

# Benefit Options

Choice. Value. Health.

## 2009- 2010 FREQUENTLY ASKED QUESTIONS

### Eligibility

**Q.** I'm a new hire or returning to work. How do I go about electing insurance coverage?

**A.** Newly hired and returning employees must enroll for benefits coverage within 31 days of their date of hire or reinstatement by using the Y.E.S. website. University employees must contact their HR office for enrollment instructions.

**Q.** When will my effective date of coverage be as a new hire or returning to work?

**A.** The effective date for your benefits coverage will be the first pay period following receipt of a properly executed enrollment form and required supporting documentation; provided the request is received within thirty-one (31) days of the date of hire.

**Q.** I'm a new hire and my spouse's last name is different from mine and I can't find our marriage certificate. Will my coverage be delayed?

**A.** 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), birth certificate, or court order (for dependents), is provided to your agency human resources office.

**Q** I left the ADOA Retiree Benefit Options Program several years ago. Can I enroll in the new plan?

**A** Currently, State law prohibits retirees from returning to the ADOA Benefit Options program once they have declined to enroll.

**Q** I am a retiree/LTD member and I will be turning 65 in a couple months and will be eligible for Medicare. What steps do I need to take to ensure that my coverage reflects my Medicare status?

**A.** First, you will need to contact the Social Security Administration and fill out the appropriate paperwork to sign up for Medicare.

You will then need to fill out an enrollment change form and choose a Medicare plan.

If you need additional help filling out your paperwork you may come into the ADOA office located at: ADOA, 100 N. 15th Avenue, Suite 103, Phoenix, AZ 85007 and a member service representative will gladly assist you.

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- Q.** Who's considered an eligible dependent?
- A.** Your legal spouse or qualified domestic partner, natural, adopted and/or stepchildren under age 19, or under 25 if a full-time student at an accredited educational institution. *\*Eligibility is subject to change based on new legislations*
- Q.** My child is about to turn 25 years old and is still enrolled in college. When will my child be dropped from my insurance coverage?
- A.** Your dependent child will be covered until midnight the day before his/her 25th birthday.
- Q.** Can I enroll my 84 year old mother who lives with me as my dependent?
- A.** No, dependents eligible to participate in the State Health Plans include the employee's spouse, domestic partner and each qualifying child.
- Q.** Can I enroll my fiancé under this plan?
- A.** Only if they qualify as a domestic partner.
- Q.** Does the plan include domestic partner benefits?
- A.** Yes. However, this is subject to change based on legislation.
- Q.** What is a qualifying life event (QLE)?
- A.** This is an event that changes in your life such as but not limited to:
- Changes in your marital status: marriage, divorce, legal separation, annulment, death of spouse;
  - Changes in dependent status: birth adoption, placement for adoption, death, or dependent eligibility due to age, marriage, student status;
  - Changes in employment status or work schedule that affect benefits eligibility for you, your spouse, and/or dependent;
  - Changes in residence that result in different available plan options for you, your spouse, and/or dependent.
- Q.** My wife and I just had a baby. What does the Benefit Services Division (BSD) need to enroll our baby onto my plan?
- A.** You should contact your agency liaison, fill out an enrollment change form and send a copy of your baby's birth certificate within 31 days. Then, the liaison will fax or interoffice the paperwork to the BSD department and get the information added.

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- Q.** When will my coverage be effective for a QLE?
- A.** The effective date for benefit changes resulting from birth, adoption, or placement for adoption is the date of the event. The effective date for benefit changes based on all other QLE's is the first day of the next pay period, following the date the employee submits the requested change, in writing, to his or her agency benefit liaison.
- Q.** What will happen if I don't turn in my QLE and supporting documentation in within the 31 days allowed?
- A.** You will need to submit an appeal letter to BSD stating why the QLE/supporting documentation wasn't turned in in a timely manner.
- Q** As a retiree, can I cancel my Medical Plan and still keep my dental coverage?
- A.** Yes.

### Medical

- Q.** The State's Benefit Options program offers "open access" in all of the EPO plans. What does this mean?
- A.** Open Access refers to how you "access" physicians. Instead of getting a referral from your Primary Care Physician (PCP) to see a specialist, you may schedule an appointment directly with the specialist of your choosing. The specialist **MUST** be contracted within your network. However, if you wish to obtain specialist referrals through your PCP, you may do so.
- Q.** If my PCP refers me to a specialist or medical provider that is NOT within my EPO network, am I responsible for the medical charges?
- A.** Yes. In the EPO plan, all the medical services received must be contracted network medical providers. If your PCP has scheduled an appointment for x-rays, laboratory tests, or specialists, you must make sure they are within your medical network. If you are enrolled in the PPO plan, you may obtain out-of-network services and pay 50 percent of the covered charges, after you have met your deductible.
- Q.** My preferred doctor is not in any of the networks. What can I do?
- A.** If you provide us the name, address, and phone number of your physician, we will forward this information to the contracted networks to see if they can add your doctor to their networks. Networks continue to expand so please check the physician search of the network that you selected on a periodic basis.

## 2009- 2010 FREQUENTLY ASKED QUESTIONS

- Q.** I have been contacted by someone and asked if I want to participate in a disease management program. What is disease management?
- A.** Disease Management is a voluntary service provided through an organization contracted with the State of Arizona , which assists members with treatment needs for chronic conditions. If you are being treated for any of the conditions below, you will be contacted by the Disease Management staff with further information on the program. This is a free service to provide you with information, assistance and resources to manage the following conditions:
- Asthma
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Congestive Heart Failure (CHF)
  - Diabetes
  - Coronary Artery Disease (CAD)
  - Health Pregnancy

- Q.** My preferred doctor is not in any of the networks. What can I do?
- A.** If you provide us the name, address, and phone number of your physician, we will forward this information to the contracted networks to see if they can add your doctor to their networks. Networks continue to expand so please check the physician search of the network that you selected on a periodic basis.

### Pharmacy

- Q.** Can I get a 3-month supply of medication for a 2-month co-pay?
- A.** Yes, mail order requests are discounted.
- Q.** Who provides my pharmacy benefits?
- A.** Statewide pharmacy services are provided by MedImpact.
- Q.** I am going out of the country for a year. How can I utilize my prescription plan? Can MedImpact mail the prescriptions to me outside of the U.S.?
- A.** Prescriptions cannot be mailed outside of the U.S. You may receive a one-year supply for certain prescriptions through mail-order service prior to leaving the U.S. with a prior authorization.

## 2009- 2010 FREQUENTLY ASKED QUESTIONS

- Q.** Can I obtain my prescription outside of the U.S. and get reimbursed when I return?
- A.** If you obtain medications for emergencies outside of the U.S., you will not be reimbursed.

- Q.** If I'm traveling within the U.S. and run out of my medications can I go to any pharmacy and utilize my prescription plan?
- A.** Benefits are covered in-network. You may call MedImpact to locate a pharmacy in the area in which you are traveling.

### Dental

- Q.** What dental plan providers are available?
- A.** The dental plan providers available are Delta Dental, and Total Dental Administrators (TDHP).

- Q.** What types of dental plans are available?
- A.** A Pre-Paid plan and an Indemnity/PPO Premier plan are available.

- Q.** What is a Pre-Paid Plan?
- A.** You see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.

- Q.** What is an Indemnity/PPO Premier plan?
- A.** You may see ANY dentist anywhere in the world. Deductible and/or out-of-pocket payments apply. Maximum benefit of \$2,000 per person per plan year for dental services and \$1,500 per person per lifetime 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.

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### Vision

**Q.** Am I eligible to elect vision coverage?

**A.** You may elect vision coverage for yourself, or for yourself and your family.

**Q.** Can I choose a nonparticipating provider?

**A.** You may choose to receive services from a participating network provider or a nonparticipating provider.

**Q.** What options do I have when using a participating network provider benefits?

**A.** When receiving services from a participating network provider it entitles you to one of the following three benefit options for the plan year:

*Option 1 – Standard Lenses*

You pay an annual \$10 co payment for a routine eye exam and receive standard spectacle lenses and a frame, within the plan allowance, at no additional charge.

*Option 2 – Contacts*

If contacts are elective, you pay an annual \$10 co payment for a routine eye exam and receive a \$150 allowance toward the cost of the contact lenses and fitting fees. If Avesis determines contacts are medically necessary, you pay an annual \$10 co payment for a routine eye exam and receive your contact lens benefit at no additional cost.

*Option 3 – Lasik Surgery*

You use a participating network provider and receive a \$300 benefit allowance toward the cost of Lasik surgery.

**Q.** What happens if I purchase noncovered options?

**A.** If you purchase noncovered options (e.g., eyewear) from a participating network provider, the providers have contracted with Avesis to provide these options at a reduced rate to Avesis members.

### Medicare

**Q.** Who is responsible for notifying ADOA of a Medicare change?

**A.** If you become eligible to receive Medicare due to a disability, receive your Medicare card prior to your 65th birthday, or there is a change in your Medicare status, you must contact the ADOA Benefits office with this information. If you receive your new Medicare card, you will be asked to provide a copy of it to the Benefits Office. Medicare does not communicate directly with ADOA.

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- Q.** I received my Social Security Administration award letter stating when my Medicare is to begin. Will this suffice for proof of Medicare coverage until I receive my actual Medicare card?
- A.** Yes, ADOA will accept your Security Administration award letter. Once you receive your Medicare card please send us and copy for your file.
- Q.** What happens if I do not elect Medicare Part B coverage with Social Security?
- A.** You will need to contact the Social Security Administration to learn how this will affect your coverage. You will be financially liable for medical costs incurred if you DO NOT take Part B. These costs will not be paid by your ADOA Benefit Options health plans.
- Q.** If I purchase both Part A and Part B of Medicare, why should I continue to be enrolled in the Benefit Options program?
- A.** This is a decision that must be made by the member. Medicare only pays 80% of covered charges once you have met your deductible. Physicians often charge patients the remaining portion of the bill that Medicare has not paid. The Benefit Options plan also incorporates MedImpact pharmacy coverage.

### **Life Insurance**

- Q.** What amount of basic, employer-paid life insurance coverage is provided?
- A.** The basic life insurance coverage is \$15,000.
- Q.** What is the maximum amount of supplemental life insurance coverage available?
- A.** As a new employee you may choose a coverage amount of up to three times your annual salary or \$300,000, whichever is lower in multiples of \$5,000.
- Q.** Is dependent life insurance offered through the state?
- A.** Yes, the state does offer dependent life insurance to employees. Dependent life is offered in increments of \$2,000, \$4,000, \$6,000, \$12,000, or \$15,000 or \$50,000 (if you have elected a minimum of \$35,000 in supplemental life).

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**Q.** May I increase my life insurance?

**A.** You may increase your supplemental life insurance up to \$20,000 a year as long as the amount remains under three times your salary

**Q.** When can I increase my life insurance?

**A.** You can increase your life insurance at Open Enrollment or when you have a qualifying life event (QLE) such as marriage, birth, adoption, placement for adoption, guardianship, or change in custody (natural or step-children) if you did not increase by the annual \$20,000 at Open Enrollment.

**Q.** May I decrease my life insurance?

**A.** Yes, you may decrease your life insurance down to \$35,000 at anytime. You can also decrease your supplemental life insurance when you have a qualifying life event (QLE) such as marriage, divorce, legal separation, annulment, death of spouse, birth, adoption, placement for adoption, guardianship, or change in custody (natural or step-children), death of dependent or removal of a foster child, removal of custody or guardianship.