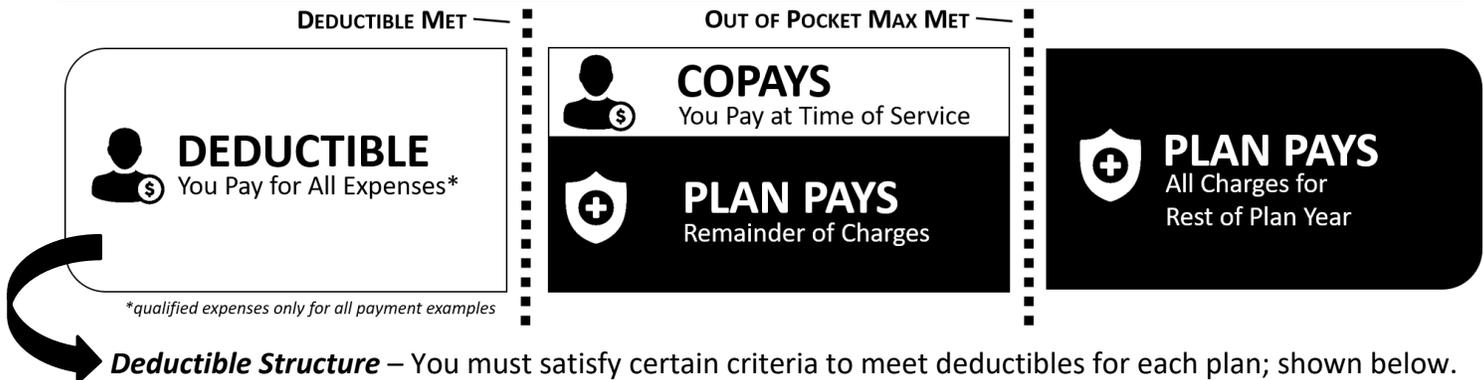
Benefit Options offers two types of medical Plans and four provider networks. Each Plan has identical benefits with different premiums, deductibles, and provider networks. Full comparison on p. 9.



Cost Sharing

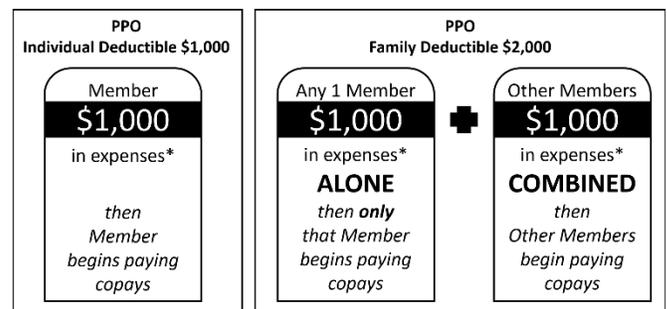
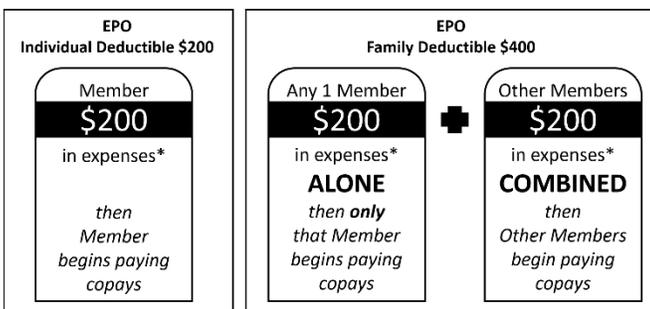
The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles and copayments, but it does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Premium	Your premium is the amount you pay each month for your insurance coverage.
Deductible	At the start of each Plan Year, you pay for the cost of your health care before your State of Arizona health plan will pay.
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 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.



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%.
- In-Network deductible must be satisfied before the plan pays for medical services.
- Deductibles: \$200 individual/\$400 family.
- **Annual deductible applies to the medical plan. Prescription drug copays do not count toward the medical deductible. The prescription drug plan has \$0 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 before the plan pays for medical services.
- Deductibles: \$1,000 individual/\$2,000 family.
- **Annual deductible applies to the medical plan. Prescription drug copays do not count toward the medical deductible. The prescription drug plan has \$0 deductible.**

Medical Plan Premiums & Copays

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 on benefitoptions.az.gov. Vendor contact information and policy numbers on p. 18.



Medical Premiums Per Month		EPO PLAN ¹	PPO PLAN ²
Without Medicare			
Retiree Only		\$671.87	\$934.73
Retiree + One		\$1,571.47	\$2,276.20
Retiree + Family		\$2,117.58	\$2,489.20
With Medicare			
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 COVERAGE		   	  
Plan Year Deductible ³	Retiree Only	\$200	\$1,000
	Retiree + One	\$400	\$2,000
	Family	\$400	\$2,000
Out-of-Pocket Maximum ^{3,4}	Retiree Only	\$7,350	\$1,500
	Retiree + One	\$14,700	\$3,000
	Family	\$14,700	\$3,000
Lifetime Maximum		Unlimited	Unlimited
Retiree Copayment / Coinsurance^{3,4,5}			
Routine Preventive Services		\$0	\$0
Office Visits (incl. Mental & Behavioral Health)			
Primary Care Physician (PCP)		\$20	\$20
Specialist ⁶		\$40	\$40
OB/GYN		\$20	\$20
Telemedicine Services		\$20	\$20
Durable Medical Equipment		\$0	\$0
Emergency Services			
Ambulance		\$0	\$0
Emergency Room		\$200 ⁷	\$200
Urgent Care		\$75	\$75
Inpatient Hospital Admission		\$250	\$250
Outpatient Facility		\$100	\$100
Laboratory and X-Ray Services ⁸		\$0	\$0
Major Radiology Services ⁹		\$100	\$100

1 Out-of-Network, there is no coverage, except in emergency situations.

2 For the NAU-only BCBS PPO Plan rates, see your Retiree Enrollment form or visit nau.edu/human-resources/benefits/benefit-plan-document/

3 Copayments apply after the Plan deductible is met. Copayments and Deductibles apply to the Out-of-Pocket Maximum.

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

5 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.

6 Includes Chiropractor and Therapy services. All Mayo Clinic Primary Care Physicians (PCP) are contracted with Cigna HealthCare as specialists. Thus, all primary care services administered by Mayo PCPs are subject to the \$40 specialist copayment.

7 Emergency Room copayment waived if admitted, but subject to hospital admission copayment.

8 See summary plan document for more information on covered services.

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

Pre-Medicare Pharmacy 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 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. 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 pharmacy 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 or contact the MedImpact Customer Care Center. Sharing this information with your doctor helps ensure you are getting the best value, which saves money for you and the State of Arizona.

MedImpact Customer Care Center: 888-648-6769.
Customer Care is available 24 hours a day, 365 days a year. Visit bit.ly/pharm-adoa.
Rx BIN: 003585 | Rx PCN: 28914.



Copays – Pre-Medicare Pharmacy Plan

	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

Specialty Pharmacy Program

This 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 and may be obtained only at a Walgreens retail pharmacy or through the AllianceRx Walgreens Prime Central Fill facility by calling 866-304-2846.

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

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

Coordination of Pharmacy Benefits - The State of Arizona does not coordinate pharmacy benefits.

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. Contact AllianceRx Walgreens Prime Central Fill facility at 866-304-2846.

Continued on p. 11

Pre-Medicare Prescription 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 prescription drug plan, through the iRx Program™. Pre-Medicare members can present their medical ID card, and Medicare members can present their VibrantRx 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

VibrantRx - Medicare Prescription Drug Plan

myvibrantrx.com/stateofaz

Customer Care: 1-844-826-3451. TTY: 711.

Customer Care is available 24 hours a day, 365 days a year.

Rx BIN: 015574

Rx PCN: ASPROD1



Auto Enrollment

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

Medicare Part C or Part D

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

IMPORTANT: You will lose your medical and prescription drug coverage through Benefit Options 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. You may not be permitted to re-enroll in the future. If you are the retiree, your covered spouse and children will also lose their medical and prescription drug coverage.

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 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.

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 VibrantRx's four-tier formulary with copays listed on p. 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 30 days before the change becomes effective. Some drugs may have additional requirements or limits on coverage.

Continued on p. 12

Medicare Prescription Drug Plan, cont.

Formulary, 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 VibrantRx.

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 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 with contact information listed on p. 11 or p. 18.

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 Brand	\$60	\$120	\$150
Tier 4: Specialty - Over \$670 ¹	\$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. Vendor contact information and policy numbers are on p. 18.



CIGNA DENTAL CARE ACCESS



This plan has no deductibles or dollar limits. Services must be obtained from your assigned in-Network general provider. Out-of-Network services are only covered in emergency situations.

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

DELTA DENTAL PPO PLUS PREMIER



A Dental Preferred Provider Organization Plan. Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.

Additionally, there are in-Network and out-of-Network deductibles that must be met.

Dental Plan Premiums & Copays

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 on benefitoptions.az.gov. Vendor contact information and policy numbers are on p. 18.



PLAN TYPE		DENTAL CARE ACCESS ¹	PPO
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-month treatment fee – see charge schedule	50% ⁴
Other Services	TMJ Exam/Services	\$330 Occlusal orthotic device	Not covered
	External Bleaching	\$165	Not covered

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

2 Routine visits, exams, 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%.

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

Avesis is the vision plan carrier - contact information and policy numbers are on p. 18.



Availability

- 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.

Quarterly Billing



Avesis bills you directly for the quarterly premium on January 1, April 1, July 1 and September 1.

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.

Avesis Advantage Program

 This program is voluntary insurance where 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.

Avesis Discount Program

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

Plan Comparison & Premiums - The chart below is a comparison of 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	Discount Program ¹
Retiree Only		\$11.97/QUARTER	\$0.00
Retiree + Spouse		\$38.82/QUARTER	\$0.00
Retiree + 1 Child		\$38.28/QUARTER	\$0.00
Retiree + Family		\$48.30/QUARTER	\$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 ²	10-20% discount
	Medically Necessary	Covered-in-full	10-20% discount
LASIK/PRK		Up to \$600	10-20% discount

¹ Members who choose not to enroll in the Advantage Vision Care Program are automatically enrolled in the free Discount Plan.

² Includes fitting, follow-up and materials.

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. 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.

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.

To determine your basic premium benefit subsidy in the worksheet on p. 16, 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 Benefit Services Division at 602-542-5008.

To learn more about your subsidy, contact information for ASRS or PSPRS/EORP/CORP is on p. 18.

Vision Premiums

Avesis bills you directly for the quarterly premium on January 1, April 1, July 1 and September 1. 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 vision coverage.

Basic Premium Benefit Subsidy Worksheet

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	
A) Your monthly medical plan premium (<i>see p. 9</i>)	A <input style="width: 100px; height: 20px;" type="text"/>
	+
B) Your monthly dental plan premium (<i>see p. 13</i>)	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 (<i>see chart below</i>)	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
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

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 benefitoptions.az.gov under the Resources tab.

Documents	Summary Description
Health Insurance Marketplace Coverage	Key parts of the healthcare law allow you a way to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, a notice that provides some basic information about the new Marketplace and the Benefit Options health coverage is available.
Summary of Benefits 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.

Contact Information for Carriers

Plan	Vendor Name	Phone	Website Email Policy Information
Benefit Options	ADOA Benefit Services Div. 100 N. 15th Ave., Ste. 260 Phoenix, AZ 85007	602-542-5008 800-304-3687	benefitoptions.az.gov benefitsissues@azdoa.gov FAX: 602-542-4744
Dental Plans	Cigna	800-968-7366	cigna.com/sites/stateofaz Group: 2500541
	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com Group: 77777-0000
Long-Term Disability Plans - LTD	Broadspire Services, Inc. ASRS	877-232-0596	azasrs.gov/content/long-term-disability
	MetLife <i>CLAIMS ON OR AFTER 1/1/2020</i> PSPRS, EORP, CORP & ORP	866-264-5144	Info: prv.metlife.com/StateofArizona/ Claims: mybenefits.metlife.com/stateofarizona
	The Hartford <i>CLAIMS ON OR BEFORE 12/31/2019</i> PSPRS, EORP, CORP & ORP	866-712-3443	groupbenefits.thehartford.com/Arizona Group: 395211
Medicare	Medicare	800-633-4227 TTY: 877-486-2048	mymedicare.gov
Medical Plans	Aetna	866-217-1953	aetnastateaz.com Group: 476687
	Blue Cross Blue Shield of AZ	866-287-1980	adoa.azblue.com Group: 30855
	Cigna	800-968-7366	cigna.com/sites/stateofaz Group: 3331993
	UnitedHealthcare	800-896-1067	welcometouhc.com/stateofaz Group: 705963
Pharmacy Plan Non-Medicare	MedImpact	888-648-6769	benefitoptions.az.gov Rx BIN: 003585 Rx PCN: 28914
Pharmacy Plan Medicare	VibrantRx	844-826-3451 TTY: 711	myvibrantrx.com/stateofaz Rx BIN: 015574 Rx PCN: ASPROD1
Retirement Systems	Arizona State Retirement System (ASRS) 3300 N. Central Ave Phoenix, AZ 85012	602-240-2000 800-621-3778 TTY: 602-240-5333	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
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com Policy: 11001-2178 Discount Policy: 10000-4
Wellness – Flu Shots	ADOA Benefit Services Div.	602-771-9355	wellness.az.gov/flushot wellness@azdoa.gov



ARIZONA DEPARTMENT OF ADMINISTRATION - ADOA

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

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

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