

Frequently Asked Questions (FAQ) Benefits Open Enrollment and Changes for 2018 Open Enrollment October 30 – November 17

Do I have to re-enroll?

Due to the changes, ***YOU MUST ACTIVELY ENROLL THIS YEAR*** if you want to participate in the plan.

- During Open Enrollment from October 30 – November 17 at 5:00 p.m. Arizona time, you must visit yes.az.gov and choose the coverage you want.
- ***IF YOU DO NOT ACTIVELY ENROLL, you will be dropped from your current coverages as of January 1, 2018.***

When do the changes take effect?

- The new premiums and copays take effect January 1, 2018.
- New premium amounts will be deducted from the first paycheck of 2018.

Why are premiums increasing?

- Rising healthcare costs have been a reality for the past decade. According to the Kaiser Family Foundation, healthcare spending in the U.S. has risen 58 percent since 2005.
- The State will continue to pay 90 percent of the premium costs for our employees.

Why are copays increasing?

- In general, copays are increasing due to rising health care costs. Our copays are now on par with other employers.
- These costs can be managed by making sure you are using generic drugs, visiting your primary care physician first instead of a specialist, and using urgent care or Doctor on Demand instead of the emergency room when appropriate.
- In addition, the Health Impact Program is designed to promote healthy lifestyle choices and preventive health activities for State of Arizona employees. HIP is a great and easy way to improve your overall health and well-being. Participants must accumulate a minimum of 500 points to earn an incentive, up to \$200. To learn more, visit totalwellbeing.az.gov.

Why are the increases necessary?

- Rising healthcare costs have been a reality for the past decade. The State health plan is self-insured, which means that employees and the state pay into the plan to cover the claims, with additional monies held in reserve for large or catastrophic claims. Any leftover monies at the end of the year are kept by the plan and used in future years. A self-insured plan saves money for our employees and the state.

Why are there no copays for routine preventive care?

- The State health plan is no longer considered a grandfathered plan under federal law. With these changes, many routine screenings and immunizations are now included in healthcare coverage. Preventive care services improve overall health and keep costs down in the long term. For a list of all preventive care services covered, see Appendix A at the end of this document.

What are the services that are considered preventive?

- Please see Appendix A at the end of this document.

How does the Health Care Flexible Spending Accounts (FSA) debit card work?

- Should you elect this benefit, the State will fund your FSA account at the beginning of the year for the amount you have chosen to go toward this account, in effect "loaning" you the money for your FSA spending. This allows you to use the money as needed while you continue to make contributions each pay period through automatic deductions. The FSA debit card allows you to access your funds easily, such as paying your copay right at the doctor's office, usually without having to file a reimbursement claim.
- Some transactions may require documentation. You will be notified if additional information is required.

Why did the dental carrier change?

- We competitively bid these plans regularly and Cigna was chosen for the pre-paid dental plan. Delta Dental remains the PPO plan option. The new Cigna plan has a slightly reduced premium and lower copays for services in many cases.

Are the medical plan types changing?

- All medical plan types will stay the same. We will continue to offer the EPO, PPO and Health Savings Account (HSA) plans with the same coverages currently in place. Due to the premium changes, employees must go through open enrollment and make plan elections.

Are the medical carriers changing?

- All our medical carriers will stay the same: Aetna, Cigna, Blue Cross Blue Shield and UnitedHealthcare. Each type of plan offered has the same premium rate, regardless of carrier.

If I am currently enrolled in benefits, do I need to enroll for 2018?

- Due to the changes, **YOU MUST ACTIVELY ENROLL THIS YEAR** if you want to participate in the plan.
- During Open Enrollment from October 30 – November 17 at 5:00 p.m. Arizona time, you must visit yes.az.gov and choose the coverage you want.

If I do not actively enroll, when will my coverage end?

- You will be dropped from your current coverages as of January 1, 2018.

When do new premium rates take effect?

- New rates take effect January 1, 2018. The first premium will be deducted through payroll deduction starting with the first paycheck of 2018.

Questions?

- Please contact your agency's benefits liaison, or contact a Benefit Options representative by phone 602-542-5008, toll-free 800-304-3687, by email benefitsissues@azdoa.gov or visit benefitoptions.az.gov.

Appendix A:

Free preventive care services for all adults, women, and children

There are three sets of free preventive services. See the following pages for a list of covered services for each group:

1. For all adults
2. For women
3. For children

For All Adults

Our plans cover the following list of preventive services for adults without charging a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

IMPORTANT: These services are free only when delivered by a doctor or other provider in your plan's network.

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults over 50
7. Depression screening
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
11. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965
12. HIV screening for everyone ages 15 to 65, and other ages at increased risk
 - Diphtheria
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
13. Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:
14. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
15. Obesity screening and counseling
16. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
17. Syphilis screening for adults at higher risk
18. Tobacco Use screening for all adults and cessation interventions for tobacco users

For Women

Our plans cover the following list of preventive services for women without charging a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

IMPORTANT: These services are free only when delivered by a doctor or other provider in your plan's network.

Services for pregnant women or women who may become pregnant

1. Anemia screening on a routine basis
2. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
3. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs)
4. Folic acid supplements for women who may become pregnant
5. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
6. Gonorrhea screening for all women at higher risk
7. Hepatitis B screening for pregnant women at their first prenatal visit
8. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Urinary tract or other infection screening

Other covered preventive services for women

1. Breast cancer genetic test counseling (BRCA) for women at higher risk
2. Breast cancer mammography screenings every 1 to 2 years for women over 40
3. Breast cancer chemoprevention counseling for women at higher risk
4. Cervical cancer screening for sexually active women
5. Chlamydia infection screening for younger women and other women at higher risk
6. Domestic and interpersonal violence screening and counseling for all women
7. Gonorrhea screening for all women at higher risk
8. HIV screening and counseling for sexually active women
9. Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older
10. Osteoporosis screening for women over age 60 depending on risk factors
11. Rh incompatibility screening follow-up testing for women at higher risk
12. Sexually transmitted infections counseling for sexually active women
13. Syphilis screening for women at increased risk
14. Tobacco use screening and interventions
15. Well-woman visits to get recommended services for women under 65

For Children

Our plans cover the following list of preventive services for children without charging a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

IMPORTANT: These services are free only when delivered by a doctor or other provider in your plan's network.

1. Alcohol and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
5. Cervical dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
9. Fluoride chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, weight and body mass index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
13. Hematocrit or hemoglobin screening for all children
14. Hemoglobinopathies or sickle cell screening for newborns
15. Hepatitis B screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11 to 17 years
16. HIV screening for adolescents at higher risk
17. Hypothyroidism screening for newborns
18. Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
 - Diphtheria
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
19. Iron supplements for children ages 6 to 12 months at risk for anemia
20. Lead screening for children at risk of exposure
21. Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
22. Obesity screening and counseling
23. Oral health risk assessment for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
24. Phenylketonuria (PKU) screening for newborns
25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
26. Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
27. Vision screening for all children