



**FOR ALL MEMBERS**

*VISION PLAN SELECTION - ONLY AVAILABLE IF MEDICAL AND/OR DENTAL COVERAGE IS SELECTED*

**VISION PLAN - MARK APPROPRIATE BOX**

I DECLINE VISION COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
Avesis	<input type="checkbox"/> \$4.83	<input type="checkbox"/> \$13.52	<input type="checkbox"/> \$16.86

**DENTAL PLANS - MARK APPROPRIATE BOX**

I DECLINE DENTAL COVERAGE       I ELECT TO KEEP MY CURRENT DENTAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
Delta Dental	<input type="checkbox"/> \$34.82	<input type="checkbox"/> \$77.85	<input type="checkbox"/> \$131.82
Total Dental Administrators	<input type="checkbox"/> \$9.96	<input type="checkbox"/> \$18.92	<input type="checkbox"/> \$27.70

**MEDICAL PLANS - MARK APPROPRIATE BOX**

*FOR MEMBERS WITHOUT MEDICARE*

I DECLINE MEDICAL COVERAGE

STATEWIDE PLANS (MONTHLY PREMIUM AMOUNTS)	Retiree Only	Retiree + One	Retiree & Family
<b>EPO PLANS</b>			
CIGNA EPO	<input type="checkbox"/> \$537.00	<input type="checkbox"/> \$1255.00	<input type="checkbox"/> \$1691.00
AETNA EPO	<input type="checkbox"/> \$537.00	<input type="checkbox"/> \$1255.00	<input type="checkbox"/> \$1691.00
AMERIBEN EPO	<input type="checkbox"/> \$537.00	<input type="checkbox"/> \$1255.00	<input type="checkbox"/> \$1691.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$537.00	<input type="checkbox"/> \$1255.00	<input type="checkbox"/> \$1691.00
<b>PPO PLANS</b>			
AETNA PPO	<input type="checkbox"/> \$853.00	<input type="checkbox"/> \$2008.00	<input type="checkbox"/> \$2782.00
AMERIBEN PPO	<input type="checkbox"/> \$853.00	<input type="checkbox"/> \$2008.00	<input type="checkbox"/> \$2782.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$853.00	<input type="checkbox"/> \$2008.00	<input type="checkbox"/> \$2782.00
<b>NAU Only - Available in ALL regions</b>			
BCBS of Arizona PPO	<input type="checkbox"/> \$570.12	<input type="checkbox"/> \$1140.24	<input type="checkbox"/> \$1596.34

**\*\*BENEFIT SERVICES DIVISION USE ONLY\*\***

PLAN NAME: \_\_\_\_\_

PLAN OPTION CODE: \_\_\_\_\_

**\*\*FOR MEMBERS WITH MEDICARE, MAKE ENROLLMENT SELECTIONS ON THE  
FOLLOWING PAGE\*\***



**STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD  
ENROLLMENT FORM 2009-2010**

**FOR MEMBERS WITH MEDICARE - attach a copy of your Medicare card**

I HAVE MEDICARE PART A

I HAVE MEDICARE PART B

I DECLINE MEDICAL COVERAGE

STATEWIDE PLANS (MONTHLY PREMIUM AMOUNTS)	Retiree Only with Medicare	Retiree + ONE: Both with Medicare	Retiree + ONE: One with Medicare, the other without	Retiree + ONE: With Medicare; other dependents without
<b>EPO PLANS</b>				
CIGNA EPO	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$927.00	<input type="checkbox"/> \$1055.00
AETNA EPO	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$927.00	<input type="checkbox"/> \$1055.00
AMERIBEN EPO	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$927.00	<input type="checkbox"/> \$1055.00
UNITEDHEALTHCARE EPO	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$927.00	<input type="checkbox"/> \$1055.00
<b>PPO PLANS</b>				
AETNA PPO	<input type="checkbox"/> \$714.00	<input type="checkbox"/> \$1426.00	<input type="checkbox"/> \$1575.00	<input type="checkbox"/> \$1792.00
AMERIBEN PPO	<input type="checkbox"/> \$714.00	<input type="checkbox"/> \$1426.00	<input type="checkbox"/> \$1575.00	<input type="checkbox"/> \$1792.00
UNITEDHEALTHCARE PPO	<input type="checkbox"/> \$714.00	<input type="checkbox"/> \$1426.00	<input type="checkbox"/> \$1575.00	<input type="checkbox"/> \$1792.00
<b>NAU Only - Available in ALL Regions</b>				
BCBS of Arizona PPO	<input type="checkbox"/> \$510.55	<input type="checkbox"/> \$1021.36	<input type="checkbox"/> \$1080.93	<input type="checkbox"/> \$1379.41

**\*FOR SECUREHORIZONS MEMBERS-SECUREHORIZONS WILL REMAIN IN EFFECT UNTIL 12/31/09. YOU CAN ELECT TO KEEP YOUR CURRENT BENEFITS OR DIS-ENROLL FROM SECUREHORIZONS AND ELECT ONE OF THE OTHER BENEFIT PLANS THAT ARE NOW BEING OFFERED. IF YOU CHOOSE TO KEEP SECUREHORIZONS UNTIL 12/31/09, YOU WILL RECEIVE A COMMUNICATION IN DECEMBER 2009 WITH YOUR OPTIONS FOR CONTINUING YOUR BENEFITS.**

- I currently have SecureHorizons and elect to continue with my current benefit plan with SecureHorizons until 12/31/09.
- I currently have SecureHorizons and elect to continue, however, I am electing a different benefit option with SecureHorizons until 12/31/09.
- I elect to dis-enroll from SecureHorizons and elect another benefit plan.

**You must sign and date here if you are electing to dis-enroll from SecureHorizons.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**MARICOPA and PINAL COUNTY**

SecureHorizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
SecureHorizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00

**PINAL COUNTY**

SecureHorizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
SecureHorizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00

**COCHISE, COCONINO, GRAHAM, GREENLEE, LA PAZ, YAVAPAI, YUMA COUNTY**

SecureHorizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
SecureHorizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00

**PIMA COUNTY**

SecureHorizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
SecureHorizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00

**SANTA CRUZ COUNTY**

SecureHorizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
SecureHorizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00

I hereby certify, under penalty of perjury, that the information provided in this application for health benefits is correct and true. I am aware that providing false information - including that which is related to my address, spouse, or dependent(s) - may subject me to denial of health benefits, disciplinary action, and prosecution pursuant to ARS 13-2310, 13-2311, 13-2407, 13-2702 and other applicable laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to: ADOA Benefit Services Division, 100 N. 15th Ave., Suite 103  
Phoenix, AZ 85007**

**\*\*\* BENEFIT SERVICES DIVISION USE ONLY \*\*\***

PLAN NAME: \_\_\_\_\_

PLAN OPTION CODE: \_\_\_\_\_