



Arizona Department of Administration
Benefit Services Division
 100 N 15th Ave #103
 Phoenix, AZ 85007



November 4, 2010

<Dear Member>:

Our records indicate you currently have a domestic partner enrolled in one or more of the Benefit Options insurance plans. This letter is to inform you of the change in domestic partner eligibility under Benefit Options and notify you of the option available for continued coverage. Pursuant to a change in Arizona law, A.R.S. 38-651 (O), opposite-sex domestic partners are no longer eligible for health insurance with Benefit Options effective January 1, 2011.

Benefit Options will offer non-subsidized health benefits for up to 6 months (1/1/11 - 6/30/11) to opposite-sex domestic partners and the domestic partner's child(ren) who lose coverage as a result of this change in the law. Domestic partners who lose coverage may elect to continue health benefits for themselves and/or their child(ren) for up to 6 months by completing the enclosed Enrollment Form and submitting it to the address/fax provided. All forms must be submitted by December 15, 2010. If your domestic partner does not want to continue to receive health benefits, no action is required and all domestic partner/domestic partner's child(ren) coverage will end on December 31, 2010.

The monthly premium for continued health benefits is the total cost of benefits (includes both employee and State premiums for single or family coverage) plus a two percent administration fee as listed on the enrollment form. For example, the cost of single medical coverage for one dependent would be:

Employee Cost		State Cost		Administration Fee		Total Monthly Premium
\$40	+	\$550	+	\$11.80	=	\$601.80

If you believe you have received this letter in error and either do not have an opposite-sex domestic partner or you are married, please contact Benefit Options Member Services at 602-542-5008.

Sincerely,

Marcia Jarvis, Benefits Operations Manager
 Benefit Services Division
 Arizona Department of Administration