Open Enrollment

University Employees
2007

Benefit Services Division

Benefit Options
Choice. Value. Health.

JANET NAPOLITANO
Governor

WILLIAM BELL
Director

ARIZONA DEPARTMENT OF ADMINISTRATION

100 N 15TH AVE, SUITE 103
PHOENIX, ARIZONA 85007

(602) 542-5008

August 1, 2007

Dear Benefit Options Member:

The State of Arizona offers a comprehensive employee benefits package through the Arizona Benefit Options program. The program includes medical, dental, vision, short- and long-term disability, life insurance and dependent life insurance. We are proud to offer the program to employees this year without any additional cost for your premium contribution.

Employees may make changes to their selected options on an annual basis during Open Enrollment. This year, Open Enrollment begins August 13, 2007, and ends on September 10, 2007. The effective date for all changes will be the beginning of the new plan year, October 1, 2007.

There are numerous changes to our Benefit program this year, which are detailed in the following pages. The changes include a new coverage category which allows an employee plus spouse or employee plus child to pay less than the family premium amount. We hope this will be an attractive alternative for married couples and one parent families. Additionally, there are several benefit changes: coverage for smoking/tobacco cessation aids; substance abuse residential treatment; annual mammograms for women 40 to 49 years of age; an increase in the annual physical examination limit; and some increases to co-pays for non-routine (specialty and emergency) treatment. I urge you to read this booklet carefully to gain an understanding of these changes.

This year the Benefit Options program is conducting a **Positive Open Enrollment**. This means that **all employees must re-enroll** in the insurance programs they wish to continue. Re-enrollment is easy through your applicable, web-based employee information system. Instructions for re-enrollment are included in this packet.

If you have questions about the programs, you may contact the carriers, your agency benefits liaison, or the Benefit Services Division by telephone or through the website *www.benefitoptions.az.gov*. You may also opt to attend a Benefits Fair; see the schedule to find one near you. Benefits representatives will be available to answer your questions at these open-house sessions.

We are proud that state government continues to support our self-insurance plan and assume a significant portion of the premium costs. To maintain a viable program and continue to offer State employees a comprehensive benefits package, Benefit Options reserves the right to make periodic changes to the Plan. As noted earlier, changes for the upcoming plan year are detailed in this booklet. For a full report on how Benefit Options manages the self insurance trust, I encourage you to review the annual report at *www.benefitoptions.az.gov*. Choose the “News and Events” section on the opening screen and select 2006 Benefit Options Annual Report.

Sincerely,

William Bell
Director

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 602.542.5008, option 2.

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Note: Flexible Spending Account (FSA) Open Enrollment will be held separately at a later date.

The Benefit Options Guide is designed to provide an overview of the Benefit Options Program and the benefits offered through the State of Arizona. The actual benefits available to you and the descriptions of these benefits are governed, in all cases, by the relevant Plan Descriptions and contracts. The State of Arizona reserves the right to modify, change, revise, amend or terminate these benefit plans at anytime.

WHAT'S NEW FOR PLAN YEAR 2007-2008

There are numerous changes to our Benefit program this year. This is a summary of the changes for our Plan effective October 1, 2007:

Eligibility Change:

One of the most important changes this year is the addition of a new category for "Employee + one dependent." This category or tier of coverage is intended to aid those who formerly had to enroll in the "Family" tier. Examples of persons eligible are: employee and spouse or employee and one child. This tier is not available to unmarried couples or domestic partners. We will request proof of the relationship between those applying for this tier unless we already have the evidence in our files. "Dependent" is defined in the Benefits Enrollment Guide, which is available at *www.benefitoptions.az.gov*.

Plan Design Changes:

Smoking/Tobacco Cessation Aids: To assist members with their efforts to quit smoking, the plan will now reimburse members for smoking/tobacco cessation aids (nicotine patch, nicotine gum, etc.) up to a cost of $500 per lifetime. There are numerous resources available to assist those who wish to quit tobacco use. These resources include the Arizona Department of Health Services Tobacco Education and Prevention Program (602- 364-0824), ASH program (1-800-556-6222) and the member's County Health Department.

Voluntary and court ordered substance abuse residential treatment: Previously, only hospitalizations for those with chemical and alcohol dependency were covered. Studies demonstrate that residential treatment allows for better treatment and a better success rate. Current costs for acute hospital treatment run over $14,000 per stay, while residential treatment is less than half that cost. Our goal is to increase the likelihood of success for our members while reducing costs.

Encouraged use of generic medications: Physicians have the option of approving the "generic substitution" on prescriptions. When there is a generic available and the member insists the prescription be dispensed as written (rejecting the generic), the pharmacy will ask the member to pay the difference between the generic version and the brand version of the named drug.

This policy change will require more members to choose generic drugs. If there is a medical reason for the brand name drug, the physician should not approve the "generic substitution" option. Accordingly, the member will not be charged the difference if the physician designates "no substitution."

Increase the annual physical examination limit from $250 to $1500: The prior limit was not adequate to cover all lab and diagnostic testing. If these preventative services (yearly physical) totaled more than $250, members were asked to pay the overage.

This change does not change the fee schedule for physicians and laboratories. It is intended to encourage thorough examinations to detect illness or serious conditions earlier.

Approve mammograms annually for women 40-49 years of age: This change models the recommendations from the American Cancer Society. Women 40 years and older are encouraged to receive regular annual screenings.

Increase Emergency Room Co-pays from $75 to $125 per visit: In 2006, Plan members visited emergency rooms over 25,000 times. Many of these services could have been safely provided at an urgent care facility or a physician's office. Waits for non-emergent care at emergency rooms are often three and four times the wait at urgent care centers.

All plans have arrangements with urgent care centers and co-pays for those visits remain at $20. Members can call their plan Nurseline or help number for assistance in deciding whether to seek emergency or urgent care.

Seek emergency care if a life is in jeopardy or permanent loss is imminent.

Raise specialist co-pays from $10 to $20: Many patients seek specialty care when primary care would suffice. When routine conditions are the cause of the visit, specialists generally cost the plan much more than primary care physicians.

Primary care physicians include: general medicine, internal medicine, family medicine, and OB. We encourage members to carefully consider which type of physician is needed before making appointments. Plan Nurseline or triage staff may assist members who are unsure about which level of care to seek.

YOUR CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2007 - 2008

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY MEDICAL PREMIUMS	SINGLE			EMPLOYEE + ONE DEPENDENT			FAMILY		
	Your Cost	State Cost	Total Prem	**Your Cost**	State Cost	Total Prem	**Your Cost**	State Cost	Total Prem
Central Region: Maricopa, Gila, Pinal Counties									
RAN+AMN (HMA) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
Schaller Anderson (SA) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
UnitedHealthcare (UHC) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
AZ Foundation (AZF) PPO	$140.00	$609.01	$749.01	$280.00	$1,199.66	$1,479.66	$390.00	$1,612.86	$2,002.86
UnitedHealthcare (UHC) PPO	$140.00	$609.01	$749.01	$280.00	$1,199.66	$1,479.66	$390.00	$1,612.86	$2,002.86
Southern Region: Pima and Santa Cruz Counties									
RAN+AMN (HMA) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
Schaller Anderson (SA) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
UnitedHealthcare (UHC) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
AZ Foundation (AZF) PPO	$140.00	$549.68	$689.68	$280.00	$1,082.45	$1,362.45	$390.00	$1,454.21	$1,844.21
UnitedHealthcare (UHC) PPO	$140.00	$549.68	$689.68	$280.00	$1,082.45	$1,362.45	$390.00	$1,454.21	$1,844.21
Northern Region: Yavapai, Coconino, Navajo, and Apache Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Southeastern Region: Graham, Greenlee, and Cochise Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Western Region: Mohave, La Paz, and Yuma Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Out-of-State									
BeechStreet PPO	$25.00	$776.98	$801.98	$50.00	$1,534.31	$1,584.31	$125.00	$2,019.51	$2,144.51
NAU ONLY									
BlueCross BlueShield	$25.00	$545.12	$570.12	$75.00	$1,065.24	$1140.24	$125.00	$1,471.34	$1,596.34

MONTHLY DENTAL PREMIUMS	SINGLE						FAMILY		
	Your Cost	State Cost	Total Prem				**Your Cost**	State Cost	Total Prem
Employers Dental Service (EDS)	$4.02	$6.18	$10.20				$18.16	$11.50	$29.66
Assurant Employee Benefits	$4.68	$6.18	$10.86				$18.02	$11.50	$29.52
Delta Dental (DELTA)	$14.56	$19.76	$34.32				$54.14	$58.03	$112.17
MetLife Dental (METLIFE)	$12.90	$19.59	$32.49				$45.00	$59.14	$104.14

MONTHLY VISION PREMIUMS	SINGLE				FAMILY
Avesis	$6.34				$17.18

** Continued on Next Page*

YOUR CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2007 - 2008

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY PREMIUMS SUPPLEMENTAL LIFE PLAN	
YOUR AGE	Cost per $5,000
29 and Under	$0.50
30-34	$0.60
35-39	$0.70
40-44	$1.20
45-49	$1.60
50-54	$2.60
55-59	$3.70
60-64	$6.70
65-69	$6.70
70+	$10.60
Revision August 1, 2007	

MONTHLY PREMIUMS - DEPENDENT LIFE PLAN	
COVERAGE AMOUNT	YOUR COST
$2,000.00	$0.94
$4,000.00	$1.88
$6,000.00	$2.82
$12,000.00	$5.64
$15,000.00	$7.05

MONTHLY PREMIUMS SHORT TERM DISABILITY PLAN
YOUR COST - MONTHLY
$0.87 per $100 of your monthly base salary Monthly premium = (Monthly base salary/100) × $0.87
Example: Monthly base salary = $1000; Monthly premium = ($1,000/100) × $0.87 = $8.70/monthly

IMPORTANT INFORMATION

Enrollment Dates and Times

Open Enrollment will begin Monday, August 13th at 8 a.m. and will end on Monday, September 10th at 5 p.m.(Arizona time). Changes made during Open Enrollment will become effective October 1, 2007.

Information To Gather Prior To Enrolling

- Your University ID number. Your University ID number can be found on your paycheck or direct deposit pay stub.
- Dependent names and dates of birth. You will need this information to add any eligible dependents to your benefits coverage.
- Beneficiary or Trust information. You will need this information if you wish to make changes to your beneficiary or trust information.

How To Enroll

ASU Employees
Beginning August 13, please check the Human Resources Benefits website at *www.asu.edu/hr/benefits* for a direct link to the Open Enrollment site.

NAU Employees
To view your current benefits, go to *https://peoplesoft.nau.edu* and log into LOUIE. Under "Benefits Info", click on **View your Benefits Summary**.

PeopleSoft LOUIE Online Enrollment:

1. Go to https://peoplesoft.nau.edu
2. Log into the LOUIE using your ID and password.
3. Under the "Benefits Info" heading, click on the **Enroll in Benefit Plans** link.
4. On the Benefits Enrollment page there will be an **Open Enrollment event** listed. The event status MUST be "open" to make elections. If the event is not listed or the event listed is not "open" please contact the Human Resources Department at 928.523.2223 or send an email to Hr.Contact@nau.edu. The Human Resources website can be found at *www.hr.nau.edu/m/*.

UA Employees
University of Arizona employees who wish to participate in Open Enrollment will login to Employee Link to complete the enrollment process. Employee Link is a password protected service that allows you to access your personal and employment information at The University of Arizona.

To start the enrollment process:

- Log in to Employee Link with your UA NetID and password
- Select "Open Enrollment" from the menu on the left
- Enter, confirm and save your elections

If you do not know your UA NetID, please see your payroll representative for assistance. Employee Link can be accessed from the Human Resources website at *www.hr.arizona.edu*.

Open Enrollment Benefit Fairs

You are invited to attend any benefit fair(s) that is convenient for you.

ADOA — 100 N. 15th Ave, Room 300, Phoenix

August 20th	10:00am – 2:00pm
August 31st	11:00am – 1:00pm
September 5th	10:00am – 2:00pm

ADOA (Tucson) — 400 W. Congress, Atrium, Tucson

August 30th	10:00am – 2:00pm

U of A — 1303 E. University Blvd, Student Union North Ballroom, Tucson

August 27th	10:00am – 2:00pm

ASU — Arizona State University, Tempe Campus Memorial Union, Turquoise Room #208F, Tempe.

August 29th	10:00am – 2:00pm

NAU — 306 E. Pine Knoll Drive, Building #64, Ballroom 2nd Floor, du Bois Center, Flagstaff.

September 6th	9:00am – 4:00pm

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 602.542.5008, option 2.

Important Contact Information

Contact	Phone Number	Web Address	Policy Number
Medical Plans			
Fiserv Health - Harrington Benefits (Arizona Foundation, Beech Street, RAN+AMN, Schaller Anderson Healthcare)	1.888.999.1459	www.myazhealth.com	3J
TDD/TTY	1.866.503.3463		
UnitedHealthcare	1.800.896.1067	www.myuhc.com	705963
TDD/TTY	1.888.697.9055		
Blue Cross Blue Shield (NAU only)	1.928.526.0232 1.800.423.6484	www.bcbsaz.com	Grp #0002 Active
Pharmacy			
Walgreens Health Initiatives	1.866.722.2141	www.mywhi.com	512298
Dental Plans			
Delta Dental	1.800.352.6132	www.deltadentalaz.com	7777-0000
Employers Dental Services	1.800.722.9772	www.mydentalplan.net	6300
Assurant Employee Benefits	1.800.443.2995	www.assurantemployeebenefits.com	EA82
MetLife Dental	1.800.942.0854	www.metlife.com/dental	94739
Vision Plan			
Avesis, Inc.	1.800.828.9341	www.avesis.com	10790-1040
Life Insurance Plans			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona/	617950
Aetna Life Insurance	1.800.523.5065	www.aetna.com	
Short Term Disability			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona/	617950
UnumProvident	1.800.851.7637	www.unumprovident.com	
Other Important Numbers			
Arizona State University Tempe and Polytechnic campus employees PO Box 875612 Tempe, AZ 85287-5612		1.480.965.2701 www.asu.edu/hr/benefits email: askhr@asu.edu	
West and Downtown Phoenix campus employees PO Box 37100 Phoenix, AZ 85069		1.602.543.8400 www.west.asu/hr/hr.html email: benefitswest@asu.edu	
Northern Arizona University PO Box 4113 Flagstaff, AZ 86011-4113		1.928.523.2223 www.hr.nau.edu/ email: hr.contact@nau.edu	
The University of Arizona 888 N Euclid, Ste. 114 Tucson, AZ 85721		1.520.621.3662 www.hr. Arizona.edu email: benefits@email.arizona.edu	
ADOA Benefits Office 100 N 15th Ave #103 Phoenix, AZ 85007	1.602.542.5008 1.800.304.3687	www.benefitoptions.az.gov email: beneissues@azdoa.gov	

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.
If you need this information in an alternative format, please call 602.542.5008, option 2.

ELIGIBILITY

University employees regularly scheduled to work 20 hours or more per week for six months or longer (except those listed below as ineligible) and their qualified dependents may participate in the Benefit Options and University Benefits Programs, provided they comply with the contractual requirements of their selected plans.

Ineligible Employees

- Employees who work fewer than 20 hours per week
- Employees in seasonal, temporary or emergency positions
- Employees in university graduate assistant/associate positions
- Patients or inmates employed in State institutions
- Non-State employee officers and enlisted personnel of the National Guard of Arizona
- Employees in positions established for rehabilitation purposes
- Student and work study employees

Eligible Dependents

At Open Enrollment you may add or remove the following dependents to your plans, however, proper documentation may be required.

- Your legal spouse
- Natural, adopted and/or stepchildren unmarried and under age 19, or under 25 if a full-time student at an accredited educational institution
- Minors under the age of 19 for whom the employee-member has court-ordered guardianship
- Foster children under the age of 19
- Children placed in the employee's home by court order pending adoption
- Natural, adopted and/or stepchildren who were disabled prior to age 19

Please note: If your dependent child is approaching age 19 and is disabled, application for such continuation of dependent status must be made within 31 days of the child's 19th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration guidelines, that occurred prior to his or her 19th birthday.

Dependent Documentation Requirements

If you are enrolling a spouse or dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse or a birth certificate or court order for dependents, is provided to your Human Resources Office. If your dependent is a full-time student over the age of 19, your insurance carrier will request a copy of the dependent's class schedule.

Qualified Medical Child Support Order (QMCSO)

You may not terminate coverage for a dependent covered by a QMCSO.

If You and Your Spouse are State Employees

If both you and your spouse are benefits-eligible State of Arizona or university employees you cannot carry coverage under your name with the State and also be covered under your spouse through the State. Under no circumstances may an employee elect dual coverage.

OTHER IMPORTANT INFORMATION

ID Cards

Typically, ID cards will arrive seven to fourteen business days after your benefits become effective on October 1, 2007. ID cards will be sent separately and are sent directly from the vendor to your home address.

- ID cards for your medical plan will be issued.
- If you enroll or change Dental Plans new ID cards will be issued.
- If you are newly enrolled in Vision coverage new ID cards will be issued.
- Contact the vendor directly if you do not receive your cards or if you need additional or replacement cards.
- UnitedHealthcare and Avesis allow members to print temporary ID cards from their website.
- BCBS (NAU only) PPO issues ID cards automatically upon enrollment. You may request additional ID cards from BlueCross BlueShield of Arizona's members Website, BlueNet at *www.bcbsaz.com*.

Transition of Care Information

If you are a new employee and/or changing from Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson to UnitedHealthcare (or from UnitedHealthcare), you may continue an active course of treatment with your health care provider and receive in-network benefits during the pre-approved transition period, if one of the following applies:

1. You have a life threatening disease or condition;
2. If you have been receiving care, and a continued course of covered treatment is Medically Necessary, you may be eligible to receive "transitional care" from the non-Participating Provider;
3. You have entered the third trimester of pregnancy on the effective date of enrollment; or
4. If you are in your second trimester of pregnancy and your doctor agrees to accept our reimbursement rate and to abide by the Plan's policies and procedures and quality assurance requirements.

There may additional circumstances where continued care by a provider no longer participating in the network will not be available, such as when the provider loses his license to practice or retires.

You may obtain a copy of the Transition of Care form at *www.benefitoptions.gov*.

Plan Contact Information:

AFMC RAN/AMN Schaller Anderson Healthcare
Transition of Care
Schaller Anderson Healthcare, LLC
PO Box 13353
Phoenix, AZ 85002-3353
Fax .866.543.2187

UnitedHealthercare
Transition of Care
PO Box 30555
Salt Lake City, UT 84130-0555
Fax: 801.567.5499

Medical Plan Information

What plans are available for me to choose from?
There are two types of medical plans offered for university employees. They are the Exclusive Provider Organization (EPO) and the Preferred Provider Organization (PPO).

If you choose an EPO you must obtain services from a contracted provider in your network and your cost is a minimal co-pay. The EPO plans are:

- RAN+AMN
- Schaller Anderson Healthcare
- UnitedHealthcare

If you choose a PPO, it allows in-network and out-of-network treatment. If you obtain treatment out-of-your network, you will need to meet a plan year deductible and pay a percentage of all covered services. The PPO plans are:

- Arizona Foundation
- UnitedHealthcare
- Beech Street (Out of State)
- BlueCross BlueShield (NAU Only)

What is the cost of medical coverage?
Please refer to your rate chart for information regarding monthly premiums.

How do I find in-network (contracted) providers with my medical plan?
You can perform a provider search on the plan's website, or you may call the plan's customer service line.

When does my coverage become effective?
Changes made during Open Enrollment 2007 will become effective October 1, 2007.

When will I receive my ID cards?
Please allow seven to fourteen business days after your benefits become effective.

Medical Plans Comparison Chart

	EPOs	PPOs	
These plans are available to employees statewide	RAN+AMN EPO Schaller Anderson Healthcare EPO	Arizona Foundation Medical Care PPO	
In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties	UnitedHealthcare EPO	UnitedHealthcare PPO	
This plan is available to employees living out of state.		Beech Street PPO	
DEDUCTIBLE/MAXIMUMS	**In-Network Co-Pay**	**In-Network Co-Pay**	**Out-of-Network Out-of-Pocket**
PCP REQUIRED FOR EACH MEMBER?	NO	NO	NO
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	NO	NO	NO
PLAN YEAR DEDUCTIBLES INDIVIDUAL EMPLOYEE + ONE / FAMILY	$0 $0	$0 $0	$300 $600
OUT-OF-POCKET MAXIMUMS INDIVIDUAL EMPLOYEE + ONE / FAMILY	$0 $0	$1,000 $2,000	$3,000 $6,000
LIFETIME MAXIMUMS	$0	$0	$2,000,000
PHYSICIAN SERVICES Office Visits/consultations	$10 Max of 1 co-pay/day/provider	$10 Max of 1 co-pay/day/provider	30%* After Deductible
SPECIALIST VISITS (new co-pay)	*$20*	*$20*	*30%** *After Deductible*
PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	$10	$10	30%* After Deductible
MAMMOGRAPHY SCREENING (Coverage based on patient age or threat)	$0	$0	30%* After Deductible
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	$0	$0	30%* After Deductible
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	$0	$0	30%* After Deductible
Intensive Care	$0	$0	30%* After Deductible
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologist	$0	$0	30%* After Deductible
EMERGENCY CARE Urgent Center Care	$20	$20	30%* After Deductible
Emergency room (new co-pay)	*$125,* *waived if admitted*	*$125,* *waived if admitted*	*$125,* *waived if admitted*
Ambulance (for medical emergency or required interfacility transport)	$0	$0	Emergency paid at in-network benefit rate
CHIROPRACTIC	$10	$10	30%* After Deductible
PRE-EXISTING CONDITIONS	COVERED	COVERED	COVERED
DURABLE MEDICAL EQUIPMENT	$0	$0	30%* After Deductible
BEHAVIORAL HEALTH			
Outpatient	$10	$10	$10
Inpatient	$0	$0	30%* After Deductible

**Percentages paid based on Reasonable and Customary Charges.*
For the NAU only BCBS PPO plan details, go to http://hr.nau.edu/m/ and choose Benefits, Health, BCBS Plan Book.
This is a Summary only; please see Plan Descriptions for detailed provisions.

Pharmacy Benefit Information

If I change my medical plan, will my pharmacy benefit change? Or, is there a separate enrollment process for the pharmacy benefit?
If you elect any Benefit Options medical plan, Walgreens Health Initiatives (WHI) will be the network you use for pharmacy benefits. Enrollment is automatic when you enroll in a medical plan, and there is no separate cost.

How does the plan work?
The WHI network consists of more than 62,000 participating chain and independent pharmacies nationwide, with 1,000 member pharmacies in Arizona. All prescriptions must be filled at a network pharmacy or through the mail order service. The cost of prescriptions filled out-of-network will not be reimbursed. To find a pharmacy near your home, work address, out-of-town vacation address, or your dependent student's out-of-state address, refer to *www.mywhi.com*.

Multilingual customer service representatives are available 24 hours a day, 7 days a week at 1.866.722.2141 to assist you.

The WHI plan has a three-tier formulary; the cost for up to a 30-day supply of medication bought at a retail pharmacy is $10 for a generic drug, $20 for a preferred (formulary) drug, and $40 for a non-preferred (non-formulary) drug. You can find information on WHI's formulary and look up the cost for specific drugs at *www.mywhi.com*.

The Walgreens Health Initiatives Preferred Medication List (PML), also known as a formulary, is a list of medications that will allow you to maximize the value of your prescription benefit. These generic and brand name medications, chosen by a committee of doctors and pharmacists, are available at a lower cost than their more expensive brand-name counterparts. The PML is updated quarterly and as needed throughout the year to add significant new medications as these become available.

Medications that no longer offer the best therapeutic value for the plan are deleted from the PML once a year, and a letter is sent to any member affected by the change. To see what medications are on the PML, log on to *www.mywhi.com* or contact the WHI Customer Care Center to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the medications you need which saves money for you and your plan.

What is the "mail order service" and how do I take advantage of it?
A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions, or who will be in an area with no participating retail pharmacy for an extended period of time. Here are a few guidelines and benefits when using the mail order service:

- You must submit a written 90-day prescription from your physician for any new mail order drug.
- You may request up to a 90-day supply of medication for two co-pays.
- You may fill a 12 month supply of medication with prior authorization.
- You may pay by check or charge your co-pay to a Visa, MasterCard, American Express,

or Discover account.

- You may register your email address to receive information on your orders.
- You can order refills online at *www.mywhi.com* or via phone at 1.866.722.2125.
- One-on-one consultations with a licensed pharmacist are also available at this number.

Clinical Prior Authorization

Prescriptions for certain medications or circumstances require clinical approval before they can be filled, even with a valid prescription. 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 calling WHI at 1.877.665.6609, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Specialty Pharmacy Program

Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy. This program assists you with monitoring your medication needs for certain conditions and by providing patient education. The Specialty Pharmacy Program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage, handling, and delivery. Specialty medications are limited to a 30-day supply and may be obtained only at a Walgreens retail pharmacy or via the mail order service. Call Walgreens Specialty Pharmacy at 1.888.782.8443 for further information on this program.

A Specialty Care Representative may contact you to facilitate your enrollment in the WHI Specialty Pharmacy Program. Trained Specialty Care pharmacy staff are available 24 hours a day, 7 days a week, to assist you. You may also enroll directly into the program by calling 1.888.782.8443.

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.

NAU Only BlueCross BlueShield Pharmacy Plan

There is no need to elect or enroll in this plan; it is part of your Medical Plan coverage. Prescription drug benefits are available at four cost-sharing levels. The amount you pay depends on the specific drug dispensed by the pharmacy. The pharmacy will charge you a generic ($7), preferred brand ($20), non-preferred brand A ($40) or non-preferred brand B ($80) co-payment. Drugs may change cost-sharing levels without notice. The BCBSAZ Prescription Medication Guide can be used to determine your co-payment and can be found on the BCBS website at *www.bcbsaz.com/pharmacy* or call 1.800.345.1985.

A mail order benefit is available through Walgreen's mail order service. You may receive up to a 90-day supply of maintenance prescription for one co-payment. The co-payment for a 90-day mail order supply is the same as the co-payment for a 30-day supply through a pharmacy.

More complete information on your prescription drug benefit can be found in the BCBS benefit plan booklet at *www.hr.nau.edu*. Go to Benefits, Health, BCBS Plan Book.

Dental Plans Information

Following is a brief description of the dental plans available through Benefit Options. For a complete listing of covered services for each plan, please refer to the plan description located on the website, www.benefitoptions.az.gov. Occasionally, covered services and supplies are subject to change based on the American Dental Association Guidelines. These changes may also result in a change to your co-payment.

What plans are available for me to choose from?
Employees may choose between two plan types. They are the Prepaid and the Preferred Provider Organization (PPO) plans.

Prepaid Plans

- You must see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care
- No annual deductible or maximums
- No claim forms
- No waiting periods
- Pre-existing conditions are covered
- Set co-payments for services provided by your general dentist

Employers Dental Services (EDS)
You must choose one dentist for your family from a network of participating dentists. You can change your dentist at any time by contacting EDS or by using the "change my dentist" function on the website *www.mydentalplan.net*. Members can self refer to Specialists within the network. Specialty services are provided at up to a 25% discount off the Specialist's normal fees. Separate lab fees apply to some services as indicated in the schedule of benefits.

Assurant Employee Benefits
Each family member can choose a different dentist. You can self refer to a Specialty Benefit Amendment (SBA) Specialist in the Network who accepts a co-pay for most common procedures, listed under the SBA. If a procedure is not listed in the SBA co-pay schedule or the Specialist does not participate in the SBA, you will receive a discount off the Specialist's normal retail charges. This discount also includes Orthodontic Services.

Indemnity/PPO Plans

- You may see ANY licensed dentist anywhere in the world
- Deductible and/or out-of-pocket payments apply
- You have a maximum benefit of $2,000 per person per plan year for dental services
- There is a maximum lifetime benefit of $1,500 per person for orthodontia
- You may need to submit a claim form for eligible expenses to be paid
- Benefits may be based on reasonable and customary charges

Delta Dental

Over 80 percent of Arizona's licensed dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or co-payments are met. Amounts billed by network providers in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.

MetLife Dental

MetLife participating dental providers accept negotiated fees as payment in full after your deductibles and co-payments are met. These fees are typically 15 to 30 percent below average rates. Non-covered services provided by a participating dentist are also charged at a lower rate. Covered expenses from a non-participating dentist are paid according to established reasonable and customary charges.

Dental Plans Comparison Chart

	Employers Dental Services	Assurant Employee Benefits	Delta Dental	MetLife Dental
PLAN TYPE	Prepaid	Prepaid	Indemnity/PPO	Indemnity/PPO
DEDUCTIBLES	None	None	$50/$150	$50/$150
PREVENTIVE CARE	Co-Pay	Co-Pay	Co-Insurance	Co-Insurance
Office Visit	$5	*$10*	$0 Deductible Waived*	$0 Deductible Waived*
Oral Exam	$0	$0	$0 Deductible Waived	$0 Deductible Waived
Prophylaxis/Cleaning	*$7*	*$5*	$0 Deductible Waived	$0 Deductible Waived
Fluoride Treatment (to age 19)	$0	$0	$0 Deductible Waived	$0 Deductible Waived
X-Rays	$0	$0	$0 Deductible Waived	$0 Deductible Waived
BASIC RESTORATIVE	Co-Pay	Co-Pay	Co-Insurance	Co-Insurance
Office Visit	$5	*$10*	20%*	20%*
Sealant (to age 19)	$12/tooth	*$15/tooth*	20%	20%
Filings	*$13-$30 (amalgam)*	*$20-$45 (amalgam)*	20%	20%
Extractions	*$55 (single)*	*$20 (single)*	20%	20%
Periodontal Gingivectomy	*$225 Per Quadrant*	*$150 Per Quadrant*	20%	20%
Oral Surgery	*$55-$120*	*$20-$135*	20%	20%
MAJOR RESTORATIVE				
Office Visit	$5	*$10*	50%*	50%*
Crowns	*$280 + Lab*	*$265 + Lab*	50%	50%
Dentures	*$325 + Lab*	*$365 + Lab*	50%	50%
Fixed Bridgework	*$280+ Lab*	*$305 + Lab*	50%	50%
Crown/Bridge Repair	*$5 + Lab*	*$25*	50%	50%
Inlays	*$135-$170*	*$230-$305 + Lab*	50%	50%
ORTHODONTIA				
Child	25% discount of Plan Specialist normal retail	25% discount of Plan Specialist normal retail	50%	50%
Adult	25% discount of Plan Specialist normal retail	25% discount of Plan Specialist normal retail	50%	50%
TMJ Services				
Exam, services, etc.	Up to 25% of normal fees	Up to 25% of normal fees	No coverage	No coverage
MAXIMUM BENEFITS				
Annual combined preventive, basic, and major services	No dollar limit	No dollar limit	$2,000/person	$2,000/person
Orthodontia Lifetime	No dollar limit	No dollar limit	$1,500/person	$1,500/person

**Office visit and exams of any type are covered only two times a year at 100%.*

This is a Summary only; please see Plan Descriptions for detailed provisions.

VISION PLAN INFORMATION

Coverage for vision examinations and corrective eyewear is available through Avesis, Incorporated. Employees are responsible for the full premium cost of this voluntary plan for themselves and their dependents.

You may receive services from either a participating or a non-participating provider *once per plan year*. Exceptions are the LASIK benefit which is available one time only and only with a participating LASIK center, and additional eyewear benefit which you may use as many times as you wish with a discount within a participating provider's office

Participating Provider
To find a participating provider, either go online to *www.avesis.com* or call Avesis customer service at 1.800.828.9341. Then call the provider and identify yourself as an Avesis member employed by the State of Arizona and schedule your appointment. You can choose to receive your services from a participating optometrist, ophthalmologist or selected retail chain stores.

Participating Provider Fee Schedule	Co-pay	Allowance Given to Employee
1) Vision examination and **one** of the following:	$10	
a) Single, bifocal, trifocal, or lenticular lenses and frame		$100 - $150 allowance
b) Contact Lens*		$130 allowance
c) LASIK Surgery		$150 allowance
2) Options (E.g. Progressive lens, tinting, coatings, transitional lens)		20% discount from provider's fee

* Contact lenses would be covered in full if considered medically necessary.

Non-participating Provider
If services are received from a non-participating provider, you will pay the provider at the time of service and submit a claim to Avesis for reimbursement. The claim must be filed within three months from the date of service and include your name, member ID number and mailing address, the patient's name and date of birth, the group name and number, and an itemized statement of services. An out-of-network reimbursement form is available by visiting the Avesis website at *www.avesis.com*.

Non-Participating Provider Fee Schedule	Employee is Reimbursed
Vision Examination	Up to $50
Single Vision Lenses	Up to $30
Bifocal Lenses	Up to $45
Trifocal Lenses	Up to $55
Lenticular Lenses	Up to $110
Progressive Lenses	Up to $45
Frames	Up to $50
Options (e.g. tinting, coatings)	No reimbursement
Contact Lens Benefit*	
Elective	$150
Medically Necessary	$300
LASIK Surgery	Not Covered

*Member may choose to receive one of the following within their plan period: 1) spectacle lenses and a frame, OR the contact lens benefit. The Contact Lens Benefit takes the place of the exam, lenses and frame within that plan period.

This is a brief description of your voluntary vision care plan available through Benefit Options. For a complete listing of covered services for this plan, please refer to the plan description located on the website, *www.Benefitoptions.az.gov* or contact Avesis directly at 1.800.828.9341.

NAU Only

The BCBS plan contains a vision benefit. For more information, please go to *http://hr.nau.edu*, click on Benefits, Health, BCBS Plan Book. You may also contact your NAU Human Resources department.

Arizona, National and International Coverage
(Medical, Dental, and Vision)

	Within Arizona	Within U.S.	International
MEDICAL			
EPO Plans			
RAN+AMN	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
Schaller Anderson Healthcare	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
UnitedHealthcare	Covered in-network	Covered using UHC EPO provider network	Emergency and Urgent Only
PPO Plans			
Arizona Foundation	Covered in/out-network	Covered using AZF PPO in/out-network or Beech Street Provider	Covered out-of-network
Beech Street	Covered in/out-network	Covered in/out-network	Covered out-of-network
UnitedHealthcare	Covered in/out-network	Covered using the UHC PPO in/out provider network	Covered out-of-network
NAU Only			
BlueCrossBlueShield PPO		Outside AZ: Covered as in-network *only* if you receive covered services from a provider who participates as a PPO provider with the local BCBS plan. For assistance in locating a local BCBS network provider in another state, call 1.800.810.2583.	For assistance with locating a provider and submitting claims, call 1.800.810.2583 or 1.804.673.1686. For an international claim form, go to www.bcbs.com/bluecardworldwide/index.html
PHARMACY			
Walgreens Health Initiatives	Covered in-network	Covered in-network	Not Covered
DENTAL			
Prepaid Plans			
Assurant Employee Benefits	Covered in-network	Emergency Only	Emergency Only
EDS	Covered in-network	Emergency Only	Emergency Only
PPO Plans			
Delta Dental	Covered in/out-network	Covered in/out-network	Covered out-of-network
MetLife Dental	Covered in/out-network	Covered in/out-network	Covered out-of-network
VISION			
Avesis	Covered in-network	Covered out-of-network	Covered out-of-network

Note: Treatment will be subject to the Plan Description.

LIFE INSURANCE BENEFITS

STANDARD LIFE INSURANCE

Basic Life Insurance and AD&D

You are automatically covered for $15,000 of basic life insurance provided by Standard Insurance at no cost to you. An additional $15,000 for Accidental Death and Dismemberment (AD&D) insurance and a $15,000 Seat Belt Benefit may also be payable if you die in an automobile accident and are wearing a seat belt. You are automatically covered in these three programs.

Supplemental Life Insurance and AD&D

Supplemental life insurance coverage is available to employees who would like additional life insurance beyond what the State provides. The maximum amount of supplemental life insurance that you can elect through the State's group plan is three times your annual base salary, or $300,000, whichever is less. Your employee supplemental AD&D coverage is the same as the supplemental life amount that you elect.

When electing or changing supplemental life after the initial offering, you may increase or decrease your supplemental life coverage. You may increase in multiples of $5,000 up to a maximum $20,000 per year. You may also decrease your coverage in multiples of $5,000 or cancel your coverage. Supplemental life coverage above $35,000 is paid on an after-tax basis, and may be cancelled at any time.

In the event of your death, employee life and AD&D benefits are paid to your designated beneficiary. It is important to keep your beneficiary information current. You may change your beneficiary using the web enrollment system during Open Enrollment. Remember: Adding a beneficiary does not automatically delete a previously designated beneficiary. If you wish to change a previously-designated beneficiary, you must actively do so while enrolling via the website.

Dependent Life Insurance

You may purchase life insurance coverage for your spouse and/or dependents in the amount of $2,000, $4,000, $6,000, $12,000, or $15,000. You do not have to elect any Standard Supplemental coverage for yourself in order to choose this dependent plan. Each person will be covered for the amount you choose for a small monthly premium. In the event of a claim, you are automatically the beneficiary.

AETNA SUPPLEMENTAL LIFE INSURANCE

Arizona State University and Arizona Board of Regents

Aetna coverage is available in increments of one, two, or three times your annual salary (then rounded to up to the next $1,000) or $100,000 whichever is less. $5,000 coverage for your spouse and $2,500 for each dependent to age 23 is automatically included in this plan. Coverage levels automatically adjust for changes in your age and salary.

During this Open Enrollment you may choose any level of coverage you wish. If you do not currently have an Aetna plan, any level of coverage you chose will require that you complete an Evidence of Insurability Form and your application will be subject to medical underwriting. If you do have an Aetna plan now, you may increase your coverage one level without any underwriting, or more than one level with underwriting.

If underwriting is necessary, you will be sent the Evidence of Insurability Form by the Benefits Office during October. You must complete the form and submit it directly to Aetna; they will notify you and copy ASU with their decision. You will not be charged a premium for your election until the Benefits Office has been notified of your approval.

The University of Arizona

You pay all premiums for the Aetna life insurance coverage amount that you elect. You may apply for coverage in increments of one, two, or three times your annualized salary rounded up to the nearest $1,000. The maximum you may apply for is three times your annualized salary or $300,000, whichever is less. Dependent life insurance coverage for your spouse in the amount of $5,000 and for your children in the amount of $5,000 is also available when supplemental coverage is elected. An Accidental Death and Personal Loss double indemnity benefit is provided with employee supplemental life coverage. During your initial new hire/eligibility enrollment or a Qualified Life Event change, you may elect up to the maximum coverage available to you. Thereafter, changes in coverage are restricted to one option level increase at Open Enrollment. Coverage levels automatically adjust for changes in your age and salary.

Northern Arizona University

You pay all premiums for the Aetna life insurance coverage amount that you elect. You may apply for coverage in increments of one, two or three times your annual salary rounded up to the nearest $1,000. The maximum you may elect is three times your annual salary or $150,000, whichever is less. At Open Enrollment, changes and coverage are restricted to one option level increase. Coverage levels automatically adjust for changes to your age and salary. Dependent life insurance coverage is also available when supplemental coverage is elected. Option 1 provides $10,000 spouse/$5,000 child(ren) and Option 2 provides $5,000 spouse / $2,500 child(ren).

SUPPLEMENTAL LIFE INSURANCE COMPARISON

AGE	STANDARD (per $1,000 coverage)	AETNA ABOR & ASU (per $1,000 coverage)*	AETNA NAU (per $1,000 coverage)*	AETNA UA (per $1,000 coverage)*
18-24	$0.10	$0.13	$0.04	$0.06
25-29	$0.10	$0.15	$0.05	$0.06
30-34	$0.12	$0.16	$0.07	$0.06
35-39	$0.14	$0.20	$0.08	$0.10
40-44	$0.24	$0.23	$0.09	$0.16
45-49	$0.32	$0.29	$0.13	$0.26
50-54	$0.52	$0.37	$0.20	$0.32
55-59	$0.74	$0.48	$0.30	$0.50
60-64	$1.34	$0.63	$0.45	$0.76
65-69	$1.34	$0.92	$0.60	$1.14
Age 70+	$2.12	Contact your benefit office for premium rate.		
Election Options	Elect in $5,000 increments. Increases may not exceed $20,000 per plan year after initial new hire enrollment.	Option A 1x annual salary; Option B 2x annual salary; Option C 3x annual salary. Increases may not exceed one step per plan year after initial new hire enrollment.	Option A 1x annual salary; Option B 2x annual salary; Option C 3x annual salary. Increases may not exceed one step per plan year after initial new hire enrollment, or unless you experience a Qualified Life Event.	Option 1 1x annual salary; Option 2 2x annual salary; Option 3 3x annual salary Increases may not exceed one step per plan year after initial new hire enrollment, or unless you experience a Qualified Life Event.
Minimum Coverage	$5,000	1x annual salary rounded up to nearest $1,000	1x annual salary rounded up to nearest $1,000	1x annual salary rounded up to nearest $1,000
Maximum Coverage	$300,000 or 3 x annual salary, whichever is less	$100,000 or 3x annual salary, whichever is less	$150,000 or 3x annual salary, whichever is less	$300,000 or 3 x annual salary, whichever is less
Spouse & Dependent Coverage	Mo. Cost $ 2,000 $0.94 $ 4,000 $1.88 $ 6,000 $2.82 $12,000 $5.64 $15,000 $7.06	Included: $5,000 spouse $2,500 each child	Option 1 $10,000 spouse $5,000 each child; Option 2 $5,000 spouse $2,500 each child.	$5,000 spouse $5,000 each child Monthly Cost $0.66
Portability/ Conversion Options	• Conversion Option	Refer to Summary of Coverage	Refer to Summary of Coverage	• Portability and Conversion Option • Retiree Continuation Option
Other Features	• Accidental Death & Personal Loss Double Indemnity • Seatbelt Incentive • Non Smoker	• Accidental Death & Personal Loss Double Indemnity	• Accidental Death & Personal Loss Double Indemnity • Waiver of Premium • Benefit for Total Disability	• Accidental Death & Personal Loss Double Indemnity

**Coverage levels automatically adjust for changes in salary.*

Short Term Disability (STD) Insurance

STD coverage provides replacement income for up to six months if you should become disabled due to a non-work related accident or illness or due to pregnancy. Coverage is available from two companies; you may select one plan and you pay the entire premium on an after-tax basis.

Standard Insurance Company

The Standard STD benefit is up to 66.66% of your base pay with a maximum weekly benefit of $769.27. There are no pre-existing condition limitations, but you must meet the actively-at-work provision at the time of enrollment.

If you elect Standard STD for the first time during this Open Enrollment, there is no waiting period for an accident related disability, but there is a 60-day waiting period for benefits to begin for either an illness or pregnancy related disability. However, if you were covered by another STD plan for the 12 months prior to October 1, 2007, the 60-day waiting period is reduced to 30 days.

UnumProvident

The UnumProvident plan has a waiting period of 30 days for a disability caused by accident, illness, or pregnancy, unless you are hospitalized as an inpatient for at least 24 hours and then you are paid from the first day of disability. Included in this plan is $30,000 Accidental Death and Dismemberment coverage.

If you choose UnumProvident STD for the first time during this Open Enrollment, you must meet the actively-at-work provision and there is a six-month pre-existing limitation clause that must be met before a benefit is paid.

You may choose any one of the three benefit options available, however the maximum weekly benefit this plan pays will always be the lesser of:

- 70% of your weekly base pay
- $ 750 if you elect Option A
- $1,500 if you elect Option B
- $2,000 if you elect Option C

If you currently have UnumProvident coverage and increase to a higher Option, there is a six-month waiting period for the difference in benefit.

Example:

- Your salary is $200,000 and you have Option A. If you became disabled, your benefit would be the lesser of 70% of your weekly salary ($2,692) or the weekly maximum of Option A ($750). You would be paid $750.
- At Open Enrollment, you change to Option C.
- Then, if you became disabled, you would be paid either 70% of your weekly salary ($2,692) or the weekly maximum of Option C, $2,000. You would be paid $2,000.
- Therefore, the difference in benefit is $1,250 ($2,000 - $750). It is this difference that you would not be eligible for in the six months after 10-01-2007.

Short Term Disability Insurance Comparison

UnumProvident	Standard Insurance
• For non-work related accident or illness • Monthly cost: $0.84 per $100 of salary • After-tax deduction • Benefits are tax-free • Maximum Payment: 26 weeks • Includes $30,000 Accidental Death & Dismemberment Coverage	• For non-work related accident or illness • Monthly cost: $0.87 per $100 of salary • After-tax deduction • Benefits are tax-free • Maximum Payment: 26 weeks

• Pays weekly benefit of lesser of:
  • 70% of base pay
  • $ 750 (Option 1)
  • $1,500 (Option 2)
  • $2,000 (Option 3)
	• Pays weekly benefit the lesser of:
	  • 66.66% of base pay
	  • $769.27

• Benefits begin on the first day if hospitalized for at least 24 hours	• Benefits begin on the first day if disability is due to an accident
• Benefits begin on the 31st day if not admitted to hospital	• After an Open Enrollment election, benefits begin on the 61st day for illness or childbirth unless you have been covered by another STD plan for the 12 months prior to October 1
• Benefits for pregnancy pay 6 weeks for normal birth, 8 weeks for C-section	• Benefits for pregnancy pay from 31st day through 42nd day after birth
• Pre-existing Condition Exclusion for first six months after initial election or after Option level increase	• No Pre-existing Condition Exclusion
• Periods of disability due to the same cause count as one period unless separated by six months or more of full-time active work	• Periods of disability due to the same cause count as one period unless separated by 30-days or more
• Return to Work: Benefits will stop if working in any capacity	• Return to work: Partial benefits if working 80% or less than full-time

EMPLOYEE WELLNESS

The benefits packages offered by all three state universities provide for the fact that you don't check your life at the door when you come to work. Family illnesses, finding care for an aging parent and relationship conflict are examples of how life can occasionally get out of balance with work.

Employee Assistance programs that are confidential and free are available to help employees sort things out, make changes and get referrals as needed. Worksite wellness programs can help employees reduce their risks for health problems and enhance their well-being. Governor Janet Napolitano has made employee wellness a priority for the State of Arizona.

At Arizona State University, Health Watch, the ASU Employee Wellness Program is designed to identify and deliver high quality, practical health education programs and screening services to promote and support ASU employees in establishing and maintaining healthy lifestyles. Screening services include cholesterol, diabetes, osteoporosis, skin cancer, thyroid, PSA, and mammography. All screenings include professional consultation and referrals if needed. Classes focus on nutrition, stress management, exercise and a variety of general health education topics. Additional activities include a flu prevention program, weight management program, and smoking cessation program.

The Work/Life Program at ASU is designed to be a strong, supportive culture for employees that is dynamic, flexible and respectful of the whole person. A sense of well-being crosses four domains of employees' lives: physical, mental, spiritual and emotional. When work/life programs can affect several or all of these in a positive manner, they contribute to healthier more productive employees. Program services include credit counseling/money management assistance, housing assistance, pre-paid legal services, and lawyer referral services. Discount coupons and tickets are available for over 50 attractions in Arizona, California, Florida, Texas, Colorado, Pennsylvania, and Virginia. In addition, over 150 businesses representing a wide range of goods and services extend ASU employees discounts.

At The University of Arizona, Life & Work Connections is a unique program that integrates Employee Assistance and Worksite Wellness together with Child Care and Family Resources, Elder Care and Life-Cycle Resources, and Work/Life Support. A variety of activities and educational presentations have been developed from a "whole-person, life-cycle" point of view to help employees make small lifestyle changes that increase resiliency and overall health and well-being.

Wellness screenings feature in-depth heart health risk assessment, diabetes, osteoporosis and skin cancer screenings all of which include on-site master's and Ph.D. level consultation and, if needed, referrals. A flu prevention program, weight management, nutrition and fitness consultations, a walking program, and smoking cessation program referrals are included also.

Department specific requests for a range of educational presentations on topics that cover health, family, professional and personal development can also be arranged.

Our services can be viewed at *www.lifework.arizona.edu* and are offered not only to help you cope with emergencies, but also to help you plan for balance in your life and work.

At Northern Arizona University
The mission of the Employee Assistance & Wellness Office (EAW) is to provide opportunities for enhancing individual and organizational well-being to university faculty and staff.

With today's complex lifestyles we all experience difficult times. The EAW office assists employees and their families with personal and professional issues, and helps to enhance overall health and wellness.

A variety of wellness programs and workshops are offered each semester for NAU faculty and staff. Programs may also be coordinated on request from departments and groups.

The following clinical services are provided by EAW:

- Short-term Counseling
- Critical Incident Response
- Information and Referral
- Consultation
- Conflict Management

Who may use Employee Assistance & Wellness (EAW)?
Counseling services may be used by all benefit-eligible employees and their covered family members. All other services (e.g., wellness programs) may be used by all employees and their family members unless otherwise noted.

You can obtain more information about EAW by accessing their website at *www4.nau.edu/eaw/*.

The EAW office is located at 415 South Beaver Street, Flagstaff, AZ 86001. You can contact them by phone at 1.928.523.1552 or by email at Ask-EAW@nau.edu.

EXPERIENCE THE POWER OF CHANGE

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