2004–2005

Benefits Enrollment Guide for Retirees and Long-Term Disability Participants

It's about choice. It's about value. It's about YOU!

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benefit *options*
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"Your Health Matters"

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Overview

This Guide is designed to help you make the best choices about your benefits as a retiree or long-term disability (LTD) participant of the State of Arizona, Arizona State University, University of Arizona and Northern Arizona University. You will find valuable information about your benefit plans such as:

- *Benefits eligibility*
- *How the plans work*
- *Important contact information*

It is very important that you review this Guide so you can fully understand the benefit plans offered to you through Arizona Benefit Options. The program offers a variety of plans and coverage options. This is your opportunity to select the coverage that is appropriate for both you and your qualified dependents.

NOTE: The term "retiree" will be used throughout this Guide to include retirees, LTD participants, eligible former elected officials, surviving spouses and qualified dependents. The same benefit plans are available to each of the "retiree" groups.

Eligibility

The following are eligible to participate in the Arizona Benefit Options (AzBO) program:

- Retirees collecting a pension from a recognized State of Arizona retirement system and their qualified dependents
- Long-Term Disability (LTD) participants collecting benefits from VPA and/or Standard and their qualified dependents
- Eligible former elected officials and their qualified dependents
- Surviving spouses and qualified dependents provided they were covered at the time of the retiree's death.

As an eligible retiree, if you elected ADOA's medical and/or dental insurance, you may make changes to your plan(s) during Open Enrollment.

If you have declined or cancelled ADOA's medical and/or dental coverages in the past, you may not re-elect those coverages during the Open Enrollment period. You may, however, enroll in one of the medical or dental plans offered by your retirement system. The phone numbers for your retirement system are listed on the inside back cover of this Guide.

If you have a qualified dependent who is not currently enrolled in Arizona Benefit Options, he or she may be added during the Open Enrollment period. Dependents not enrolled during Open Enrollment cannot be added until the next Open Enrollment, unless there has been a Qualified Life Event. If you have a Qualified Life Event, you have 31 days to change your enrollment through the ADOA Benefits Office. The change must be consistent with the event.

Your qualified dependents are:

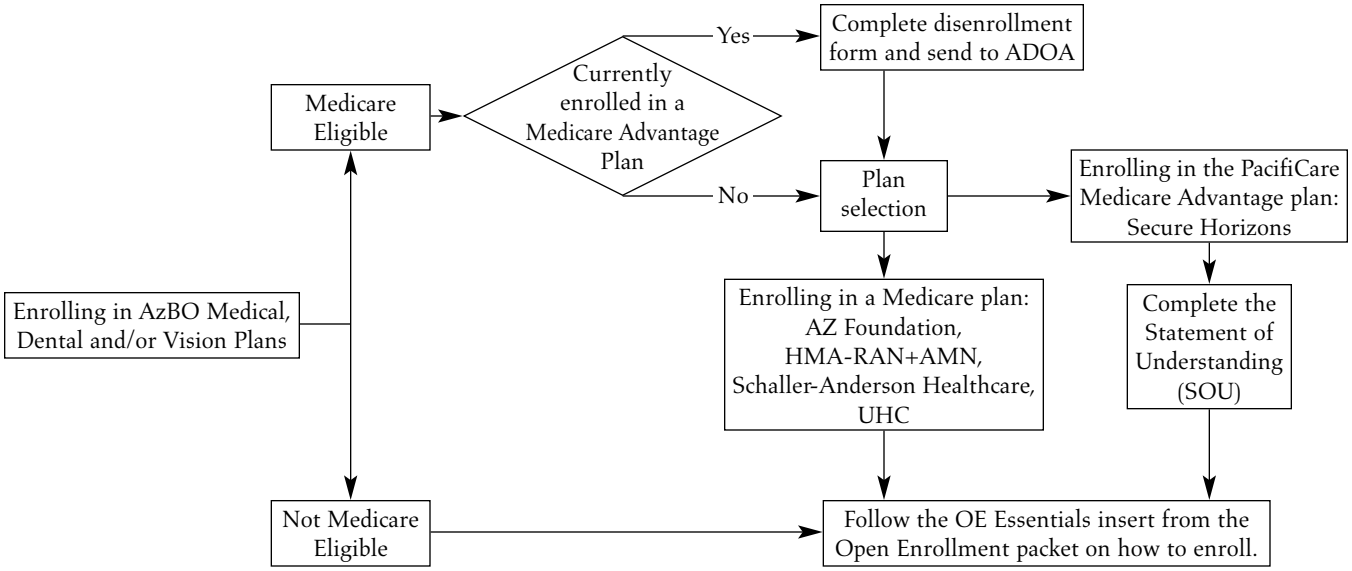
- Your legal spouse
- Natural, adopted and/or stepchildren who are unmarried and less than 19 years of age, or less than 25 years of age if a full-time student
- Minor children under age 19 for whom the retiree-member has court-ordered guardianship
- Foster children under the age of 19
- Children placed in the retiree-member's home by court order pending adoption
- Natural, adopted and/or stepchildren who were disabled prior to age 19 and were under the retiree's custody prior to age 19.

Please note: If your dependent child is approaching age 19 and is disabled, immediately contact the ADOA Benefits Office regarding procedures to continue coverage for this dependent. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration (SSA) guidelines, that occurred prior to his or her 19th birthday. Documentation may be required periodically to continue the dependent on your plan. Final eligibility will be determined by the ADOA Benefits Office.

Qualified Medical Child Support Order (QMCSO)

If a QMCSO exists, you must elect coverage for your dependent pursuant to the Order. You may not terminate coverage for a dependent covered by a QMCSO.

2004 AzBO Enrollment at a Glance



Other Important Information

Changing Your Benefit Elections

You may change your benefit elections during the year when you experience a Qualified Life Event (QLE).

Qualified Life Events include but are not limited to:

- changes in retiree's marital status: marriage, divorce, legal separation, annulment, death of spouse
- changes in dependent's status: birth, adoption, placement for adoption, death
- changes in dependent's eligibility due to age, marriage, student status
- changes in employment status or work schedule that affects benefit eligibility for the retiree, spouse and/or dependent
- changes in residence that affect available plan options for retiree, spouse and/or dependent.

If you have experienced a life event that is not listed but which you think qualifies you for a benefit change, consult with the ADOA Benefits Office.

A QLE change permits retirees to make certain midyear benefit changes consistent with the qualifying event.

The effective date for benefit changes resulting from a birth, adoption or placement for adoption is the date of the event. The effective date for benefit changes resulting from all other QLEs is the first day of the month following the date the requested change is submitted in writing to the ADOA Benefits Office.

To request a benefit change resulting from a QLE, **the retiree must submit a written request to the ADOA Benefits Office**. The request must include the retiree's social security number and signature. The request must be submitted within 31 calendar days of the QLE. Failure to request a change within this 31-day period will result in a denial of benefit changes until the next Open Enrollment period.

Declining Arizona Benefit Options

You may choose to decline Arizona Benefit Options at any time during the plan year. To decline (disenroll from) coverage, submit a written request to the ADOA Benefits Office. The request must specify the coverage (i.e., medical, dental and/or vision) you wish to decline. Your disenrollment will be effective the first day of the month following ADOA's receipt of your written request or on a later date designated by you. Once you have declined your medical, dental and/or vision coverage through Arizona Benefit Options, you cannot reenroll in the future. This is in accordance with Arizona Revised Statute §38-651.01.

Medicare Advantage HMO Plan Disenrollment Form

The Disenrollment Form must be completed and signed by all Medicare-eligible retirees and/or dependents who are currently enrolled in the Medicare Advantage HMO Plan and who are dropping this coverage.

The effective date will be the first of the month following receipt of the Disenrollment Form, unless a future date is requested. For Open Enrollment purposes, that future date is October 1, 2004.

Your Contributions to Arizona Benefit Options

The monthly premiums for the available Arizona Benefit Options medical, dental and vision plans are detailed in the rate charts on page 4.

Payment of Monthly Premium

- You are responsible to pay all premiums; failure to pay will result in cancellation of your insurance coverage.
- If your premium benefit subsidy(ies) is equal to or more than your total monthly premium(s), you pay nothing.
- If your premium benefit subsidy(ies) is less than your total monthly premium(s) and you would be left with a pension check of at least $10, your contribution will be deducted from your pension check. After enrolling, **check your pension check deductions**. If, by the second pension check after enrolling, the deduction has not occurred or the deduction is incorrect, immediately contact the ADOA Benefits Office.
- If your premium benefit subsidy(ies) is less than your total monthly premium(s) and your pension check is not large enough to cover the deduction OR you are not entitled to a premium benefit subsidy OR you are an LTD participant, you are responsible for the payment of your premium(s) by the first of each month. The monthly premium is stated on your enrollment form. You will not be billed.

RETIREE & LTD PARTICIPANT MEDICAL PREMIUMS

	WITHOUT MEDICARE				WITH MEDICARE							
Monthly Premium Amounts	IVR/ Plan Code	Retiree Only	IVR/ Plan Code	Retiree & Dependents	IVR/ Plan Code	Retiree Only with Medicare	IVR/ Plan Code	Retiree & Spouse or Dependent with Medicare	IVR/ Plan Code	Retiree & Spouse: One with Medicare, the other without	IVR/ Plan Code	Retiree and/or Spouse with Medicare; Dependents without
Maricopa County Region includes Apache Junction												
RAN+AMN (HMA) EPO	07	$337.00	08	$843.00	09	$300.00	10	$600.00	11	$657.00	12	$792.00
Schaller Anderson Healthcare (SA) EPO	01	$337.00	02	$843.00	03	$300.00	04	$600.00	05	$657.00	06	$792.00
UnitedHealthcare (UHC) EPO	13	$347.00	14	$853.00	15	$310.00	16	$610.00	17	$667.00	18	$802.00
Arizona Foundation (AZF) PPO	25	$559.00	26	$1,370.00	27	$509.00	28	$994.00	29	$1,081.00	30	$1,434.00
UnitedHealthcare (UHC) PPO	19	$569.00	20	$1,380.00	21	$519.00	22	$1,004.00	23	$1,091.00	24	$1,444.00
PacifiCare Secure Horizons		N/A		N/A	31	$145.71	32	$291.42	33	$513.00	34	$592.00
Gila and Pinal County Region: Gila and Pinal Counties												
Arizona Foundation (AZF) PPO	69	$559.00	70	$1,370.00	71	$509.00	72	$994.00	73	$1,081.00	74	$1,434.00
Rural County Region: Yuma, La Paz, Mohave, Yavapai, Coconino, Navajo, Apache, Graham, Greenlee, and Cochise Counties												
Arizona Foundation (AZF) PPO	81	$583.00	82	$1,458.00	83	$509.00	84	$994.00	85	$1,081.00	86	$1,434.00
Santa Cruz County Region: Santa Cruz County												
Arizona Foundation (AZF) PPO	75	$516.00	76	$1,249.00	77	$473.00	78	$908.00	79	$1,092.00	80	$1,407.00
Pima County Region: Pima County												
RAN+AMN (HMA) EPO	41	$327.00	42	$817.00	43	$291.00	44	$582.00	45	$637.00	46	$768.00
Schaller Anderson Healthcare (SA) EPO	35	$327.00	36	$817.00	37	$291.00	38	$582.00	39	$637.00	40	$768.00
UnitedHealthcare (UHC) EPO	47	$337.00	48	$827.00	49	$301.00	50	$592.00	51	$647.00	52	$778.00
Arizona Foundation (AZF) PPO	59	$516.00	60	$1,249.00	61	$473.00	62	$908.00	63	$1,092.00	64	$1,407.00
UnitedHealthcare (UHC) PPO	53	$526.00	54	$1,259.00	55	$483.00	56	$918.00	57	$1,102.00	58	$1,417.00
PacifiCare Secure Horizons		N/A		N/A	65	$145.71	66	$291.42	67	$513.00	68	$592.00
Out-of State												
Beech Street PPO	87	$583.00	88	$1,458.00	89	$509.00	90	$994.00	91	$1,081.00	92	$1,434.00
NAU Retirees Only – Available in All Regions												
Blue Cross/Blue Shield of AZ PPO	93	$445.14	94	$1,143.64	95	$410.44	96	$821.10	97	$944.92	98	$1,108.94

RETIREE & LTD PARTICIPANT DENTAL PREMIUMS

Monthly Premium Amounts	IVR/ Plan Code	Retiree Only	IVR/ Plan Code	Retiree and Dependent(s)
Indemnity Plans - (Within Arizona and Out-of-State)				
Delta Dental	03	$27.50	04	$89.40
MetLife Dental	07	$27.50	08	$85.96
Prepaid Plans - (Within Arizona only)				
Employers Dental Services (EDS)	09	$9.72	10	$28.22
Fortis Dental	01	$10.86	02	$29.52

RETIREE & LTD PARTICIPANT VISION PREMIUMS

Monthly Premium Amounts	IVR/ Plan Code	Retiree Only	IVR/ Plan Code	Retiree and Dependent(s)
Avesis	07	$8.96	08	$18.82

Retiree Health Insurance Premium Benefit (Subsidy) Program

Basic Premium Benefit Amounts

The Arizona State Retirement System (ASRS), the Public Safety Personnel Retirement System (PSPRS), the Elected Officials Retirement Plan (EORP) and the Corrections Officer Retirement Plan (CORP) will provide a payment toward insurance premiums for eligible members and their qualified dependents who elect health care coverage through the Arizona Department of Administration (ADOA). No basic premium benefit (subsidy) is provided to retirees in the University Optional Retirement Plan or to PSPRS or CORP members who are Long-Term Disability recipients.

The chart below reflects monthly premium benefits (subsidies) available for eligible members and their qualified dependents.

To determine your basic premium benefit (subsidy), you need to know:

- Your years of credited service in your retirement system or plan if you are an ASRS or EORP member. (Years of service is not a criterion for CORP and PSPRS members.)
- Your coverage type (i.e., single or family coverage).
- Whether you and/or your qualified dependents are eligible for Medicare.

Temporary Premium Benefit (Rural Subsidy)

Qualified retirees who are participating in a medical plan provided by ADOA and who live in areas of Arizona where no managed care program is offered (i.e., non-service areas) are entitled to receive a temporary premium benefit (rural subsidy). These rural subsidy amounts, listed on page 6, are in addition to the basic premium benefit

BASIC PREMIUM BENEFIT (SUBSIDY)

	Without Medicare		With Medicare A & B		Combinations	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents: one with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without Medicare
Arizona State Retirement System (ASRS) Members						
5.0 – 5.9	$75.00	$130.00	$50.00	$85.00	$107.50	$107.50
6.0 – 6.9	$90.00	$156.00	$60.00	$102.00	$129.00	$129.00
7.0 – 7.9	$105.00	$182.00	$70.00	$119.00	$150.50	$150.50
8.0 – 8.9	$120.00	$208.00	$80.00	$136.00	$172.00	$172.00
9.0 – 9.9	$135.00	$234.00	$90.00	$153.00	$193.50	$193.50
10.0+	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
Elected Officials Retirement Plan (EORP) Members						
5.0 – 5.9	$90.00	$156.00	$60.00	$102.00	$129.00	$129.00
6.0 – 6.9	$112.50	$195.00	$75.00	$127.50	$161.25	$161.25
7.0 – 7.9	$135.00	$234.00	$90.00	$153.00	$193.50	$193.50
8.0+	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
Corrections Officer Retirement Plan (CORP) Members						
Not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
Not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00

(subsidy) and are **effective from July 1, 2003 through June 30, 2005**.

With the passage of House Bill 2349 by the Arizona State Legislature in May 2003, the application of the Rural Subsidy for retirees in the Elected Officials Retirement Plan changed by prorating the subsidy for retirees with less than eight years of service but with at least five years of service. Retirees from this retirement plan who are eligible for a rural subsidy should take special notice of this change because the prorating will either increase or reduce the amount of rural subsidy previously received.

HB 2349 Required Payment – Before the rural subsidy is applied, eligible "rural" retirees are required to pay a minimum out-of-pocket amount for the cost of their medical insurance plan.

	Without Medicare	**With Medicare**
Retiree Only	$125 per month	$100 per month
Retiree and Dependents	$425 per month	$200 per month
Combination Plans	$400 per month	$400 per month

You are not eligible for the rural subsidy if you:

- live outside Arizona
- live in Pinal County and are not Medicare eligible
- live in zip codes 85217, 85218, 85219, 85220, 85242, 85278 or 85290 and are Medicare eligible
- are a retiree of the University Optional Retirement Plan or
- are a PSPRS or CORP member receiving Long-Term Disability

ADDITIONAL RURAL PREMIUM BENEFIT (SUBSIDY)

	Without Medicare		With Medicare A & B		Combinations	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents: one with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without Medicare
Arizona State Retirement System (ASRS) Members						
5.0 – 5.9	$150.00	$300.00	$85.00	$175.00	$235.00	$235.00
6.0 – 6.9	$180.00	$360.00	$102.00	$210.00	$282.00	$282.00
7.0 – 7.9	$210.00	$420.00	$119.00	$245.00	$329.00	$329.00
8.0 – 8.9	$240.00	$480.00	$136.00	$280.00	$376.00	$376.00
9.0 – 9.9	$270.00	$540.00	$153.00	$315.00	$423.00	$423.00
10.0+	$300.00	$600.00	$170.00	$350.00	$470.00	$470.00
Elected Officials Retirement Plan (EORP) Members						
5.0 – 5.9	$180.00	$360.00	$102.00	$210.00	$282.00	$282.00
6.0 – 6.9	$225.00	$450.00	$127.50	$262.50	$352.50	$352.50
7.0 – 7.9	$270.00	$540.00	$153.00	$315.00	$423.00	$423.00
8.0+	$300.00	$600.00	$170.00	$350.00	$470.00	$470.00
Corrections Officer Retirement Plan (CORP) Members						
Not applicable	$300.00	$600.00	$170.00	$350.00	$470.00	$470.00
Public Safety Personnel Retirement System (PSPRS) Members						
Not applicable	$300.00	$600.00	$170.00	$350.00	$470.00	$470.00

Medical Plan Options

We offer two different types of medical plans from which to choose. These plans are:

- Exclusive Provider Organization (EPO)
- Preferred Provider Organization (PPO).

How the Plans Work

EPO – Exclusive Provider Organization

An EPO provides benefits at a lower cost to you as long as you use contracted network physicians and hospitals. In general, an EPO does not pay benefits for care received outside of the EPO network. A network includes physicians, hospitals and other health care providers and facilities.

Your care may be coordinated through your Primary Care Physician (PCP) or you may be able to seek treatment directly from a specialist. In this way the Arizona Benefit Options EPO plans are more flexible than traditional HMO plans.

Some important features of EPO plans are:

- No deductibles
- Minimal copayment
- No charge if you are admitted to a hospital
- No claim forms to complete

PCP Selection

As an EPO member, you need to select a Primary Care Physician (PCP). You may change your PCP by contacting your plan administrator.

If you are a new retiree, you may select your PCP during your benefits enrollment process. If you do not select a PCP, one will be assigned to you by the plan administrator.

PCP identification numbers are available on the www.benefitoptions.az.gov web site and in the provider directories which are available from the ADOA Benefits Office.

It is important to have a PCP who can coordinate your medical care and who can help you make important medical decisions. The selection of a PCP is necessary as a feature of the EPO; however, it is not necessary to obtain a referral from your PCP for an office visit to a specialist.

PPO – Preferred Provider Organization

The PPO plan has two levels of out-of-pocket costs: a lower level of costs when you use PPO providers and a higher level of costs when you use non-PPO providers. Under the PPO plan, you are not required to obtain a referral for covered medical services.

Some important features of PPO plans are:

- Copayments may apply to in-network services
- Deductibles and out-of-pocket payments apply to most out-of-network services
- You may go directly to any in-network specialist you choose

NAU Retiree BCBS plan is a PPO.

Medicare Advantage HMO (Secure Horizons)

For retirees in Maricopa County plus Apache Junction and Pima County with Medicare A & B ONLY

Secure Horizons is a Medicare Advantage HMO plan for members who are enrolled in Medicare Parts A and B and in which PacifiCare Secure Horizons has entered into a contract with the Centers for Medicare and Medicaid Services (CMS) formerly HCFA, the federal agency that administers Medicare and is regulated by the Arizona Department of Insurance. This contract authorizes PacifiCare to provide comprehensive health services to persons who are entitled to original (traditional) Medicare benefits and who choose to enroll in the Medicare Advantage HMO Plan (Secure Horizons). By enrolling in the Medicare Advantage HMO Plan (Secure Horizons) you have made a decision to receive all of your routine health care from PacifiCare contracted providers. If you receive services from a non-contracted provider without prior authorization, except for emergency services, out-of-area urgently-needed services and renal dialysis, neither PacifiCare nor Medicare will pay for those services. Should you elect the Medicare Advantage HMO plan, a physician name and network name are required.

Statement of Understanding (SOU)

All retirees and/or dependents who have Medicare Parts A and B and who are enrolling in the Medicare Advantage HMO Plan (Secure Horizons) must complete the Statement of Understanding.

The completed SOU must be submitted to ADOA Benefits Office prior to the last day of the month prior to the effective date.

By signing this SOU, the retiree and/or dependents confirm to PacifiCare (Secure Horizons) and CMS that they understand that:

- Member(s) must maintain Medicare Parts A and B by continuing to pay the Part B premiums, and if applicable, the Part A premiums.
- All medical services, with the exception of emergency or out-of-area urgently-needed services, must be provided or arranged by PacifiCare/Secure Horizons-contracted providers.
- Services rendered without precertification from PacifiCare (Secure Horizons), with the exception of emergency and out-of-area urgently-needed services, will not be reimbursed by PacifiCare or Medicare.
- The member(s) are bound by the benefits, copayments, exclusions, limitations and other terms of the PacifiCare (Secure Horizons) Evidence of Coverage.
- The member(s) may only be enrolled in one Medicare Advantage HMO Plan at any one time.
- The effective date of the Medicare Advantage HMO Plan (Secure Horizons) selection will be the first of the month following the date that PacifiCare (Secure Horizons) receives the completed enrollment form and SOU, unless the requested effective date is at a later date. For open enrollment purposes, the effective date is October 1, 2004.

Becoming Medicare Eligible

When you or your dependent become Medicare eligible, contact the ADOA Benefits Office immediately. There will be changes in your medical coverage, premiums and premium benefit(s). The address of your primary residence will dictate the Medicare plan for which you are eligible.

If you are eligible for and elect the Medicare Advantage HMO Plan (Secure Horizons), you will be required to complete the Statement of Understanding (SOU) and a new enrollment form.

Please send your enrollment form, the SOU and a copy of your Medicare card(s) showing Parts A and B to the ADOA Benefits Office 30 days prior to the effective date of your Medicare coverage. The effective date of the change will be the first of the following month.

A new ID card(s) and Certificate(s) of Coverage for your new medical plan will be sent by PacifiCare once your form has been processed.

Remember

When you turn 65:

- *Any subsidy you have been receiving from your retirement system will decrease automatically.*
- *You must immediately contact the ADOA Benefits Office, in writing, to request that your medical plan be changed to an option that reflects your new status as a Retiree With Medicare. You must include a copy of your Medicare card with this request.*

When you:

- *Change your residence, you must complete a new, signed enrollment form.*
- *Complete a change of address form, you must include a telephone number.*
- *Experience a Qualified Life Event (QLE) that results in the adding or dropping of a dependent, you must provide proof of the QLE.*
- *Request a coverage change, the change will be effective the 1st of the following month.*

Changes require approximately 30 days to process at your retirement system (ASRS and PSPRS).

Important Information Concerning Medicare Part A and Part B

Coordinating Benefits with Medicare and Arizona Benefit Options

What is Medicare?	Medicare is a Federal Health Insurance Program. ■ Part A helps to pay for hospital care, skilled nursing, home health and hospice. ■ Part B helps to pay for doctors, outpatient hospital care, and other medical services.
Who is eligible for Medicare Part A and Part B coverage?	Generally, Medicare is available to people: ■ age 65 or over ■ under age 65 with disabilities ■ with end-stage renal disease. Eligibility is determined by the Social Security Administration.
Who pays for Medicare Part A and Part B coverage?	■ Most people do not have to pay for Part A. ■ You pay for Part B if you are eligible and want it.
I have Medicare Part A and Part B, and I have Arizona Benefit Options retiree coverage. Who pays first?	If you are retired and receiving a pension check from recognized state retirement plan, or you are receiving long-term disability benefits from a State-recognized disability plan (e.g., VPA, Standard, etc. but not Social Security disability benefits): ■ **Medicare is primary**. ■ Arizona Benefit Options coverage is secondary.
Am I eligible for the Medicare Advantage plan?	You are eligible for the Medicare Advantage plan if you: ■ live in Maricopa County, Apache Junction or Pima County and ■ have Medicare Part A and Part B coverage.
What happens if I do not elect Medicare Part B coverage with Social Security?	You will need to contact the Social Security Administration to discuss this issue.
If I am eligible for Medicare Part B coverage; however, I have not elected Medicare Part B coverage, how are my medical benefits coordinated?	■ You assume the financial responsibility for the medical benefits Part B would have covered if Medicare Part B coverage was in effect. You must, therefore, pay the medical bills that Medicare Part B would have paid. ■ Your Arizona Benefit Options network remains the secondary payer.
I am eligible for Medicare but do not have Part B coverage. What Arizona Benefit Options plan do I elect?	■ You may elect the EPO or PPO plan "with Medicare" that is available in your county. ■ Understand that if you do not have Medicare Part B coverage, you will remain financially responsible for medical bills that Medicare Part B would have covered if Medicare Part B coverage was in effect.
I am on long-term disability and receiving disability benefits from a recognized State-sponsored long-term disability plan. Am I considered an active employee, and a member of a Large Group Employer-Sponsored Plan as defined by Medicare?	■ No, you are not a member of a Large Group Employer-Sponsored Plan as defined by Medicare. Your classification falls under the definition of a "retiree." ■ The rules discussed in this notice apply to you if you are eligible for Medicare Part A and Part B.

Disclaimer:

Please call the Social Security Administration at 1-800-772-1213 for questions concerning your Medicare coverage.

The Coordination of Benefits is an important matter. This notice is not intended to notify you of all of your rights and responsibilities. Please call the Medicare Coordination of Benefits Contractor at 1-800-999-1118 for complete details on Coordination of Benefits.

Medical Provider Profiles

You have a choice of the following medical networks based on where you live.

- Arizona Foundation
- Beech Street
- PacifiCare Secure Horizons
- RAN+AMN
- Schaller Anderson Healthcare
- UnitedHealthcare

The BCBS PPO is available to NAU retirees in all regions.

The following demographic and hospital comparison charts and key provider messages are offered to aid you in your option selection. Please refer to the AzBO website at *www.benefitoptions.az.gov* for more detailed information about each plan option.

Coverage Facts

		Schaller Anderson Healthcare	RAN+ AMN	Arizona Foundation	UnitedHealthcare	PacifiCare Secure Horizons
Plan Offering	Central Region	EPO	EPO	PPO	EPO/PPO/ Medicare Supplement	Medicare Advantage
	Southern Region	EPO	EPO	PPO	EPO/PPO/ Medicare Supplement	Medicare Advantage
	Rural Regions	Not offered	EPO	PPO	Not offered	Not offered
Years in business		17	23	34	27	19
Arizona network doctors	Central Region	6,325	4,232	6,060	3,850	5,562
	Southern Region	1,705	1,238	1,656	1,588	2,148
	Rural Regions	Not offered	1,297	1,621	Not offered	Not offered
Doctor office locations	Central Region	8,329	6,812	11,698	7,074	5,877
	Southern Region	1,838	1,653	2,504	2,430	2,375
	Rural Regions	Not offered	1,644	2,220	Not offered	Not offered
Arizona hospitals in network	Central Region	31	46	30	33	44
	Southern Region	7	15	7	11	12
	Rural Regions	Not offered	25	20	Not offered	Not offered
Arizona urgent care centers in network	Central Region	29	25	30	22	21
	Southern Region	5	3	9	3	5
	Rural Regions	Not offered	13	14	Not offered	Not offered
Members served in Arizona		700,000	365,000	207,500	511,000	239,820
Customer references		America West Airlines	Banner Health	City of Tempe	America West Airlines	Arizona State Retirement System
		Banner Health	Wells Fargo	Scottsdale Healthcare	Southwest Airlines	Pima County
		Bashas' Supermarkets	Raytheon	Navapache RMC	PETsMART	City of Tucson
		Scripps Medical Plans	Navajo Nation	Yuma RMC	Carondelet Health Network	Lowe's Home Improvement
		Salt River Project	QuickTrip Stores	National Bank of Arizona	Insight Enterprises	Gannet Corporation (Arizona Republic)

Key Hospitals

		Schaller Anderson Healthcare	RAN+ AMN	Arizona Foundation	United Health	PacifiCare Secure Horizons
Central Region	Arizona Heart Hospital	X	X	X		
	Arizona Surgical Hospital		X			
	Arrowhead Community Hospital	X		X		
	Banner Baywood Heart	X	X	X	X	X
	Banner Desert Medical Center	X	X	X	X	X
	Banner Good Samaritan Medical Center	X	X	X	X	X
	Banner Mesa Medical Center	X	X	X	X	X
	Banner Thunderbird	X	X	X	X	X
	Boswell Memorial Hospital (Sun Health)	X	X	X	X	X retiree only
	Casa Grande Regional Medical Center	X	X	X	X	X dependents only
	Chandler Regional Hospital	X		X	X	X
	City of Hope Good Samaritan	X	X	X	X	

Key Hospitals (cont'd)

		Schaller Anderson Healthcare	RAN+ AMN	Arizona Foundation	United Health	PacifiCare Secure Horizons
Central Region (cont'd)	Cobre Valley Hospital	X	X	X	X	
	Del E. Webb Memorial Hospital (Sun Health)	X	X	X	X	X retiree only
	John C. Lincoln (Deer Valley and North Mountain)	X	X	X	X	X
	Maricopa Medical Center	X				
	Maryvale Hospital Medical Center	X	X	X		X
	Mayo Clinic and Hospital		X	X		
	Mesa General	X		X	X	X
	Paradise Valley Hospital	X	X	X		X
	Payson Regional Medical Center	X	X	X		
	Phoenix Baptist Hospital and Medical Center	X	X	X	X	X
	Phoenix Children's Hospital	X	X	X	X	X dependents only (Tertiary Services only)
	Phoenix Memorial	X	X	X	X	X
	Scottsdale Healthcare (Shea and Osborn)	X	X	X	X	X
	St. Joseph's Hospital and Medical Center (Phoenix)	X		X	X	X
	St. Luke's Medical Center	X		X	X	X
	Tempe St. Luke's Hospital	X		X	X	X
	West Valley Hospital Medical Center	X	X	X		
	Wickenberg Regional Medical Center		X	X		
Southern Region	Carondelet St. Joseph's Hospital	X	X	X	X	X
	Carondelet St. Mary's Hospital	X	X	X	X	X
	Carondelet Holy Cross Hospital	X	X	X	X	
	Cornerstone Hospital of SE Arizona				X	X
	El Dorado Hospital		X	X		X
	Kino Community Hospital		X		X	X
	Northwest Medical Center		X	X	X	X
	Tucson Heart Hospital	X	X	X	X	
	Tucson Medical Center	X	X	X	X	X
	University Medical Center	X	X	X	X	X dependents only (Tertiary Services only)
Northern Region	Dixie Regional Medical Center, St. George, Utah		X			
	Flagstaff Medical Center		X	X		
	Kane County Hospital, Kanab, Utah		X			
	Navapache Regional Medical Center		X	X		
	Page Hospital		X	X		
	Rehoboth McKinley Hospital, Gallup, New Mexico		X			
	Sage Memorial Hospital		X	X		
	Verde Valley Medical Center		X	X		
	White Mountain Regional Medical Center		X	X		
	Winslow Memorial Hospital		X	X		
	Yavapai Regional Medical Center		X	X		
Southeastern Region	Benson Hospital		X	X		
	Copper Queen Hospital		X	X		
	Mt Graham Regional Medical Center		X	X		
	Northern Cochise Community Hospital		X	X		
	Sierra Vista Regional Health Center		X	X		
	Southeast Arizona Medical Center		X	X		
Western Region	Colorado River Medical Center, Needles, California		X	X		
	Havasu Regional Medical Center		X	X		
	Kingman Regional Medical Center		X	X		
	La Paz Regional Hospital		X	X		
	Palo Verde Hospital, Blythe, California		X			
	Western Arizona Regional Medical Center		X	X		
	Yuma Regional Medical Center		X	X		

A Word From Our Providers

Arizona Foundation
As Arizona Benefit Options only statewide PPO option, we are the largest, oldest and most recognized statewide network with 9,337 providers in 16,322 locations.

If you need to seek care outside the primary service area, covered services are available from participating providers in the national provider network.

Our providers are contracted on a calendar-year basis and providers are not permitted to drop out during the year. This ensures network stability.

We offer Mayo Clinic doctors and Mayo Hospital.

Beech Street
We are the largest independently-owned Preferred Provider Organization (PPO) in the United States. With over 50 years of reliable service, Beech Street has forged the road to over 380,000 providers, 3,500 hospitals, and 50,000 ancillary providers. Over 700 clients and their 16 million members have put their trust in our care.

PacifiCare Secure Horizons
PacifiCare's Secure Horizons is Arizona's largest Medicare Advantage provider with over 92,000 members.

PacifiCare/Secure Horizons is fully accredited by the National Committee for Quality Assurance (NCQA) a nationally recognized independent source for rating health plan quality. The NCQA rates plans on areas such as health plan provider's access and service, ability to keep members healthy, and programs that focus on getting well.

PacifiCare/Secure Horizons is locally administered here in Arizona for customer service, claims, and plan administration.

AMN (HMA)
AMN, Arizona Medical Network, is an Exclusive Provider Organization (EPO) that will serve retirees in the counties of Pima and Maricopa as well as Apache Junction. If you need to seek care outside this primary service area, covered services are available from participating providers in the national provider network.

AMN has provided accessibility, convenience and availability to the retirees and their families of self-funded employers, just like the State of Arizona, for the past 20 years.

The AMN EPO network is one of the least expensive plans in the Arizona Benefit Options (AzBO) program. The AMN EPO not only costs you less but you and your family gain the fullest range of carefully screened and monitored providers and hospitals without losing any benefits.

(Note: RAN, the Rural Area Network, is not an AzBO option for retirees.)

Schaller Anderson Healthcare
With headquarters in Phoenix and serving all of Arizona for more than 17 years, we live and work in the same communities as you and your family.

With more than 8,000 physicians in 10,000 locations throughout central and southern Arizona, it is very likely that your doctors are already members of the Schaller Anderson Healthcare Network. If you need to seek care outside the primary service area, covered services are available from participating providers in the national provider network.

We are selective about who can participate in the Schaller Anderson Healthcare Network. We credential each provider in our network and review his/her professional background before the provider can see a member.

UnitedHealthcare
United Healthcare provides you and your dependents national reciprocity. You have access to our nationwide network of over 420,000 physicians and 3,700 hospitals across the country.

In Arizona, you can access United Healthcare's network of over 9,500 private practice physician offices and 58 hospitals.

We have been providing coverage since 1974 and insure one in seven residents in the State of Arizona.

Medical Plans Comparison Chart - Retiree

	EPOs[1]	PPOs		Medicare HMO[2]
DEDUCTIBLES/MAXIMUMS	**In-Network (Copayment)**	**In-Network (Copayment)**	**Out-of-Network (Coinsurance)**	**In-Network (Copayment)**
PCP REQUIRED FOR EACH MEMBER?	Yes	No	No	Yes
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?[3]	No	No	No	Yes Excludes: Mental Health, Chiropractic, GYN care, refractive vision screening.
PLAN YEAR DEDUCTIBLE Individual	None	None	$300	None
Family	None	None	$600	None
OUT OF POCKET MAXIMUM Individual	None	$1,000	$3,000	None
Family	None	$2,000	$6,000	None
LIFETIME MAXIMUM	None	None	$2,000,000	None
PHYSICIAN SERVICES Office visits/consultations, Specialist visits/consultations	$10 copay Max. 1 copay/day/ provider	$10 copay Max. 1 copay/day/ provider	30%[4]	PCP = $10 copay
PREVENTIVE CARE Well-Baby, Child and Adult Physical Exams, Annual Well-Woman Exams (GYN visit & Pap Smear test), Annual Well-Man Exams (Office visit & PSA blood test), Adult Immunizations (e.g. pneumonia, flu)	$10 copay/visit	$10 copay/visit	Not covered	PCP = $10 copay Lab included at 100%
Mammography Screening: (Coverage based on age or patient need)	None	None	30%[4]	None
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	None	None	30%[4]	None
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	None	None	30%[4]	None
Intensive Care	None	None	30%[4]	None
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologists	None	None	30%[4]	None
EMERGENCY CARE Urgent Center Care	$20 copay	$20 copay	30%[4]	$20 copay
Emergency Room	$75 copay, waived if admitted	$75 copay, waived if admitted	$75 copay, waived if admitted	$50 copay
Ambulance (for medical emergency or required interfacility transport)	None	None	Emergency paid at in-network benefit rate	None
PRESCRIPTION DRUGS – Copays apply for in-network pharmacies only	Administered by WHI	Administered by WHI	Administered by WHI	Administered by PacifiCare
Retail: up to 30-day supply per copay Online/Mail order: up to 90-day supply for two copays • Generic	$10 copay	$10 copay	$10 copay	$7 formulary Generic
• Preferred Brand	$20 copay	$20 copay	$20 copay	$20 formulary Brand
• Non-Preferred Brand	$40 copay	$40 copay	$40 copay	N/A

[1]*The EPOs are only available in Maricopa and Pima counties.*
[2]*The Medicare HMO offered by PacifiCare Secure Horizons is only available in Maricopa and Pima counties and in Apache Junction.*
[3]*In some plans a referral is required to see certain kinds of specialists.*
[4]*Out-of-network charges are subject to reasonable and customary charge limitations.*
For the NAU-only Retiree BCBS PPO plan details, go to http://hr.nau.edu/m/ *and choose Benefits, Open Enrollment 2004, Retiree.*

Transition of Care

Transition of Care (TOC) ensures there is no interruption of your health care if you are under care for an acute, chronic or serious health condition, or you are in either the second or third trimester of a pregnancy. TOC allows you to continue treatment with a non-network practitioner at the time of enrollment in a new plan. The State will provide a reasonable transition period for you to continue your course of treatment with the non-network practitioner. This benefit applies only to treatment provided or ordered by the practitioner who is approved by the plan administrator. After this transition period, or after your treatment is complete, whichever occurs first, your medical care must be provided by a network provider to receive the in-network level of benefits.

If you need to request transition services, please contact your plan administrator for further information and required forms.

Plan Administrators

The plan administrator is Arizona Benefit Options – Harrington for the following networks:

- Arizona Foundation
- RAN+AMN (HMA)
- Schaller Anderson Healthcare
- Beech Street

UnitedHealthcare is the plan administrator for its network.

PacifiCare is the plan administrator for the PacifiCare Secure Horizons network.

BCBS is the plan administrator for the NAU Retiree PPO plan.

Contact information for the plan administrators may be found on the inside back cover of this Guide.

About This Guide

The information in this Guide provides a brief overview of your State of Arizona benefits. It is not intended to provide complete details. Details of the plans are contained in the Plan Description.

The State of Arizona reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Pharmacy Benefits

Your medical plan will determine your pharmacy plan.

Walgreens Health Initiatives (WHI) will provide prescription drug benefits for enrollees in the following networks: Schaller Anderson Healthcare, RAN+AMN, UnitedHealthcare and Beech Street.

Prescriptions Solutions will provide the prescription drug benefits for enrollees in PacifiCare's Secure Horizons.

The BCBS PPO plan, for NAU retirees only, has its own pharmacy program.

Walgreens Health Initiatives (WHI)

WHI network consists of more than 54,000 participating chain and independent pharmacies nationwide. There are approximately 900 member pharmacies within the State of Arizona including but not limited to:

Albertsons	Rite Aid
Bashas'	Safeway
CVS Pharmacy	Sam's Club
Costco	Smith's
Eckerd	Target Pharmacy
Food 4 Less	United Drugs
Food City	Vons
Fry's	Wal-Mart
Kmart	Walgreens
Longs Drugs	Winn-Dixie
Osco Drugs	

For a complete list of participating pharmacies, and to find a participating pharmacy near you, please refer to our website, www.benefitoptions.az.gov.

Mail Order Prescription

WHI also provides a mail order service for those members who prefer the convenience of mail order or for members who need monthly medications for chronic or long-term health conditions, such as high blood pressure or diabetes. The mail order distribution center is located in Tempe, Arizona to ensure quick delivery of your medications.

- You may request up to a 90-day supply of maintenance medications for only two copays.
- Multilingual customer service representatives are available via a toll-free number 24 hours a day, 7 days a week to provide assistance.
- One-on-one consultations with licensed pharmacists are available via a toll-free number. They will answer any questions and address any concerns you may have.
- You may charge your copay amount to your Visa, MasterCard, American Express or Discover account. Payment by personal check is also accepted.
- You may register your email address to receive notifications of your medication order, order status and shipping methods.
- WHI must receive a new prescription from your provider before mail order service can be initiated.
- To order refills, you can log on to www.benefitoptions.az.gov and select the pharmacy link or use convenient touch-tone phone services 24 hours a day, 7 days a week. TTY service is also available.

Prescriptions Solutions

Prescriptions Solutions, a wholly-owned subsidiary of PacifiCare, offers benefits at a network of local pharmacies including but not limited to:

Albertsons	Safeway
Bashas'	Target Pharmacy
CVS Pharmacy	United Drugs
Fry's	Walgreens
Kmart	Wal-Mart
Osco Drugs	

How to Use the Program

- Present your PacifiCare membership card at any PacifiCare Contracting Pharmacy.
- Pay your copayment for each prescription unit of medication or the retail cost of the prescription, whichever is less.

What is Covered?

All medications listed in the Formulary are covered, when ordered by a PacifiCare Contracting Provider and filled at a PacifiCare Contracting Pharmacy. The Formulary includes a broad range of FDA-approved generic and some brand name

medications that under State or Federal law are to be dispensed by a prescription only.

What is the Formulary?
The Formulary is a list of outpatient prescription drugs that are covered by PacifiCare when prescribed by a PacifiCare Contracting Provider and filled at a PacifiCare Contracting Pharmacy. The Formulary was created and is regularly updated by a Pharmacy and Therapeutics committee, which consists of practicing physicians and pharmacists. This committee decides which prescription drugs provide quality treatment for the best value. Your physician has a copy of the Formulary and will use it as a reference when prescribing medications.

The Formulary is available on the Internet at www.pacificare.com.

The Formulary does not include all prescription medications.

What is the Mail Service Program?
Mail service makes it easier for you to receive the prescriptions you take on a regular basis such as medications for high blood pressure, diabetes and asthma. Each order is processed separately by a licensed pharmacist supported by a sophisticated computerized quality control system designed to protect you against harmful drug interactions. If there are any questions, your physician will be called.

When you receive your prescription, it will include detailed personalized instructions on how to take the medication, possible side effects and other pertinent information. If you have any questions, registered pharmacists are available to help you.

Prescriptions are mailed via the United States Postal Service directly to your home in a discreetly labeled envelope to ensure privacy and safety. Ask your doctor to prescribe a 90-day supply plus refills and by using the mail service program, you will save both time and money.

For more information about the Mail Service Prescription Drug Program, please contact Prescription Solutions Customer Service at toll free 1.800.562.6223.

NAU Retiree BCBS 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, preferred brand, non-preferred brand A, or non-preferred brand B co-payment.

The BCBSAZ Prescription Medication Guide can be used to determine your copayment and this guide can be found on the BCBS website at https://www.bcbsaz.com/pharmacy. Go to 4 level prescription drug benefit.

Up to a 90-day supply of maintenance drugs (the same drug and drug strength) may be obtained through the Prescription Drug Mail-Order Program. Maintenance drugs are drugs you take consistently. The copayment for the 90-day supply is equivalent to one month's copayment.

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

Online Access to Information

All of the Arizona Benefit Options plans feature web sites that give you access to the kinds of information and transactions that are state-of-art for the health care industry. No matter what plan you choose, you will have a website that offers personalized information on:

- Claim status
- EOB (explanation of benefits) information
- Amount of deductible met
- Status of your prescriptions
- Mail order drug service information and processing
- Drug facts and precautions
- Information about participating network providers
- Information on diseases and physical conditions
- News and health-related articles.

You can learn a great deal by visiting your plan's site. Many people find that the web is so fast and easy that it becomes their first choice for finding out health and plan-related information.

Once your coverage takes effect, you will have full access to your plan's site and your personalized information within the site. You will need to register for these sites on your first visit and establish your own username and password. All personal data on these sites is protected by encryption that meets industry standards.

As with all the Benefit Options online features, you may get to your personal information by logging on to www.benefitoptions.az.gov.

Help Managing Serious Medical Conditions

Being diagnosed and living with a serious medical condition can be very difficult. All of the Arizona Benefit Options medical plans feature a disease management program. This program helps people with certain medical conditions better manage their illness and make their lives more fulfilling.

In these disease management programs, you work directly with a clinician who has expertise in your medical condition. This person can help you to better understand your treatment plan, follow your treatment plan, and ensure that you have the equipment needed to monitor and manage your condition.

Covered plan members in all of the Arizona Benefit Options medical plans can receive help through their plan's disease management program. Our plans offer disease management that meets rigorous clinical standards for the following four conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Diabetes
- Perinatal Care.

Highly effective disease management programs are emerging constantly, and more of these programs will be added to Benefit Options in the future.

If you have been or are diagnosed with one of these diseases and you want to learn more about disease management, contact your plan administrator. Additionally, if you are diagnosed with one of these conditions, you may receive a call from a clinician, who works for your medical plan, offering help.

Participation in a disease management program is voluntary. However, a large majority of patients who do participate in such a program find participation a valuable resource as they navigate the complex world of today's health care.

Dental Plan Options

How the Plans Work

Following is a brief description of the dental plans available through Arizona 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 copayment.

Prepaid Plans

- You see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums
- No claim forms

Employers Dental Services (EDS)

Employers Dental Services (EDS) is the largest prepaid dental plan with the largest general dentist network in the State of Arizona. EDS is headquartered in Tucson, Arizona with offices in both Tucson and Phoenix.

Fortis Benefits

Each family member may select his/her own dentist from a group of participating dentists. Each family member may select and change his/her dentist by calling the Fortis Benefits Customer Service number located on the back cover of this Guide. Members may self-refer for specialty care.

Indemnity/PPO Plans

- You may see ANY 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 and of $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.

Delta Dental

About 80% of Arizona's dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or copayments are met. Amounts 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 copayments are met. These fees are typically 15–30% below average rates. Noncovered services provided by a participating dentist are also charged at a lower rate. Covered expenses from a nonparticipating dentist are paid according to established reasonable and customary charges.

If You Live Outside Arizona

You should select one of the two Indemnity/PPO dental plans. The prepaid plans cover ONLY emergency care outside Arizona.

Dental Plans Comparison Chart

	Employers Dental Services/EDS*	Fortis Benefits*	Delta Dental	MetLife Dental
PLAN TYPE	Prepaid	Prepaid	Indemnity/PPO	Indemnity/PPO
DEDUCTIBLES	None	None	$50/$150	$50/$150
PREVENTIVE CARE	100% paid, after applicable copay:	100% paid, after applicable copay:		
Office Visit	$5/visit	$5/visit**	100% paid, deductible waived	100% paid, deductible waived
Oral Exam	None	None	100% paid, deductible waived	100% paid, deductible waived
Prophylaxis/cleaning	$5/visit	$3 copay	100% paid, deductible waived	100% paid, deductible waived
Fluoride treatment	None for child	None	100% paid, deductible waived	100% paid, deductible waived
X-rays	None	None	100% paid, deductible waived	100% paid, deductible waived
BASIC RESTORATIVE	Fixed copays:***	Fixed copays:		
Office Visit	$5/visit	$5	80% paid	80% paid
Sealants (to age 19)	$12/tooth	$5/tooth	80% paid	80% paid
Fillings	$12-$25 (amalgam)	$10–$20 (amalgam)	80% paid	80% paid
Extractions	$15 (single)	$15 (single)	80% paid	80% paid
Periodontal	Copay/procedure	$50/quadrant**	80% paid	80% paid
Oral Surgery	Copay/procedure	Copay/procedure**	80% paid	80% paid
MAJOR RESTORATIVE	Fixed copays:***	Fixed copays:		
Office visit	$5/visit	$5	50% paid	50% paid
Crowns	$225-$275 (plus lab fees)	$235	50% paid	50% paid
Dentures	$300 (plus lab fees)	Copay/procedure	50% paid	50% paid
Fixed Bridgework	Copay/Procedure	Copay/procedure	50% paid	50% paid
Crown/Bridge Repair	$5 (plus lab fees)	$20-$45 (plus lab fees)	50% paid	50% paid
Inlays	$112-$125	$130-$240 (plus lab fees)	(Allowance given)	(Covered expense)
ORTHODONTIA	By Treatment Plan:	By Treatment Plan:		
Child	25% discount off Plan Specialist's normal retail charges	25% discount off Plan Specialist's normal retail charges	50% paid	50% paid
Adult	25% discount off Plan Specialist's normal retail charges	25% discount off Plan Specialist's normal retail charges	50% paid	50% paid
TMJ SERVICES	Fixed copays:	Fixed copays:		
Exams, services, etc.	Up to 25% of normal fees	$85-$115	No coverage	No coverage
MAXIMUM BENEFITS	No dollar limit	No dollar limit		
Annual combined preventive, basic and major services	Benefits paid for participating dentists and/or orthodontists only	Benefits paid for participating dentists and/or orthodontists only	$2,000/person	$2,000/person
Orthodontia lifetime			$1,500/person	$1,500/person

* *Requires you to select a Participating Dental Provider (PDP) when enrolling. Out-of-state members are eligible for emergency care only with EDS and Fortis.*

** *A Specialty Benefit Amendment is included in the Fortis Benefits plan that allows patients to receive certain services from Fortis's contracted specialists for a specific copayment rather than the discounted fee.*

*** *Copays listed are for services provided by your EDS General Dentist (PDP). EDS Specialists offer up to 25% off their normal office fees for covered procedures.*

Vision Plan

How the Plan Works

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

Avesis Inc. administers the vision plan.

The retiree pays the full premium for vision coverage. **Avesis will direct bill for the premium. Premiums are not included in pension deductions nor will premium benefits (subsidies) apply to vision premiums.**

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

Participating Network Provider Benefits
Receiving services from a participating network provider entitles you to **one of the following three benefit options for the plan year:**

Option 1 – Standard Lenses
You pay an annual $10 copayment for a routine eye exam and receive standard spectacle lenses and a frame, within the plan allowance, at no additional charge.

OR

Option 2 – Contacts
If contacts are elective, you pay an annual $10 copayment for a routine eye exam and receive a $130 allowance toward the cost of the contact lenses and fitting fees.

If Avesis determines contacts are medically necessary, you pay an annual $10 copayment for a routine eye exam and receive your contact lens benefit at no additional cost.

OR

Option 3 – Lasik Surgery
You use a participating network provider and receive a $150 benefit allowance toward the cost of lasik surgery.

Purchase of Noncovered Options
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.

Nonparticipating Provider Reimbursement Schedule
When visiting a nonparticipating provider, you will be reimbursed for eligible expenses according to the reimbursement schedule below.

You will pay the provider and submit an itemized statement for reimbursement of your eligible vision care expenses. Avesis will reimburse you up to the amount shown in the plan's reimbursement schedule.

When filing a claim for reimbursement, members should include the following information: your member identification number, your name, the patient's name and date of birth, your mailing address, the group name (State of Arizona) and an itemized statement of expenses.

To receive additional information about the vision coverage, please contact Avesis directly at the phone number listed inside the back cover of this guide.

NONPARTICIPATING PROVIDER FEE SCHEDULE

Service	Reimbursement
Vision Examination	$50
Single Vision Lenses	$30
Bifocal Lenses	$45
Trifocal Lenses	$55
Lenticular Lenses	$110
Frames	$50
Contact Lenses:*	
—Elective	$150
—Medically Necessary	$300
Lasik Surgery	Not covered

Insurance Cost Calculation Worksheet

Your monthly medical insurance premium **From rate chart on page 4**	**A**	
Your monthly dental insurance premium **From rate chart on page 4**	**B**	
Total Premium (A + B)	**C**	
Your Basic Premium Benefit (Subsidy) **From table on page 5**	**D**	
Your Net Premium (C – D)	**E**	
Additional Rural Premium Benefit (Subsidy) **From table on page 6**	**F**	
Your remaining out-of-pocket cost (E – F)	**G**	
Minimum out-of-pocket required payment **From HB 2349 Required Payment Table on page 6**	**H**	
Amount You Pay: the higher of G or H*	**I**	

*Amount does not include vision premium, if any, which is direct-billed by the plan administrator.

NOTICE OF THE ARIZONA BENEFIT OPTIONS PROGRAM PRIVACY PRACTICES

The administrators of Arizona Benefit Options know that the privacy of your personal information is important to you. This Notice describes how medical information about you may be used and disclosed, how you may gain access to this information, and the measures taken to safeguard your information. Throughout this Notice, all references to Arizona Benefit Options refer to the administrators of the Program. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

Arizona Benefit Options may use your health information for purposes of making or obtaining payment for your care, and for conducting health care operations. Arizona Benefit Options has established a policy to guard against unnecessary disclosure of your health information. For purposes of this Notice, health information refers to any information that is considered protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act ("HIPAA") of 1996.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment Arizona Benefit Options may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, Arizona Benefit Options may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations Arizona Benefit Options may use or disclose health information for its own operations to facilitate the administration of Arizona Benefit Options and as necessary to provide coverage and services to all Arizona Benefit Options' participants. Health care operations include activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Reviews and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning analyses and formulary development. In addition, summary health information may be provided to third parties in connection with the solicitation of health plans or the modification or amendment of the existing plan.
- Business management and general administrative activities of Arizona Benefit Options, including customer service and resolution of internal grievances.

As an example, Arizona Benefit Options may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

For Treatment Alternatives Arizona Benefit Options may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services Arizona Benefit Options may use or disclose your health information to provide you with information on health-related benefits and services that may be of interest to you.

When Legally Required Arizona Benefit Options will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Health Oversight Activities Arizona Benefit Options may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Arizona Benefit Options, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings As permitted or required by state law, Arizona Benefit Options may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Arizona Benefit Options makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes As permitted or required by state law, Arizona Benefit Options may disclose your health information to a law enforcement official for certain law enforcement purposes, including but not limited to if Arizona Benefit Options has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety Arizona Benefit Options may, consistent with applicable law and ethical standards of conduct, disclose your health information if Arizona Benefit Options, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions In certain circumstances, federal regulations require Arizona Benefit Options to use or disclose your health information to facilitate specific government functions related to the military and veterans, to national security and intelligence activities, to protective services for the president and others, and to correctional institutions and inmates.

For Workers Compensation Arizona Benefit Options may release your health information to the extent necessary to comply with laws related to workers compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Arizona Benefit Options will not disclose your health information without your written authorization. If you authorize Arizona Benefit Options to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Arizona Benefit Options maintains:

Right to Request Restrictions You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Arizona Benefit Options' disclosure of your health information to someone involved in the payment of your care. However, Arizona Benefit Options is not required to agree to your request.

Right to Receive Confidential Communications To safeguard the confidentiality of your health information, you may request that Arizona Benefit Options communicate in a specified manner or at a specified location. Alternatively, for example, you may request that all health information be mailed to your work location rather than your home. If you wish to receive confidential communications, please make your request in writing. Arizona Benefit Options will accommodate reasonable requests, when possible.

Right to Inspect and Copy Your Health Information You have the right to inspect and copy your health information. If you request a copy of your health information, Arizona Benefit Options may charge a reasonable fee for copying, assembling costs and, if applicable, postage associated with your request.

Right to Amend Your Health Information If you believe that your health information records are inaccurate or incomplete, you may request that Arizona Benefit Options amend the records. That request may be made as long as the information is maintained by Arizona Benefit Options. Arizona Benefit Options may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Arizona Benefit Options, if the health information you are requesting to amend is not part of Arizona Benefit Options' records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Arizona Benefit Options determines the records containing your health information are accurate and complete.

Right to an Accounting You have the right to request a list of disclosures of your health information made by Arizona Benefit Options for any reason other than for treatment, payment or health operations. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. Arizona Benefit Options will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Arizona Benefit Options will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.

DUTIES OF ARIZONA BENEFIT OPTIONS

Arizona Benefit Options is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Arizona Benefit Options is required to abide by the terms of this Notice, which may be amended from time to time. Arizona Benefit Options reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Arizona Benefit Options changes its policies and procedures, Arizona Benefit Options will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Arizona Benefit Options and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Arizona Benefit Options encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT INFORMATION

For more information or for further explanation of this document, you may contact an Arizona Benefit Options representative at 602-542-5008 (outside the Phoenix area, toll free at 1-800-304-3687), or by email at beneissues@ad.state.az.us. You may also obtain a copy of this Notice at our web site at www.benefitoptions.az.gov. The ADOA Privacy Officer may be contacted at 100 N. 15th Avenue, Suite 401, Phoenix, Arizona, 85007, by phone at 602-542-1500, or by fax at 602-542-2199.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

Important Contact Information

Remember, when calling the carriers, tell them that you are a State of Arizona retiree.

Contact	Phone Number	Web Address
Plan Administrators:		
Medical Plans: Arizona Foundation, RAN+AMN (HMA), Schaller Anderson Healthcare, Beech Street		
■ Arizona Benefit Options – Harrington	■ 1.888.999.1459	www.myazhealth.com
UnitedHealthcare Medical Plan		
■ UnitedHealthcare	■ 1.800.896.1067	www.myuhc.com
PacifiCare Secure Horizons Medical Plan		
■ PacifiCare		
Pre-Enrollment	■ 1.800.643.2430	www.pacificare.com
After October 1, 2004	■ 1.800.347.8600	
■ NAU Retirees Only: BCBS PPO	■ 928.526.0232 or ■ 1.800.423.6484	www.bcbsaz.com
Pharmacy Plans		
■ Walgreens Health Initiatives	■ 1.866.722.2141	www.mywhi.com
■ PacifiCare Prescriptions Solutions	■ 1.800.562.6223	www.pacificare.com
■ NAU Retirees Only: BCBS Pharmacy Plan	■ 928.526.0232 or ■ 1.800.423.6484	www.bcbsaz.com
Dental Plans		
■ Delta Dental	■ 1-800-352-6132	www.deltadentalaz.com
■ Employers Dental Services (EDS)	■ 1-800-722-9772	www.mydentalplan.net
■ MetLife Dental	■ 1-800-942-0854	www.metlife.com/dental
■ Fortis Benefits	■ 1-800-443-2995	www.fortisbenefitsdental.com
Vision Plan - Avesis, Inc.	■ 1.800.828.9341	www.avesis.com
Retirement Systems		
Arizona State Retirement Systems (ASRS) 3300 N Central Ave, 13th Floor Phoenix, AZ 85012	■ (602) 240-2000 OR ■ 1-800-621-3778	www.asrs.state.az.us
Public Safety Personnel Retirement System (PSPRS) and Elected Officials' Retirement Plan (EORP) Corrections Officer Retirement Plan (CORP) 3010 East Camelback Rd, Suite 200 Phoenix, AZ 85016	■ (602) 255-5575	www.psprs.com
ADOA Benefits Office		
100 N. 15th Ave. #103 Phoenix, Arizona 85007	■ 602.542.5008 OR ■ 1.800.304.3687	www.benefitoptions.az.gov Email: beneissues@ad.state.az.us

Photos by Annette Fettig

This book, featuring State employees and retirees, was designed by State employees for retirees and long-term disability participants.

state of arizona
benefit options
medical • dental • vision • wellness
"Your Health Matters"

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Disenrollment Form

This Disenrollment Form must be completed and signed by all Medicare-eligible retirees and/or dependents who are currently enrolled in the Medicare Advantage Plan. The effective date of disenrollment will be the first day of the month following receipt of the Disenrollment Form. This Form must be received by the ADOA Benefits Office by September 15th, 2004 for Open Enrollment purposes or prior to the 15th of the month to be effective the 1st of the following month.

Attention ADOA or Medicare Advantage Plan:

I, _____ hereby request to disenroll effective

_____ from: ( ) CIGNA Medicare+Choice (applicable until 09/30/04)
(date)

( ) PacifiCare Secure Horizons (applicable on or after 10/01/04)

_____ (signature)

_____ (social security number)

_____ (date)

Return form to:
ADOA Benefits Office
100 N 15th Avenue, Suite 103
Phoenix, AZ 85007

Note: This Disenrollment Form does not apply to dental coverage. A separate written request is required.

DEPENDENT STATUS FORM

Please complete this form regarding your child(ren) age 19 and over.

Send this completed form and required documentation to the address at the bottom of this form. **Your child(ren) will not be considered active under your policy until this information is received. Failure to reply will result in your child(ren) losing coverage under your policy effective October 1, 2004.**

An eligible dependent child may be covered under your Arizona Benefit Options coverage provided the dependent child is 19 to 25 years of age, is not married and is a full-time student. A student is considered full-time if the student meets any one of the following three criteria:

1. The student is an undergraduate taking at least 12 credit hours.
2. The student is a graduate student taking at least 9 credit hours.
3. The post-secondary school, which does not record class time in credit hours, classifies the student as full-time.

If your child is a full-time student, one of the following forms of current documentation must be returned with this completed form:

- Student Certification Letter
- Registration Status Report/Confirmation
- College Transcript
- Class Schedule
- Grade Report/Report Card

Employee Name	
Employee ID Number	
Child #1 Name	
Is this child a full-time student?	☐ Yes ☐ No
If "No" to above question, is this child disabled? If "Yes" to this question, proof of SSI Disability or SSI Application Form must be returned with this form.	☐ Yes ☐ No
Child #2 Name	
Is this child a full-time student?	☐ Yes ☐ No
If "No" to above question, is this child disabled? If "Yes" to this question, proof of SSI Disability or SSI Application Form must be returned with this form.	☐ Yes ☐ No
Child #3 Name	
Is this child a full-time student?	☐ Yes ☐ No
If "No" to above question, is this child disabled? If "Yes" to this question, proof of SSI Disability or SSI Application Form must be returned with this form.	☐ Yes ☐ No
Child #4 Name	
Is this child a full-time student?	☐ Yes ☐ No
If "No" to above question, is this child disabled? If "Yes" to this question, proof of SSI Disability or SSI Application Form must be returned with this form.	☐ Yes ☐ No

PLEASE CONTACT THE ADOA BENEFITS OFFICE AT 602.542.5008 OR 1.800.304.3687 SHOULD YOU HAVE ANY QUESTIONS.

PLEASE MAIL COMPLETED FORM AND DOCUMENTATION TO:
ADOA BENEFITS OFFICE
100 N 15th AVE., SUITE 103
PHOENIX, AZ 85007