Arizona

Benefits Enrollment Guide

Retirees

2005-2006

Benefit Options

Choice. Value. Health.

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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.

Introduction

Benefit Options, the State of Arizona's comprehensive employee benefits package, was designed with you and your family in mind. You will notice more of an emphasis on wellness this year, because the Benefit Options Wellness Program is one of your most important health benefits as a program member.

In this valuable reference guide, we have included explanations of the available benefits programs, important plan information, contact addresses, phone numbers, website addresses, and comparison charts. This document is no longer just an enrollment guide; it is a resource to use throughout the year for services and benefits provided to you as a State of Arizona Retiree, Long-Term Disability member, or Surviving Spouse. In this guide, you will find the information you need to make informed decisions regarding the selection and continued management of your benefits.

Remember:

Independent of the Benefit Options program, sponsored by the Arizona Department of Administration (ADOA), the Arizona State Retirement System (ASRS) also offers a comprehensive benefits package through PacifiCare. Both plans will be effective January 1, 2006. The two plans are not affiliated. If you choose medical or dental coverage through the ASRS program, you will not be allowed to maintain or re-elect medical or dental coverage with ADOA.

How to Use This Guide

The Benefit Options Guide is divided into chapters, each covering a specific benefits program or important information. These programs include:

- Wellness
- Medical Plans
- Pharmacy Benefits
- Dental Plans
- Vision Plans

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

Important Contact Information

Contact	Phone Number	Web Address	Policy Number
Medical Plans			
Harrington Benefit Services (for RAN/AMN, Schaller Anderson, Arizona Foundation and Beech Street)	1.888.999.1459	www.myazhealth.com	3J
UnitedHealthcare	1.800.896.1067	www.myuhc.com	705963
PacifiCare	1.800.347.8600	www.pacificare.com/adoa	
NAU Retirees Only: Blue Cross Blue Shield	1.800.423.6486	www.bcbsaz.com	
Pharmacy			
Walgreens Health Initiatives	1.866.722.2141	www.mywhi.com	512298
Prescription Solutions-PacifiCare	1.800.562.6223	www.rxsolutions.com	
NAU Retirees Only: BCBS Pharmacy Plan	1.800.423.6486	www.bcbsaz.com	
Dental Plans			
Delta Dental	1.800.352.6132	www.deltadentalaz.com	7777-0200
Employers Dental Services	1.800.722.9772	www.mydentalplan.net	6300
Assurant Benefits	1.800.443.2995	www.assurantemployeebenefits.com/wps/	EA82
MetLife Dental	1.800.828.9341	www.metlife.com/dental	94739
Vision Plan			
Avesis, Inc.	1.800.828.9341	www.avesis.com	10790-1040
Long Term Disability Plans			
VPA (ASRS Participants)	1.818.591.9444	www.vpainc.com	
Standard Insurance Company (PSPRS, EORP, CORP, OPT Retirement Participants)	1.800.447.3146	www.standard.com/mybenefits/arizona	
Retirement Systems			
Arizona State Retirement System (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 E. Camelback Rd., #200 Phoenix, AZ 85016	602.255.5575	www.psprs.com	
Other Important Numbers			
Benefit Options Wellness	602.771.WELL	www.benefitoptions.az.gov/wellness	
ADOA Benefits Office 100 N. 15th Avenue, #103 Phoenix, AZ 85007	602.542.5008 or 1.800.304.3687	www.benefitoptions.az.gov	

Retiree Wellness

Arizona Foundation, Beech Street, RAN/AMN, Schaller Anderson Healthcare and United Healthcare Members:
The State of Arizona's Wellness Program:

benefit options wellness!
Be Well. Stay Well.

Being Healthy one moment is one thing. Staying healthy over the long run is yet another. That's why one of your most important benefits as a Benefit Options member is the Employee Wellness Program. Although the Wellness Program is targeted to employees, Retirees and Long Term Disability members are eligible to participate as well. The State of Arizona is concerned about you and wants you to be as healthy as you can be – and we want to help you get there.

In the last year, Wellness has provided over 100 classes with thousands of participants and almost 600 screenings, with over 13,000 participants statewide.

Wellness services are available at low or no-cost and are provided by contracted professionals who travel across Arizona, providing plan members with health education or screening services.)

The Wellness Program offers:
- Wellness classes – classes range from stress management and healthy cooking to work/life balance and diabetes management. These classes can help you learn to live healthier lifestyles, get active, balance your life and manage your health. Here is a small sample of the class titles:
- Mini-health screening – includes cholesterol, blood sugar, blood pressure, height/weight/frame size and body composition
- Other Health screenings – other screenings include osteoporosis, skin cancer, prostate cancer, and mammography
- Flu shots - available seasonally (scheduled during summer for October to December)

For a full listing of program offerings please visit our website, www.benefitoptions.az.gov/wellness.

Other Wellness services include:
- Inter-agency Wellness Library – this library, located in Phoenix, has over 500 items that can be borrowed at no cost including books, videos, and audio tapes. Free informational brochures are also available. To receive a current listing, please call us.
- Wellness Program Website – the website provides many online resources including links to health information, a monthly newsletter, and monthly Wellness events scheduled throughout the state.
- More to come – look for more programs and services coming from the Wellness Program throughout the year.

The Wellness Program is here for you, and we will do everything we can to help you be well today and stay well for life.

Here's what plan members are saying about the Wellness Program:

Skin Cancer Screening – "Had it not been for the cancer screening (and my nagging yet wonderful husband) I could be in some serious trouble now and possibly facing chemotherapy. Thank you, thank you for providing this valuable service to state employees and their families. I urge anyone who even thinks they would like confirmation that the spot on their arm, leg or wherever, is just a mole or freckle to make an appointment and participate in the screening. It really is worth the time."

Blood Pressure Screening – "I just found out that my blood pressure is a bit high. I am going to see a doctor about that."

You must be present your Benefit Options medical ID card before receiving services.

For more information on any of these services, contact the Wellness program:

ADOA
Benefit Options Wellness
100 N 15th Ave Suite 103
Phoenix, AZ 85007

602.771.WELL (9355)
Toll free: 800.304.3687
Email: wellness@azdoa.gov
Website: www.benefitoptions.az.gov/wellness

PacifiCare Secure Horizon Members:

HealthCredits Program

This exciting new program provides you with tools that may improve your overall health and well-being. Built upon some of the latest cutting-edge technology, HealthCredits is one of the premier motivational and interactive tools available to help members make better health and lifestyle management choices.

You may collect credits for participating in/completing PacifiCare's health program. PacifiCare HealthCredits will conduct quarterly drawings for its qualified enrollees. Credits may also be used for savings on selected consumer goods and services. Collect credits for the following programs:

- PacifiCare VirtualHealthClub
- Free & Clear Stop Smoking Programs
- PacifiCare Weight & Fitness (featuring Weight Watchers) 4 Steps to Success.
- Taking Charge of Your Heart Health Program
- Taking Charge of Diabetes
- Taking Charge of Asthma
- Menopause: Understanding Your Options

- Pregnancy to Preschool
- Personal (Family) Health Record
- Heart Disease Management Programs
- Cancer Disease Management Program
- End Stage Renal Disease Management Program

To Get Started:

1. Go to www.pacificare.com
2. Enter PacifiCare Member ID and Password
3. Scroll over the "Health Programs" tab
4. Click VirtualHealthClub
5. Click Yes and enter the VirtualHealthClub
6. Set up your customized fitness and nutrition plans!

PacifiCare Silver Sneakers Fitness Program:
As the nation's leading exercise program designed exclusively for older adults, SilverSneakers includes a basic fitness center membership, specialized SilverSneakers classes, Senior Advisor assistance and much more! SilverSneakers is available to PacifiCare's ADOA members. For a list of participating fitness centers, log on to www.silversneakers.com or call 1.800.347.8600.

If you live in an area that does not have a participating fitness center, increase your physical activity by joining SilverSneakers Steps, a self-directed, pedometer-based walking and exercise program. SilverSneakers Steps empowers you to take responsibility for your own health by providing the tools, equipment, communication, incentives and motivation necessary to help you achieve a healthier lifestyle through increased physical activity. For more information, log on to www.silversneakers.com or call 1.800.347.8600.

PacifiCare's *Solution for Caregivers* Program:
Whether you are the caregiver for a loved one, or someone close to you is your caregiver or you just need assistance for yourself, there is now a program that can provide help. One phone call puts you in touch with care giving experts who will help you:
Understand your love one's needs and the best way to meet them.
Prioritize your own needs, responsibilities and concerns.
Access expert advice and assistance on a timely basis.
Find the services you need for your family or yourself.

To find out more information on how ***A Solution for Caregivers*** can help, just call 1.888.256.6179, 7:00 a.m. to 7:00 p.m. Pacific Standard Time, Monday through Friday.

Benefits Eligibility

The following persons are eligible to participate in the Arizona Benefit Options program:

- Retirees receiving a pension under a state-sponsored retirement plan and continues enrollment in the Retiree health, dental, or vision plan.
- Long-Term Disability (LTD) participants collecting benefits under a state-sponsored plan.
- Eligible former elected officials and their qualified dependents if the elected official has at least 5 years of credited service in the Elected Officials Retirement Plan; was covered under a group health or group health or accident plan at the time of leaving office; served as an elected official on or after January 1, 1983; and applies for enrollment within 31 days of leaving office or retiring.
- Surviving spouses and qualified dependents provided they were covered at the time of the Retiree's death.
- Surviving spouse of a former elected official provided they were covered at the time of the official'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 or changes consistent with a Qualified Life Event (QLE).

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 in a separate enrollment process by your retirement system. The phone numbers for your retirement system are listed in the front of this Guide.

If you have a qualified dependent that 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 is a QLE. You have 31 days from the QLE to change your enrollment through the ADOA Benefits Office. The change must be consistent with the event.

Eligible dependents include:

- Your legal spouse
- Natural, adopted and/or stepchildren who reside or are placed by court-order and under age 19, or under 25 if a full-time student at an accredited educational institution
- Minors under the age of 19 for whom the employee or legal spouse has court-ordered guardianship
- Foster children under the age of 18
- Natural, adopted and/or stepchildren who reside or are placed by court-order and were disabled prior to age 19 as defined by the Social Security Administration (SSA) guidelines

Please note: If your dependent child is approaching age 19 and is disabled, immediately contact the Benefits Office regarding the procedures to continue coverage for the dependent child. 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 maintain a dependent on your plan. Disability eligibility and continued coverage will be determined by the plan administrator.

Dependent Documentation Requirements

If you are enrolling a spouse or dependent with a last name

different from yours, the enrollment will not be processed until the supporting documentation, such as a marriage license (for a spouse), birth certificate, or court order (for dependents), is provided to the Benefits Office. Subsequent verifications may be requested by Plan Administrators. If there is a delay in locating the required documents, pleases contact the ADOA Benefits Office. Coverage will be suspended until all the necessary documents have been received.

Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)
If a QMCSO or NMSN exists, you must maintain the coverage for your dependent(s) pursuant to the Order. You may not terminate coverage for a dependent(s) covered by a QMCSO or NMSN. If coverage is terminated, coverage will be reinstated retroactive to the date coverage was terminated. You will be responsible for past due premium.

If you dispute the QMCSO or NMSN, you must appeal directly to the issuing child support enforcement agency.

Changing Your Benefits

During the year, you may only change your benefit elections during the year whenever you experience a Qualified Life Event (QLE). A QLE must be submitted to the ADOA Benefits Office within 31 days of the event. If you have not experienced a QLE, you must wait until the next annual Open Enrollment period to make benefit changes.

Qualifying Life Events
A QLE change permits Retirees or LTD members to make certain midyear benefit changes consistent with the qualifying event listed below. Accepted changes will be effective the first of the month after all required documentation has been filed in writing with ADOA. Qualifying Life Events include but are not limited to:

- Changes in your marital status: marriage, divorce, legal separation, annulment, death of spouse;
- You, your spouse, or eligible dependent become Medicare eligible
- 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 affects you or your dependents
- Changes in the member's primary residence causing a change in benefit plan availability (i.e. change medical and/or dental plans).

Requests to change a dental plan or medical network during the plan year without a QLE will not be accepted. You will need to wait until the next annual Open Enrollment.

A QLE must be consistent with the event. For example, if you are currently enrolled in a single plan and add a dependent, you will be permitted to select the family plan of the network you are currently enrolled with. You will not be able to change networks.

Timeframe to Submit a Change Request
Requested benefit changes must be submitted in writing to the ADOA Benefits Office within 31 calendar days of the event. The request must include your Employee Identification Number or Social Security Number and your signature. Failure to request a change within this 31-day period will be denied. If eligible, you will have the option to make changes at the next Open Enrollment period.

Effective Date of the Change
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 QLE's is the first day of the month following the date the requested change is submitted in writing to the ADOA Benefits Office. Please consult with the ADOA Benefits Office to determine whether or not the life event you are experiencing qualifies under the regulations.

If you, your spouse, or eligible dependent enroll in Medicare or have been accepted to receive Medicare, you must notify the ADOA Benefits Office within 31 days. If you do not contact the Benefits Office within 31 days, any requested plan changes will occur on the first of the month following receipt of your request.

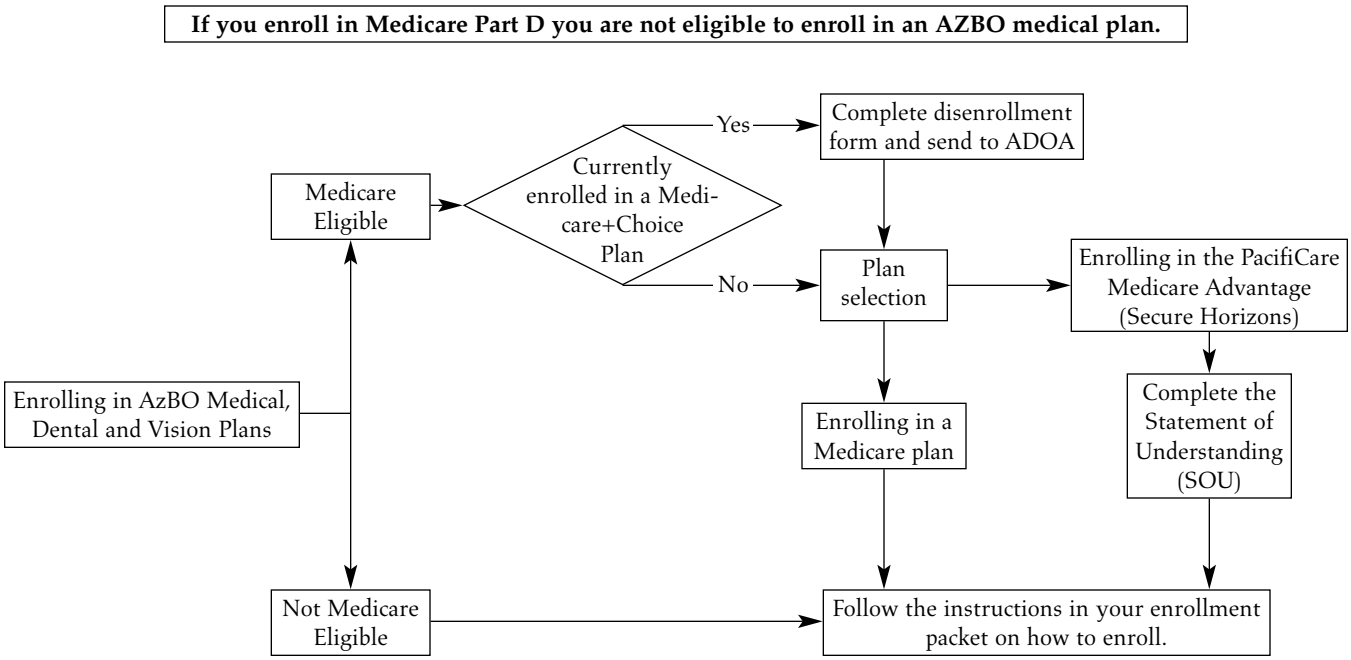
Refer to the following flow charts to determine the effective dates of the QLE.

Declining Benefits Offered through 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.

2005-2006 Arizona Benefit Options

Enrollment at a Glance



Things You Need to Know about Your Pension Check

If you are a new Retiree, Long Term Disability member, or make changes to your benefit elections, don't forget to verify your pension check for the correct premium charges for the plans you elected. If you feel that your pension check is not accurate, you must notify your Retirement System as soon as possible.

If your enrollment is not processed until after the 10th of the month, it is possible that the correct health insurance premium will not be deducted from your pension check until the month following the effective date of your enrollment or change.

If you are an ASRS Retiree, you may believe that the ASRS is charging the full cost of health insurance because your pension check Payment Summary shows the full cost of health care plan premiums under the "Deductions" column.

Please refer to the "Payments" column of your pension check Payment Summary, please note the inclusion of additional monies reflected in the PREM BEN (basic premium benefit) and, if applicable, NONSRVPB (non-service area premium benefit or rural subsidy). These two amounts are the premium benefits to which you may be entitled and they offset or reduce the full monthly medical and/or dental premiums you pay.

Though the total premium for health insurance is shown, you are only paying the net premium after the premium benefit(s) is applied.

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) may provide a payment toward insurance premiums (i.e. premium benefit) subsidy, for eligible members who elect health care coverage through the Arizona Department of Administration (ADOA) or through insurance plans sponsored by the retirement plans themselves.

No basic premium benefit (subsidy) is provided to Retirees in the University Optional Retirement Plan or to PSPRS or CORP members who are LTD members.

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

Your retirement system will determine if you are eligible for a premium benefit and the amount to which you may be entitled.

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.

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						
No restriction on years of service	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
No restriction on years of service	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00

Payment of Monthly Premium

- You are responsible to pay all premiums; failure to keep your premiums current 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 monthly pension check has insufficient funds to cover your health insurance premiums, then premiums will not be deducted. You will then become a Direct Pay Member. The Plan Administrators will be notified that you did not make a premium payment for that month and will mail a bill to you. It will be your responsibility to pay any outstanding premiums to the Plan Administrator. If you do not receive a bill by the first of the month, you must contact the Plan Administrator.
- A Qualified Life Event may cause a change to how your premium is paid. If your premium is paid through a pension deduction and the deduction is stopped, please notify the ADOA Benefits Office immediately.
- Should the retirement system begin deducting your premium from your pension check and you have also received a bill as a Direct Pay Member, please contact the Plan Administrator.
- If you are an LTD member or Surviving Spouse not receiving a pension check from a recognized state retirement plan, you are a Direct Pay Member. 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. Please see the section entitled, "Information for Direct Pay Members."

- Depending on the timing of when the Retirement System receives your benefit elections, you may owe one or several months of health and dental premiums. After enrolling, check your pension check deductions. If, by your second pension check, the deduction has not occurred or the deduction is incorrect, immediately contact the ADOA Benefits Office.

Information for Direct Pay Members

If you are or become a Direct Pay Member, you will soon receive a billing notice regarding future premium payments. If you do not receive a billing notice within 30 days, please call the following:

- For members enrolled in the Arizona Foundation, Beech Street network, RAN/AMN network, or Schaller Anderson Healthcare, please call Harrington Benefits at 1.800.222.2733 extension 8625.
- For members enrolled in United Healthcare, please call 1.866.747.0047.
- For members enrolled in PacifiCare, please call 1.800.347.8600.

Information for Long Term Disability Members

Monthly Premiums for Long Term Disability Members can be found on:

- Page 14 for non-Medicare eligible Long Term Disability members
- Page 21 for Medicare-eligible Long Term Disability members

I am receiving LTD benefits through a recognized State retirement plan. Am I still considered an active employee of the state?

For purposes of health, dental, and vision benefits, LTD members are considered "Retirees" and will fall under all premiums, processes and guidelines as retired members.

What happens if I am no longer eligible for LTD benefits and not able to retire?

Your eligibility in the Benefit Options plan terminates the end of the month in which you lose eligibility. You may wish to contact your retirement system to determine if you are eligible to enroll in their health plan. It is your responsibility to notify us when your LTD entitlement ends.

What happens if I return to work for the State of Arizona after my LTD ends?

Your return to work will be considered a QLE. You must make your new benefit elections within 31 days of your return to work. Please contact your agency Human Resources personnel for further instructions immediately after you lose your LTD eligibility status.

I am receiving LTD and have requested a Waiver of Premium. Does this waive ALL of my insurance premiums?

A Waiver of Premium only applies to life insurance and does not apply to your health, dental and vision benefits. Even if your life insurance premiums are waived, you are still responsible for payment of your medical, dental, and vision monthly premiums.

Your Waiver of Premium eligibility is determined by the LTD carrier. Please contact your LTD carrier with any questions and to learn if you are eligible for a Waiver.

I am receiving disability benefits from Social Security. When will I be eligible for Medicare?

If you have been receiving disability benefits from Social Security or the Railroad

Retirement Board for 24 months, you will be automatically entitled to Medicare Part A and Part B beginning the 25th month of the disability benefit entitlement. You will not need to do anything to enroll in Medicare. Your Medicare card will be mailed to you about 3 months before your Medicare entitlement date. You must mail a copy of your Medicare card to the Benefits Office within 31 days of receiving the card.

If you are under age 65 and have Lou Gehrig's disease (ALS), you will be entitled to Medicare the first month you receive disability benefits from Social Security or the Railroad Retirement Board.

For more information, call the Social Security Administration at 1.800.771.1213.

If I am receiving Social Security disability, must I enroll in Medicare Part B coverage?
The Benefit Options health plans require all Medicare-eligible members to enroll in both Part A (hospital insurance) and Part B (medical insurance).

For more information, contact the Social Security Administration or the ADOA Benefits Office.

Important Information for Non-Medicare Eligible Members

If I have retired and return to work for the State/University, will I be able to enroll for benefits as an active employee?
If you return to work for more than 20 hours per week and fall within the Eligibility Rules for active employees, you will be able to enroll in benefits as an employee.

When can I receive Social Security Retirement benefits and Medicare?
If you were born before 1938, your full retirement age is 65. Because of longer life expectancies, the full retirement age is increasing for people born after 1938. You can start your Social Security benefits as early as age 62, but the amount you receive each month will be less than if you start at full retirement age.

Approximately 3 months before your 65th birthday, you will receive your Medicare card. Your Medicare benefits will start the first day of the month you turn 65. You will automatically be enrolled in Part A (hospital insurance) and Part B (medical insurance).

For more information, log on to www.socialsecurity.gov or call 1.800.772.1213.

Medical Premiums for Non-Medicare Eligible Members

Plans by Region	Retiree Only	Retiree & Dependents
Maricopa County Region includes Apache Junction		
RAN+AMN (HMA) EPO	$391.62	$970.63
Schaller Anderson Healthcare (SA) EPO	$391.62	$970.63
UnitedHealthcare (UHC) EPO	$401.62	$980.63
Arizona Foundation (AZF) PPO	$635.41	$1,550.51
UnitedHealthcare (UHC) PPO	$645.41	$1,560.51
Gila County		
RAN+AMN (HMA) EPO	$391.62	$970.63
Schaller Anderson Healthcare (SA) EPO	$391.62	$970.63
UnitedHealthcare (UHC) EPO	$401.62	$980.63
Arizona Foundation (AZF) PPO	$635.41	$1,550.51
UnitedHealthcare (UHC) PPO	$645.41	$1,560.51
Pinal County		
RAN+AMN (HMA) EPO	$391.62	$970.63
Schaller Anderson Healthcare (SA) EPO	$391.62	$970.63
UnitedHealthcare (UHC) EPO	$401.62	$980.63
Arizona Foundation (AZF) PPO	$635.41	$1,550.51
UnitedHealthcare (UHC) PPO	$645.41	$1,560.51
Rural Northern County Region - Yavapai and Coconino		
RAN+AMN (HMA) EPO	$518.28	$1,287.28
Schaller Anderson Healthcare (SA) EPO	$518.28	$1,287.28
Arizona Foundation (AZF) PPO	$663.56	$1,653.72
Rural County Region Mohave, Navajo and Apache Counties		
RAN+AMN (HMA) EPO	$518.28	$1,287.28
Schaller Anderson Healthcare (SA) EPO	$518.28	$1,287.28
Arizona Foundation (AZF) PPO	$663.56	$1,653.72
Yuma, La Paz, Graham, Greenlee and Cochise Counties		
RAN+AMN (HMA) EPO	$518.28	$1,287.28
Schaller Anderson Healthcare (SA) EPO	$518.28	$1,287.28
Arizona Foundation (AZF) PPO	$663.56	$1,653.72
Santa Cruz County		
RAN+AMN (HMA) EPO	$379.89	$940.14
Schaller Anderson Healthcare (SA) EPO	$379.89	$940.14
UnitedHealthcare (UHC) EPO	$389.89	$950.14
Arizona Foundation (AZF) PPO	$584.98	$1,408.61
UnitedHealthcare (UHC) PPO	$594.98	$1,418.61
Pima County		
RAN+AMN (HMA) EPO	$379.89	$940.14
Schaller Anderson Healthcare (SA) EPO	$379.89	$940.14
UnitedHealthcare (UHC) EPO	$389.89	$950.14
Arizona Foundation (AZF) PPO	$584.98	$1,408.61
UnitedHealthcare (UHC) PPO	$594.98	$1,418.61
Out-of-State		
Beech Street PPO	$680.12	$1,691.88
NAU Retirees Only - Available in All Regions		
Blue Cross/Blue Shield of AZ PPO	$467.12	$1,200.12

Important Information for Medicare-eligible Members

Medicare-eligible members may enroll in:

- RAN/AMN EPO plan, Schaller Anderson EPO plan in all counties except Apache, Gila, Mojave, and Navajo counties.
- Arizona Foundation PPO plan in all counties.
- United Healthcare EPO or PPO plans in Maricopa, Pima, Pinal, and Santa Cruz counties.
- PacifiCare Medicare Advantage HMO plan (Secure Horizons) in Cochise, Coconino, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yavapai, and Yuma counties. PacifiCare requires that the retired employee must be eligible for Medicare to enroll.

Medicare Part A & Part B Information

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 receiving LTD from a State-sponsored LTD plan or SSI.
- 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 do not decline the coverage. ***However, you will be financially liable for medical costs incurred if you DO NOT take Part B. These costs will not be paid for by your ADOA Benefit Options health plan.***

I (or my spouse or my dependent) have Medicare Part A and Part B, and I have the Benefit Options Retiree or LTD coverage. Who pays first?
If you are retired and receiving a pension check from a recognized State Retirement Plan, **OR** you are receiving LTD benefits from a State recognized disability plan*:

- Medicare is primary coverage.
- Benefit Options is secondary coverage.

Am I eligible for the PacifiCare Secure Horizons Medicare Advantage Plan?
You are eligible for the Advantage Plan if you:

- are the primary Retiree
- live in Coconino, Cochise, Graham, Greenlee, La Paz, Maricopa, Pinal, Pima, Santa Cruz, Yavapai, and Yuma counties.
- 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 learn how this will effect 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.***

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 will assume the same financial responsibility for the medical benefits Medicare B would have covered if Medicare Part B coverage was in effect. You must, therefore, pay the medical bills that Medicare B would have paid. ***These costs will not be paid for by your ADOA Benefit Options health plan.***

**VPA, Standard Insurance, CIGNA, or Fortis, not Social Security disability benefits.*

Your Benefit Options plan remains the secondary payer for all other covered services.

If I am eligible for Medicare but do not have Part B coverage, what Benefit Options plan do I elect?
You may elect the EPO or PPO plan listed under "with Medicare" available in your county for retiree and long-term disability members.

If I purchase both Part A and Part B of Medicare, why should I continue to be enrolled in the Benefit Options program?
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 Walgreens Health Initiatives (WHI) for pharmacy coverage. There are no annual limits or caps on preferred or non-preferred medications. Co-pays are $10, $20, or $40.

PacifiCare members, please refer to your Secure Horizons Medicare Advantage Guide or call 1.800.347.8600 for information on co-pays.

If I am receiving Medicare, why do I still pay co-pays?
A co-pay is the portion paid by the member to share in the cost of medical services, supplies and prescriptions. This cost sharing will help the Benefit Options program with rising healthcare costs.

Medicare also applies cost sharing. For covered services, the Benefit Options self-funded plans (excluding PacifiCare's Secure Horizons plan) absorbs the Medicare deductible you would otherwise pay for hospital and medical services. The Benefit Options program will pay up to the total allowable amount as determined by the Plan. Most physicians generally charge 20% above the amount covered by Medicare.

Co-pays are required for all plan members including employees, non-Medicare eligible Retirees, LTD members, Surviving Spouse and Medicare eligible Retirees. Your medical provider understands medical payments will be reduced by the co-payment. Therefore, it must be submitted at the time the services are rendered.

I am not enrolled with PacifiCare. I do not want to be responsible for filing claims with the health plan after my physician has filed with Medicare, what should I do?
Both Harrington Benefits and United Healthcare have a Medicare Crossover program.

- If you are enrolled with United Healthcare, please call the number on the back of your card and let them know you would like to enroll in the Medicare Crossover program.
- If you are enrolled with the Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson Healthcare, please call the number on the back of your card and let them know you would like to enroll in the Medicare Crossover program.
- For more information, please see the Coordination of Benefits With Medicare section.

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

What is the PacifiCare's Medicare Advantage HMO (Secure Horizons) Plan?
PacifiCare's 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), 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 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 or critical out-of-area services such as renal dialysis, neither PacifiCare nor Medicare will pay for those services.

If you elect the Medicare Advantage HMO plan, you must choose a Primary Care Physician.

Statement of Understanding (SOU)
Any Retirees, LTD members, Surviving Spouse, and/or dependents who have Medicare Parts A and B and who are enrolling in the PacifiCare 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 first day of the month in which coverage becomes effective. The form may only be submitted between Monday and Friday. Your signature on the SOU form confirms to PacifiCare and CMS that you, your spouse and dependent(s) understand:

- 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 by 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) is 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.
- If you are currently enrolled in the PacifiCare Secure Horizons plan and wish to change to one of the other plans offered during Open Enrollment, it will be necessary for you to submit a statement of voluntary disenrollment.

How is the PacifiCare Medicare Advantage program different from the ADOA Benefit Options program?
The PacifiCare program is federally approved by Medicare

and operates an HMO plan on behalf of Medicare. This is a fully-insured plan and designed by PacifiCare. What the plan covers, co-payments, and how the plan operates is contracted and agreed upon between PacifiCare and Medicare. This is a more managed plan with some restrictions; however, monthly premiums are lower than the other plans offered by Benefit Options. You will need to select a Primary Care Physician and network when you enroll with PacifiCare.

The other self-funded plans offered in the Benefit Options program are controlled by ADOA. Although these plans coordinate benefits with Medicare, they are not mandated by Medicare on how the plans operate or what they will cover. These plans offer the same comprehensive benefits as those received by State employees. This is a less-managed plan with more flexibility; however, premiums are higher. You do not need to select a Primary Care Physician and may self-refer to see a specialist. All providers must be contracted within the network you select.

Coordination of Benefits with Medicare

Medicare is the primary coverage. After Medicare pays, the Arizona Benefit Options plan will pay as the secondary payer for covered benefits in accordance with the Plan provisions. The Plan Administrators (Harrington Benefits and United Healthcare) will coordinate medical claims with Medicare.

Members enrolled with PacifiCare do not need to worry about coordination of benefits, since PacifiCare will operate as the primary plan on behalf of Medicare.

All Medicare-eligible plan members will pay the appropriate co-pays for provider services, emergency and urgent care services or coinsurance as identified in the chart on Page 22.

Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson Members:
Effective October 1, 2005, Harrington Benefit, the Plan Administrator, will provide "cross-over" services. If your provider accepts Medicare assignment, they may submit a medical bill directly to Medicare. Harrington Benefits will receive an electronic copy of the reduced bill, your Explanation of Medicare Benefits (EOMB) statement, directly from Medicare. This eliminates the need for you or your provider to send a second bill to Harrington for the portion of the costs Medicare did not pay. You must complete an enrollment form to begin these services.

To request a Medicare Crossover form, contact Harrington Benefits at 1.888.999.1459.

United Healthcare Members:
When Medicare receives a provider bill and pays their portion, the Explanation of Medicare Benefits (EOMB) is sent directly to the provider. Your provider will send any unpaid portions to United Healthcare. You will not need to send a second bill to United Healthcare for payment.

If you have any questions, contact United Healthcare at 1.800.896.1067.

Information on Medicare D

The Medicare Modernization Act (MMA) was signed into law by President Bush in December 2003. A key aspect of this Act is the new prescription drug benefit, known as Medicare Part D. Medicare Part D takes effect on January 1, 2006. This benefit is offered to all Medicare-eligible Retirees or LTD members enrolled in Medicare Part A, Medicare Part B, or both Parts A and B.

- You will not be automatically enrolled in Medicare Part D.
- You are not required to enroll in Medicare Part D.

The Arizona Benefit Option Plans have filed with Medicare to offer "creditable coverage" for pharmacy coverage. This means the ADOA health plan has equal to or better pharmacy coverage than will be provided through Medicare.

Low Income Assistance

If you have limited income and resources, you may qualify for extra assistance through Medicare. Most people who qualify for this extra help will pay no premiums, no deductibles, and will not pay co-pays over $5.00 for each prescription. You may qualify if your income is less than $14,355 or $19,245 for a married couple and your resources are less than $11,500 if you are single or $23,000 if you are married and living with your spouse. You automatically qualify for prescription assistance if you:

- have Medicare and full coverage from a state Medicaid program that currently pays for your prescriptions.
- get help from your state Medicaid program paying your Medicare premiums (or belong to a Medicare Savings Program).
- get Supplemental Security Income.

If you would like more information or to see if you qualify for assistance, call 1.800.772.1213, log on to www.socialsecurity.gov, or visit your local Social Security Office.

If you qualify for assistance, you will need to disenroll from the ADOA Benefit Options program (including PacifiCare Secure Horizons). When you receive your confirmation of acceptance, please contact the ADOA Benefits Office for more information.

Do I Need to Enroll in a Pharmacy Plan Outside of the ADOA Plans?

No, you do not need to enroll in a Medicare D Prescription Drug Plan. Although every Medicare eligible person has the protected right to enroll in a separate Pharmacy Benefit Plan (PDP) if he or she wishes to do so, the ADOA health plans have filed with Medicare to provide this coverage to you. The ADOA Benefit Options program provides equal to or better coverage than what is offered through Medicare D:

- *You will not have to pay a separate monthly premium for Medicare D;*
- *You will not have to pay an annual deductible;*
- *You will not need to pay a percentage of your prescription costs; and*
- *Your medications will remain at the current $10, $20, and $40 co-pay levels.*

What Happens If I Enroll in a Separate Pharmacy Plan?

If you enroll in a separate Prescription Drug Plan, you cannot remain enrolled in the ADOA health plan. Medicare does not allow a Medicare-eligible person to be enrolled in two approved Medicare prescription drug plans at the same time. However, you will need to decide what is right for you and your family. For some members, enrolling in a separate Prescription Drug Plan (PDP) and disenrolling from the Benefit Options program may be cost-effective and the right choice for them.

If I Choose to Leave the ADOA Health Plan, What Will Medicare D Cover?

If you join a PDP Plan in 2006:

- Monthly premiums will cost approximately $32.00 per month (depending on the plan you choose).
- You will have a $250.00 deductible. This means you will pay the first $250.00 in prescriptions costs each calendar year before Medicare will contribute to prescriptions.
- Some plans may offer co-pays for medications and some may require you to pay a percentage for medications. All plans must follow the following schedule of how you will share costs with Medicare:
  - After you have paid the $250.00 deductible in prescription costs, Medicare will pay 75% of your covered pharmacy costs. You will be responsible for the remaining 25%.
  - When you have paid $750.00 in drug costs ($250.00 deductible and $500.00 in out-of-pocket costs) and Medicare D has paid $1,500.00, you will be responsible for 100% of your prescriptions until you have paid another $2,850.00. This will be a total of $3,600.00 you have paid in out-of-pocket costs for medications.
  - After you have reached the $3,600.00 in pharmacy costs, Medicare will begin to share in your pharmacy costs again. Medicare will pay either $2 for generic drugs and $5 for brand name drugs or 5% of the prescription drug costs, whichever is greater.
- On January 1st of each year, the amounts you and Medicare will pay will start again.
- Enrollment for Medicare D will be held November 15, 2005 through May 15, 2006. Annual Open Enrollment for Medicare D will be held in November of each year.

Medications covered under a Prescription Drug Plan (PDP) will vary from plan to plan, so it is important to ask for a list of the medications covered under the Plan. Each PDP will provide its own formulary (the list of covered drugs).

If you would like more information, log onto www.medicare.gov or call 1.800.633.4227.

Medical Premiums for Medicare-eligible Members

Plans by Regions	Retiree Only	Retiree & Spouse or Dependent with Medicare	Retiree & Spouse; one with Medicare the other without	Retiree and/or Spouse with Medicare; Dependents without
Maricopa County Region includes Apache Junction				
RAN+AMN (HMA) EPO	$298.66	$593.21	$686.18	$780.61
Schaller Anderson Healthcare (SA) EPO	$298.66	$593.21	$686.18	$780.61
UnitedHealthcare (UHC) EPO	$308.66	$603.21	$696.18	$790.61
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,170.77	$1,354.52
UnitedHealthcare (UHC) PPO	$549.46	$1,084.83	$1,180.77	$1,364.52
PacifiCare Secure Horizons	$149.81	$295.52	$573.00	$604.74
Gila County				
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,170.77	$1,354.52
Pinal County				
RAN+AMN (HMA) EPO	$298.66	$593.21	$686.18	$780.61
Schaller Anderson Healthcare (SA) EPO	$298.66	$593.21	$686.18	$780.61
UnitedHealthcare (UHC) EPO	$308.66	$603.21	$696.18	$790.61
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,170.77	$1,354.52
UnitedHealthcare (UHC) PPO	$549.46	$1,084.83	$1,180.77	$1,364.52
PacifiCare Secure Horizons	$149.81	$295.52	$573.00	$604.74
Rural Northern County Region - Yavapai and Coconino				
RAN+AMN (HMA) EPO	$401.20	$798.30	$915.38	$1,049.02
Schaller Anderson Healthcare (SA) EPO	$401.20	$798.30	$915.38	$1,049.02
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,198.92	$1,401.43
PacifiCare Secure Horizons	$223.10	$442.10	$646.30	$675.93
Rural County Region - Mohave, Navajo and Apache Counties				
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,198.92	$1,401.43
Yuma, La Paz, Graham, Greenlee and Cochise Counties				
RAN+AMN (HMA) EPO	$401.20	$798.30	$915.38	$1,049.02
Schaller Anderson Healthcare (SA) EPO	$401.20	$798.30	$915.38	$1,049.02
Arizona Foundation (AZF) PPO	$539.46	$1,074.83	$1,198.92	$1,401.43
PacifiCare Secure Horizons	$223.10	$442.10	$646.30	$675.93
Santa Cruz County				
RAN+AMN (HMA) EPO	$288.29	$572.47	$664.08	$752.83
Schaller Anderson Healthcare (SA) EPO	$288.29	$572.47	$664.08	$752.83
UnitedHealthcare (UHC) EPO	$298.29	$582.47	$674.08	$762.83
Arizona Foundation (AZF) PPO	$497.98	$991.87	$1,078.87	$1,230.51
UnitedHealthcare (UHC) PPO	$507.98	$1,001.87	$1,088.87	$1,240.51
PacifiCare Secure Horizons	$223.10	$442.10	$646.30	$675.93
Pima County				
RAN+AMN (HMA) EPO	$288.29	$572.47	$664.08	$752.83
Schaller Anderson Healthcare (SA) EPO	$288.29	$572.47	$664.08	$752.83
UnitedHealthcare (UHC) EPO	$298.29	$582.47	$674.08	$762.83
Arizona Foundation (AZF) PPO	$497.98	$991.87	$1,078.87	$1,230.51
UnitedHealthcare (UHC) PPO	$507.98	$1,001.87	$1,088.87	$1,240.51
PacifiCare Secure Horizons	$149.81	$295.52	$573.00	$604.74
Out-of-State				
Beech Street PPO	$539.46	$1,074.83	$1,215.48	$1,406.47
NAU Retirees Only - Available in All Regions				
Blue Cross/Blue Shield of AZ PPO	$430.55	$861.33	$991.22	$1,163.28

Medicare Plans Comparison Chart

	EPO Plans	PPO Plans		PacifiCare
	In-Network	In-Network	Out-of-Network	In-Network
PCP Required for Each Member?	No	No	No	Yes
PCP Referral Required to See a Specialist?	No	No	No	Yes
Plan Year Deductible Single Coverage	None	None	$300.00	None
Family Coverage	None	None	$600.00	None
Out-of-Pocket Maximum Single Coverage	None	$1,000	$3,000	None
Family Coverage	None	$2,000	$6,000	None
Lifetime Maximum	None	None	$2,000	None
Physician Services[1] Office visits, consultations, specialist visits	$10 copay	$10 copay	30% of services	PCP - $10 copay
Preventative Care Well Baby, Child and Adult Physical Exams, Annual Well-Woman Exams (GYN visit & PAP smear test); Annual Well-Man Exams (Office visits & PSA blood test); Adult Pneumonia and Flu Immunizations.	$10 copay	$10 copay	Not covered	PCP- $10 copay; Lab included at 100%
Mammography Screening (coverage based on age or patient need)	None	None	30% of services	None
Outpatient Services Freestanding ambulatory facility or hospital outpatient surgical center	None	None	30% of services	None
Hospitalization Services Room & Board (private room when medically necessary)	None	None	30% of services	None
Intensive Care Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologists	None None[2]	None None[3]	30% of services 30% of services	None None
Emergency Care Urgent Care Center	$20 copay	$20 copay	30% of services	$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

[1] *Copays limited to one copay per day per provider. If you are referred to a specialist or other provider within the same day, you will be required to pay the new provider a copay.*

[2] *All providers must be in-network; services out-of-network will be paid at reasonable and customary charges.*

[3] *All providers must be in-network; services out-of-network will be paid at reasonable and customary charges.*

Benefits Coverage for National and International Travel

	Travel Within the U.S.	International Travel
Medical Care		
EPO Plans - RAN/AMN, Schaller Anderson, United Healthcare	Emergency and Urgent Only	Emergency and Urgent Only
PPO Plans - Arizona Foundation	Covered as In-Network if services provided through a network provider; Out-of-Network if services provided through a non-network provider.	Covered as Out-of-Network
PPO Plans- Beech Street, United Healthcare	Covered as In-Network if services provided through a network provider; Out-of-Network if services provided through a non-network provider.	Covered as Out-of-Network
PacifiCare Secure Horizons	Emergency and Urgent Only	Emergency and Urgent Only
Blue Cross/Blue Shield - NAU Retirees Only PPO Plan	Covered as In-Network if services provided through a network provider; Out-of-Network if services provided through a non-network provider.	Covered as Out-of-Network
Pharmacy Benefits - Walgreens Health Initiatives	Benefits are covered in-network. If you obtain medications through a non-network pharmacy, you will not be reimbursed. You may call 1.866.722.2141 to locate a pharmacy in the area in which you are traveling.	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. Please call 1.800.345.1985 to make arrangements. If you obtain medications outside of the U.S., you will not be reimbursed.
Dental Care		
Pre-Paid Plans - Assurant (Fortis/United); Employers Dental Services	Emergency only	Emergency only
PPO Plans- Delta and Metlife	Benefits are covered as in-network through participating providers and non-network under non-participating provider benefits.	Coverage is available under non-participating provider benefits.
Vision Care		
Avesis	Covered using in-network providers. You may call 1.800.828.9341 to locate a vision provider in the area in which you are traveling.	Covered as out-of-network and will be reimbursed based on the Avesis reimbursement schedule.

Medical Plan Features

What is a Plan Administrator?

A Plan Administrator is the contracted organization that processes medical claims, provides customer service and runs the day-to-day operations of the health plan:

- If you are enrolled with the Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson Healthcare networks, your plan administrator is Harrington Benefit Services.
- If you are enrolled with United Healthcare, your plan administrator is United Healthcare.
- If you are enrolled with PacifiCare Secure Horizons, your insurance carrier is PacifiCare for the Medicare Advantage Plan. PacifiCare is the plan administrator for the self-funded EPO plan for spouses and dependents of Medicare Advantage members.
- The ADOA Benefits Office is the Plan Sponsor, not the Plan Administrator.

I've heard the terms, "integrated" and "non-integrated." What do they mean?

Integrated and non-integrated describe the way services are provided in each health plan:

- If you are enrolled with Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson Healthcare, you are in the non-integrated plan. This means multiple organizations supply the health plan services:
  - Arizona Foundation, Beech Street, RAN/AMN and Schaller Anderson Healthcare provide the networks of hospitals and medical providers.
  - Harrington Benefit Services provides the claims payment processes, day-to-day operations, and customer service.
  - Schaller Anderson Healthcare provides the prior authorization, disease management, and medical review services.
- If you are enrolled with United Healthcare, the self-funded integrated plan, United Healthcare provides the following: hospital and provider networks; payment process and day-to-day operations; and prior authorization and disease management services.
- If you are enrolled with PacifiCare, the Medicare Advantage HMO plan, PacifiCare provides the following: hospital and provider networks; payment process and day-to-day operations; prior authorization and disease management services.
- Walgreens Health Initiatives (WHI) is a Pharmacy Benefit Manager and provides pharmacy services for both the United Healthcare integrated plan and the non-integrated health plans that include Arizona Foundation, Beech Street, RAN/AMN and Schaller Anderson Healthcare.
- RXSolutions provides pharmacy services for the PacifiCare Secure Horizons Plan.

What is a Pharmacy Benefit Manager?

A Pharmacy Benefit Manager provides the national network of pharmacies; provides mail-order service; and specialty pharmacy services. A Pharmacy Benefit Manager manages pharmacy benefits in the following ways: by providing bulk discounts on medications through the use of a formulary; by reviewing the way medications are used by members; and by implementing targeted programs to reduce overall pharmacy costs. These programs promote the use of cost-effective medications, maximized generic efficiency, and encourage proper utilization. A Pharmacy Benefit Manager also works with physicians to review medications prescribed and looks for lower cost alternatives.

What is an "EPO" plan and how is this different from a "PPO" plan?
An EPO is an HMO-like plan called an Exclusive Provider Organization. The EPO plan follows the same guidelines as an HMO plan. You must obtain services from a contracted network provider. A PPO plan is a Preferred Provider Organization and allows network and out-of-network services. You will need to meet a deductible and will pay copays for in-network services and 30% of covered out-of-network services.

The State offers "open access" in all of the EPO plans. What does this mean?
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 a specialist of your choosing. The specialist MUST be contracted within your network. However, if you wish to obtain network specialist referrals through your PCP, you may do so.

The PacifiCare program is not an "open access" plan. Therefore, PacifiCare members must obtain referrals through their Primary Care Physician (PCP).

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?
Yes. In the EPO plan, all medical services received must be with 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 30% of the covered charges, after you have met your deductible.

How do I find out what is covered in the health plan?
Covered benefits are detailed in a booklet called a Plan Description. The Plan Description outlines your health insurance coverage and provides information on how claims will be paid, services that require pre-certification, services that are covered and items that are excluded by the health plan. You will receive a copy of the Plan Description after the beginning of a new plan year. You may also view these descriptions online at www.benefitoptions.az.gov.

I have been contacted by someone and asked if I want to participate in a disease management program. What is disease management?
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 the conditions listed below, you will be contacted by the Disease Management staff with further information on the program. This is a free service to provide you information, assistance, and resources to manage the following conditions:

- Asthma
- Congestive Heart Failure
- Diabetes
- Perinatal care (before or after the birth of the baby)

If you would like more information or if you have been diagnosed with the above conditions and would like assistance, please call:

- If you are a member of the Arizona Foundation, Beech Street, RAN/AMN network, or Schaller Anderson Healthcare, please call 1.888.999.1459
- If you are a member of United Healthcare, please call 1.800.896.1067
- If you are a member of PacifiCare, please call 1.800.347.8600

What is a network service area?
A network service area is the region in which your network is offered:

- The Arizona Foundation PPO plan is offered statewide.
- The Beech Street PPO plan is offered for members living outside of Arizona and will be used as a national travel network if you are enrolled with Arizona Foundation, RAN/AMN, or Schaller Anderson Healthcare.
- The RAN/AMN EPO plan is offered statewide.
- The Schaller Anderson EPO plan is offered statewide except for Medicare-eligible retirees in Apache, Mohave, and Navajo counties.
- The United Healthcare EPO and PPO plans are offered in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties.
- The PacifiCare Medicare Advantage plan is offered in Cochise, Coconino, Gila, Graham, Greenlee, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai and Yuma counties.

If you are enrolled in the PacifiCare Secure Horizons plan; the RAN/AMN, Schaller Anderson, or United Healthcare EPO plan, you are covered nationwide for emergencies and urgent care; however, you must obtain routine or scheduled services within your network service area. Members enrolled in the Arizona Foundation and United Healthcare PPO plans are able to obtain out-of-network services throughout the United States.

What is Coordination of Benefits?
When a Retiree or LTD member has more than one health plan or is considered a covered dependent under another plan, benefits are coordinated so that no more than 100 percent of the claim is paid to a medical provider. One plan will be considered primary and the other will be considered secondary.

If you are enrolled with Medicare, Medicare will be primary and your ADOA plan will be secondary.

For additional information on how coordination of benefits will be applied, please refer to the appropriate Plan Description.

What is Transition of Care?
If you are a new Retiree and/or changing from Arizona Foundation, Beech Street, RAN/AMN or Schaller Anderson to United Healthcare (or from United Healthcare), you may continue an active course of treatment with your health care provider and receive in-network benefits during the pre-approved transition period.

For additional information, please refer to the appropriate Plan Description.

For members enrolling with PacifiCare, please call 1.800.347.8600 for more information.

Online Features of Medical Plan Information

Members can now review their personal profile, view the status of medical claims, obtain general medical/pharmacy information, and learn how to manager their own healthcare through the available health plan websites.

Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson Healthcare
Members enrolled in any of the providers above, may view the following information on www.myazhealth.com (you will need to register with a user name and password):

• Personal profile	Check your eligibility status and personal profile.
• Claims inquiry	View and read the status of all medical claims submitted for payment, including billed charges; any deductibles or co-pays made; the amount paid to the provider; and details on the provider payments.
• Deductible status	View all of the co-pays and deductibles paid to date for tax purposes or the amounts accrued towards any plan maximums.
• Secure Mail	With the "Secure Mail" feature, you can ask questions day or night and receive replies about your confidential health benefit information within 3 business days without the worry of transmitting your personal information over the internet.
• Health Information	Compare hospitals based on quality of care, procedures and patient safety measures. You may also view a medical encyclopedia, information on general health topics, and an outline of questions you should ask your doctor.
• Medline Plus	Medline provides extensive health information on over 650 diseases and conditions; provides a medical dictionary and encyclopedia; information on clinical health trials; and the latest medical research in medicine.
• Provider Search	You may click on your network to research contracted network physicians, hospitals, and medical providers.
• Provider Information	You may view the status of your member eligibility and all claims submitted. You can even send and receive information through the secure mail feature.
• Claim Forms	You may download claim forms and information to submit claims for medical services and reimbursement for out-of-pocket expenses.

United Healthcare

Members enrolled in United Healthcare can view the following information on www.myuhc.com (you will need to register with a user name and password):

- Personal profile — Verify benefits and eligibility. Print a temporary or order a replacement ID card anytime.
- Provider Search — Find the physicians and hospitals that are convenient and right for you.
- Provider Information — You may view the status of your member eligibility and all claims submitted. You can even send and receive information through the secure mail feature.
- Claims Inquiry — View and read the status of all medical claims submitted for payment, including billed charges; any deductibles or co-pays made; the amount paid to the provider; and details on provider payments.
- Deductible Status — View all of the co-pays and deductibles paid to date for tax purposes or the amounts accrued towards any plan maximums.
- Hospital Comparison — Compare hospitals based on quality of care, procedures, and patient safety measures with the Hospital Comparison tool.
- Treatment Cost — Find out and compare what different treatments will cost using the Treatment Cost Estimator, before you need to make a decision.
- Health Information — Look up a variety of health conditions, procedures, and topics. You can research a condition for yourself or on behalf of a loved one with the website's evidence-based medical information from the prestigious Healthwise and BestTreatments organizations.
- Nurseline — Chat online with Registered Nurses 7 days a week for trusted information and peace of mind when you have a question or during times when you cannot get to your doctor.
- Expert Information — Participate in monthly online events with leading experts in health care.

PacifiCare Secure Horizons

PacifiCare members can view the following information on www.pacificare.com:

• Provider Search	Find the physicians and hospitals that are convenient and right for you.
• 24 Hour Health Info.	Part of PacifiCare's 24-Hour Health Information program, this area offers valuable information about medical conditions, health, and lifestyle management, plus tools, diaries, calendars and even a personal health record.
• Take Charge Programs	Tools and information to help you take charge of diabetes, depression, heart conditions, anti-smoking assistance, and valuable tips to get the most out of your next doctor's visit.
• Pharmacy Information	Information on the RX Solutions pharmacy program, mail order service, formulary information and generic drug information.
• Resource Center	Valuable information for caregivers; informative articles on health related topics and how to get the most out of your health care; and internet links to a variety of health related organizations.

You earn trust.

So do we.

State of Arizona employees, now's the time to join the more than 700,000 Arizonans who already put their trust in Schaller Anderson. You'll have access to comprehensive medical care within our provider network, including an extensive list of specialists, hospitals and urgent care centers. You'll also participate in one of the least expensive EPO options available – all while receiving the same benefits as others. So, during open enrollment, choose a company that has earned Arizona's trust. Choose Schaller Anderson.

Benefit Options
Choice. Value. Health.

Earning trust since 1986.

SCHALLER ANDERSON
HEALTHCARE

www.SchallerAndersonHealth.com

UnitedHealthcare®
A UnitedHealth Group Company

Why UnitedHealthcare?

We put you first.

For too many years, the health care industry has created policies and procedures according to what works for them. UnitedHealthcare's approach is about what works for you and your family.

As a participant with UnitedHealthcare, you have

- Easy, direct access to specialists without having to get a referral
- No prior authorizations needed for most treatments
- Informational tools to help you and your doctor make informed decisions about your care
- Personalized coverage, claims, and physician information on our Web site, **myuhc.com**
- Innovative plan options, programs and informational resources
- Comprehensive, toll-free help line for your health-related and other personal concerns
- Specialized care programs and services when you have serious health concerns

Options PPO Plan

With the Options PPO plan, you have access to more than 16,000 physicians and 57 hospitals throughout Arizona. You do not have to select a primary care physician nor do you need a referral to see specialists in our network. Remember that when you obtain services from contracted physicians in our network you will receive a higher benefit, you will not be subject to balance billing from your physician or health care professional, and you are not responsible for filing the claim; this may not be the case if you choose to use a physician not participating in our network.

Choice EPO Plan

Under the Choice plan, you have access to the same extensive network of physicians and hospitals in Arizona as the PPO plan, and like the PPO plan; you do not have to select a Primary Care Physician to direct your medical care. While we think it's a good idea to have a doctor who is familiar with all your medical history, you are free, at any time, to see any doctor from our extensive network of providers. With the Choice plan, you must always use physicians and health care professionals contracted in the UnitedHealthcare network in order to receive reimbursement for your medical services. The exception to this requirement is in the event of an emergency.

Access to personal information 24/7 on myuhc.com

View eligibility and coverage, including deductible and copay information

- Check claims status
- Find a physician or hospital
- Ask health care professionals – participate in live, online chats
- Request a replacement ID card
- Learn about health conditions, treatments and procedures
- Determine the approximate costs of a procedure using the Treatment Cost Estimator

Health Information and Education – 24 Hours Every Day

Optum® NurseLine℠ is a health information service you can call toll-free 24 hours every day. Our caring staff of experienced registered nurses will provide information, education and support for any health-related concern, at no cost to you.

Additional Benefits from United Behavioral Health

With UnitedHealthcare, you also get mental health and substance abuse benefits. These benefits give you and your covered family members' access to confidential, in-person support for a wide range of concerns, including:

Depression • Substance abuse • Stress and anxiety • Relationship problems • Child/adolescent issues

Strong, Stable and Committed to Arizona

UnitedHealthcare has been in business for over 27 years and we have a long history serving the state of Arizona, providing health care benefits to more than a half million individuals across the state.

If you have questions about your health care benefits, call us at **1-800-896-1067.**

Insurance coverage provided by or through: United HealthCare Insurance Company
Health plan coverage provided by or through: United HealthCare of Arizona

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It just makes sense.℠

RAN+AMN

Arizona's Exclusive Provider Organization

AZ+EPO

☑ **State Network**

EPO coverage statewide

☑ **RAN+AMN: A Lower Cost Plan**

One of Your EPO benefit options

☑ **Comprehensive Coverage**

10,000 Healthcare providers statewide

☑ **Community-Based**

Partnering with Arizona hospitals and physicians

Serving AZ since 1981

for the health of your family

Benefit Options

Choice. Value. Health.

www.az-epo.com

PacifiCare®
Retiree Plans℠

PacifiCare brings value to ADOA

Proven Experience

The PacifiCare family of companies (PacifiCare) believes it's our privilege to be the carrier of choice for more than three million health plan members, nearly one million retirees, approximately nine million specialty plan members nationwide – including our valued ADOA Retirees and families. PacifiCare offers health care coverage that provides affordability, flexibility and freedom of choice.

Senior Centric

Secure Horizons Medicare Advantage plan and PacifiCare SignatureValue (non-Medicare EPO) plan offers:

- Health care coverage with solid benefits for reasonable out-of-pocket costs
- Convenience of seeing one primary care physician who will coordinate your health care

Product Innovation

In addition to coverage for Vision care, Hearing Services and Chiropractic Services, ADOA members and their families have access to a number of value added programs and services

A Solution for Caregivers

- A program designed for those who provide care or may be concerned about the future care of aging spouses, parents or grandparents
- Unlimited toll-free access to geriatric experts; up to six hours annually of geriatric care management
- Personalized research into community and government-funded programs to help meet your family's caregiving needs

SilverSneakers® Fitness Program *(Medicare Advantage HMO Medical Plan)*

- Membership at a safe, warm, friendly fitness center in your area
- Fun, group exercise classes designed to increase strength, flexibility and energy
- Social events where you can meet fun people (just like you!)

Health Credits *(SignatureValue℠ Programs)*

- Provides you with tools that can help contribute to your overall health and well being
- Built upon some of the latest cutting-edge technology, HealthCredits℠ is one of the premier motivational and interactive tools available to help consumers make better health and lifestyle-management choices

Secure Horizons Medicare Advantage Plans are offered by PacifiCare,® which contracts with the federal government. Limitations, copayments and coinsurance will apply. Group Retiree prospects of the Secure Horizons Medicare Advantage Plan must meet the eligibility requirements to enroll for group health care coverage. Health plan premiums and benefits may vary by employer group. Contact PacifiCare for details.

PacifiCare products and services are offered by one or more of the following PacifiCare family of companies: Health plan products and services are offered by PacifiCare of Arizona, Inc., Indemnity insurance products (including PPO products) are underwritten by PacifiCare Life Assurance Company. Other products and services are offered by PacifiCare Health Plan Administrators, Inc., RxSolutions, Inc., SeniorCo, Inc., and PacifiCare Behavioral Health, Inc. PacifiCare® is a federally registered trademark of PacifiCare Life and Health Insurance Company.

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SH-605-77326

Network Plan Coverage for Routine and Urgent/ Emergency Care

	EPO Networks		PPO Networks		
	UnitedHealthcare	RAN/AMN Schaller Anderson	AZ Foundation UnitedHealthcare	Beech Street	PacifiCare Secure Horizons
Routine Medical Care Routine medical care means a regular course of action that is anticipated, expected and planned in advance. Routine medical care is usually conducted in the medical provider's office.					
Central and Southern Arizona	Covered	Covered	Covered	Not Covered	Covered
Rural Arizona	Not Covered	Covered	Covered	Not Covered	Covered*
Traveling in U.S. on vacation	Not Covered	Not Covered	Covered	Covered	Not Covered
Living Outside of AZ	Would need to change plans	Would need to change plans	Covered	Covered Not	Covered
Guest Privileges	Covered	Covered	Covered	Covered	Not Covered
International Travel	Not Covered	Not Covered	Covered	Covered	Not Covered
Urgent and Emergency Care Emergency care means the medical, psychiatric, surgical, hospital and related health care services required to stabilize an injury or serious illness that could result in serious medical complications, loss of life or permanent physical impairment.					
Central and Southern Arizona	Covered	Covered	Covered	Not Covered	Covered
Rural Arizona	Covered	Covered	Covered	Not Covered	Covered
Traveling in U.S.	Covered	Covered	Covered	Covered	Covered
Living Outside of AZ	Would need to change plans	Would need to change plans	Covered	Covered	Not Covered
Guest Privileges	Covered	Covered	Covered	Covered	Not Covered
International Travel	Covered	Covered	Covered	Covered Not	Covered

**Members enrolled in Coconino, Cochise, Graham, Greenlee, La Paz, Maricopa, Pinal, Pima, Santa Cruz, Yavapai, and Yuma counties.*

Pharmacy Plan Comparison Chart

	ADOA Benefit Options (Arizona Foundation, Beech Street, RAN/AMN, Schaller Anderson, United Healthcare)	PacifiCare Secure Horizons	BC/BS NAU Retirees Only
Pharmacy Benefits Administered By	Walgreens Health Initiative	Prescription Solutions	Blue Cross/Blue Shield
Retail Requirements	In-network pharmacies only; one copay per prescription	In-network only; one copay per prescription	In-network only; one copay per prescription
Mail Order	Two copays for 90-day supply	Two copays for 90 day supply	One copay for 90-day supply
Generic	$10 copay	$7 copay	$7 copay
Preferred	$20 copay	$20 "brand"	$20 "brand"
Non-preferred	$40 copay	Not covered	$40 for non-preferred brand "A"; $80 for non-preferred brand "B"
Annual Maximum	None	$3,000 brand	None

How to Use Your Pharmacy Plan

If you elect the Arizona Foundation, RAN/AMN plan, Schaller Anderson, or United Healthcare, Walgreens Health Initiatives (WHI) will be the network you use for pharmacy benefits. Coverage is part of your medical plan; enrollment is automatic when you enroll in a medical plan and there is no separate cost.

The WHI network consists of more than 54,000 participating chain and independent pharmacies nation-wide, with 900 member pharmacies in Arizona. All prescriptions must be filled at a network pharmacy or through the mail order service. The cost of prescriptions filled out-of-network will not be reimbursed. To find a pharmacy near your home, work address, out-of-town vacation address or your dependent student's out-of-state address, refer to www.mywhi.com.

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

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

A convenient and less expensive mail-order service is available for employees who require maintenance medications for on-going health conditions or who are going to be in an area with no participating retail pharmacy for an extended period of time. Here are some of the guidelines and benefits using the mail-order services:

- You must submit a written 90-day prescription from your physician for any new mail order drug.
- You may request up to a 90-day supply of medication for two copays.
- You may pay by check or charge your copay to a Visa, MasterCard, American Express or Discover account.
- You may register your email address to receive information on your orders.
- You can order refills on line at www.mywhi.com or via phone at 1-866-722-2125. One-on-one consultations with a licensed pharmacist are also available at this number.

Before attempting to have a new prescription filled, it is

recommended that you check WHI's online formulary to see if the medication might be categorized under one of the following Health Management Programs.

Clinical Prior Authorization
Prescriptions for certain medications or circumstances require approval from your physician before they can be filled, even though you have a valid, current prescription. Prescriptions may be limited to an amount, quantity, frequency, or may have age restrictions. The Clinical Prior Authorization can be initiated by you, your local pharmacy, or your physician by calling WHI at 1.877.665.6609, Monday through Friday 8:00 a.m. to 8:00 p.m.

Specialty Pharmacy Program
Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Health Initiatives (WHI) Specialty Pharmacy. This program assists you with monitoring your medication needs for conditions such as those listed below and providing patient education. The Program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage, handling and delivery.

Medications for these conditions through the Specialty Pharmacy Program include, but are not limited to:

- Cystic Fibrosis
- Multiple Sclerosis
- Rheumatoid Arthritis
- Prostate Cancer
- Endometriosis
- Enzyme Replacement
- Precocious Puberty
- Osteoarthritis
- Viral Hepatitis
- Asthma

Specialty medications are limited to a 30-day supply and may be obtained only at a Walgreens retail pharmacy or via the mail order service. Call WHI at 1-888-782-8443 for further information on this program.

A Specialty Care Representative may contact you to facilitate your enrollment in the WHI Program. Trained Specialty Care pharmacy staff are available 24 hours a day, 7 days a week, to assist you. You may also enroll directly into the program by calling 1-888-782-8443.

Certain medications are not covered as part of the Benefit Options plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

PacifiCare Members

If you elect the PacifiCare Secure Horizon's plan, Prescription Solutions will provide your pharmacy benefits. Prescriptions Solutions, a wholly-owned subsidiary of PacifiCare, offers benefits at a network of local pharmacies including but not limited to:

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

How to Use the Prescription Solutions Program
Present your PacifiCare membership card at any PacifiCare contracting pharmacy.

Pay your copay 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 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 at www.pacificare.com.

What is the Mail Order 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 Members

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 benefits.

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 Features of Pharmacy Plan Information

All members enrolled in Arizona Foundation, Beech Street, RAN/AMN, Schaller Anderson Healthcare and United Healthcare can view pharmacy information by registering at www.mywhi.com:

- Copay and Drug Information — You may research your medication to learn what copay is required at retail or through mail order service.
- Eligibility Information — Check your eligibility status for you and your family members.
- Search the Formulary — You may research medications to determine whether they are generic, preferred or non-preferred drugs. This classification will determine what copay is required.
- Download the Formulary — You may print a copy of the formulary to work with your medical provider on locating the right cost-effective medication for you.
- Locate a Nearby Pharmacy — You may view pharmacies in your area by zip code or city.
- Prescription History — You may view your entire prescription history, including all of the medications received by each member.
- Refill Information — You may review refill information, including when your next refill can be ordered and available options to request your next refill.
- Print Temporary ID Card — A temporary ID card can be downloaded to provide to your pharmacist until you receive your permanent ID card.
- Drug Information — You may research information on prescribed drugs to include the uses of the drug, how to use the drug, side effects, precautions, drug interactions, and what to do if there is an overdose.
- Product News — The latest product news is available including drug recalls and industry advances in the pharmaceutical industry.

PacifiCare Members

PacifiCare Members can view pharmacy information by registering at www.rxsolutions.com.

- Copay and Drug Information — You may research your medications to learn what copay is required at retail or through mail order service.
- Search the Formulary — You may research medications to determine whether they are generic or preferred drugs. This classification will determine what copay is required.
- Download the Formulary — You may print a copy of the formulary to work with your medical provider on locating the right cost-effective medication for you.
- Locate a Nearby Pharmacy — You may view pharmacies in your area by zip code or city.
- Refill Information — You may review refill information, including when your next refill can be ordered and available options to request

	your next refill.
• Drug Information	You may research information on prescribed drugs to include the uses of the drug, how to use the drug, side effects, precautions, drug interactions, and what to do if there is an overdose.
• Product News	The latest product news is available including drug recalls and industry advances in the pharmaceutical industry.

BlueCross/BlueShield Members

Blue Cross/Blue Shield Members (NAU Retirees Only):

Refer to more complete information by accessing Blue Net, Blue Cross/Blue Shield of Arizona's online member website at the following address: www.bcbsaz.com. Information on the pharmacy plan and copayment levels for prescriptions can be found at www.bcbs.com/pharmacy; go to 4-level prescription drug benefit.

Dental Plans

How to Use Your Dental Plan

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 – Employers Dental Services (EDS) and Assurant Benefits

- You see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums ($200.00 maximum reimbursement for non-contracted emergency services and orthodontists under EDS and Fortis)
- No claim forms (except for emergency services under EDS)

Employers Dental Services

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.

Assurant 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 Assurant Benefits Customer Service number located in the front of this guide. Members may self-refer for specialty care.

Indemnity/PPO Plans – Delta Dental and MetLife Dental

- 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
- $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

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

MetLife Dental

MetLife participating dental providers (PDP) 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 PDP dentist are also charged at a lower rate. Covered expenses from a nonparticipating dentist are paid according to established reasonable and customary charges.

Dental Plan Coverage

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

		In Arizona	Outside AZ in US	International
Pre-Paid Plans	**Assurant (Fortis/United)**			
	Routine care	X		
	Emergency services	X	X	X
	Employers Dental Services			
	Routine care	X		
	Emergency services	X	X	X
PPO Plans	**Delta Dental**			
	Participating dentist services	X	X	
	Non-participating dentist services	X	X	X
	MetLife			
	Participating dentist services	X	X	
	Non-participating dentist services	X	X	X

Dental Premiums for Long-term Disability and Retiree Members

	Employer Dental Services	Assurant Dental	Delta Dental	Metlife Dental
Single Premiums	$10.20	$10.86	$30.55	$28.30
Family Premiums	$29.66	$29.52	$99.58	$88.50

What makes Delta Dental so special?

That's a question that can probably be answered half a million different ways.

Some of our more than 500,000 Arizona members will say it's the Delta Dental dentists. No other plan gives you more than 2300 dentists to choose from, with offices all across Arizona and more than 146,000 across the nation. For others, it's the across-the-board quality that Delta Dental represents, whether you ask brokers, employers or the patients themselves. And for some, well, they simply like that we're a locally run business, that our service representatives are friendly, know their stuff and provide solutions quickly. Can half a million customers be wrong? **If you have 5 employees or more, find out by visiting www.deltadentalaz.com or call (888) 267-6453.**

DELTA DENTAL®

Delta Dental of Arizona

Rated No.1 for the past six consecutive years according to the *Business Journal Book of Lists* and *Ranking Arizona* magazine.

IS YOUR DENTAL CARE COMPLETE?

Now you can plan for unexpected dental care costs with the MetLife® Preferred Dentist Program (PDP)!

Here's what you get with the PDP:

- ✔ **Freedom of choice:** Freedom to visit any dentist whether or not you participate in the PDP. Plus, you don't need to pre-select a primary dentist or obtain referrals to see a specialist.
- ✔ **Broad network access:** Access to a seamless national network of over 78,000 carefully credentialed participating PDP dentists including over 15,000 specialists.
- ✔ **Valuable cost savings:** Typically save 10% to 35% below the average fees of dentists in your area when you visit a participating PDP dentist. These dentists agree to accept scheduled fees as payment-in-full for services rendered.
- ✔ **Valuable benefit coverage:** Competitive coverage for preventive services as well as protection from costs associated with more complex dental procedures.
- ✔ **Superior claim service:** Having a great experience with us is our commitment to you. That's why MetLife processes 85% of claims in five business days or less, to get your claim paid faster. And, if you have questions, simply call 1-800-942-0854 or log on to www.metlife.com/mybenefits, to access all the tools and information you will need to be a better-informed user of your dental plan.

Join us and see what everyone is smiling about!

MetLife®

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Vision Benefits

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

- Avesis, Inc. administers the vision program.
- You must pay full premium for vision coverage.
- You must pay premium for a full year- monthly premiums are not accepted.

Provider Access
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.

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.

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 on the contact listing inside 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

Vision Premiums

	Single Coverage	Family Coverage
Avesis - Full Year Premium	$107.52	$225.84

Over 30,000 Arizona State Employees trust Avesis as their vision care provider.

Are you one of them?

Avesis continues to be the State of Arizona's vision care provider for a fifth straight year.

Join your colleagues.

Sign up for the Avesis voluntary vision plan during this open enrollment season.

*With the Avesis Vision Plan, employees can save up to $150 per year on exam, frames, spectacle lenses or contacts. Families can save over $500! **

VISION BENEFITS

Avēsis
A National Vision and Dental Company

3724 North 3rd Street
Suite 300
Phoenix, AZ 85072

FOR MORE INFORMATION ABOUT YOUR STATE OF ARIZONA VISION BENEFITS PLEASE CONTACT CUSTOMER SERVICE AT 1-800-828-9341 OR VISIT WWW.AVESIS.COM/ARIZONA

*Actual savings may be more or less depending on frame selection, lens options and special purchases.

Benefits Available through the Consolidated Omnibus Budget Reconciliation Act (COBRA)

What is COBRA coverage?
Federal law requires that most group health plans give retirees and their families the opportunity to continue their group health coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the retired employee covered under the group health plan and the covered retiree's spouse and dependent children enrolled in the group health plan. (Certain newborns, newly adopted children, and alternative recipients under Qualified Medical Child Support Orders (QMCSOs) may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.)

COBRA coverage is the same coverage that the State of Arizona group health insurance plans (collectively, the "Plan") give to other participants or beneficiaries under the Plan who are not receiving COBRA coverage. Each qualified beneficiary who elects COBRA coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and HIPAA special enrollment rights.

COBRA (and the description of COBRA coverage contained in this section) applies only to group health coverage offered by the State of Arizona (the "State") under the Plan (i.e., medical, dental, vision). The Plan provides no greater COBRA rights than what COBRA requires – nothing in this notice is intended to expand your rights beyond COBRA's requirements.

How can you elect COBRA coverage?
To elect COBRA coverage, you must complete the Election Form according to the directions on the Election Form and mail or deliver by the date specified on the Election Form to the ADOA Benefits Office as indicated on the Election Form. Each qualified beneficiary has a separate right to elect COBRA coverage. For example, the retiree's spouse may elect COBRA coverage even if the retiree does not. COBRA coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect COBRA coverage on behalf of any dependent children. The retiree or the retiree's spouse can elect COBRA coverage on behalf of all of the qualified beneficiaries.

You may elect COBRA under the group health coverages (medical, dental, vision) in which you were covered under the Plan on the day before the qualifying event. Qualified beneficiaries who are entitled to elect COBRA may do so even if they have other group health plan coverage or are entitled to Medicare benefits on or before the date on which COBRA is elected. However, a qualified beneficiary's COBRA coverage will terminate automatically if, after electing COBRA, he or she becomes entitled to Medicare benefits or becomes covered under another group health plan (but only after any applicable preexisting condition exclusions of that other plan have been exhausted or satisfied).

Special Considerations in deciding whether to elect COBRA
In considering whether to elect COBRA coverage, you should take into account that a failure to elect COBRA will affect your future rights under federal law. First, you can lose

the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of COBRA coverage may help you not have such a gap. Second, you may lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get COBRA coverage for the maximum time available to you. Finally, you should take into account that you may have special enrollment rights under federal law. You may have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage under the Plan ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of COBRA coverage if you get COBRA coverage for the maximum time available to you.

For more information on COBRA eligibility or to apply for coverage under COBRA, please contact the ADOA Benefits Office.

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

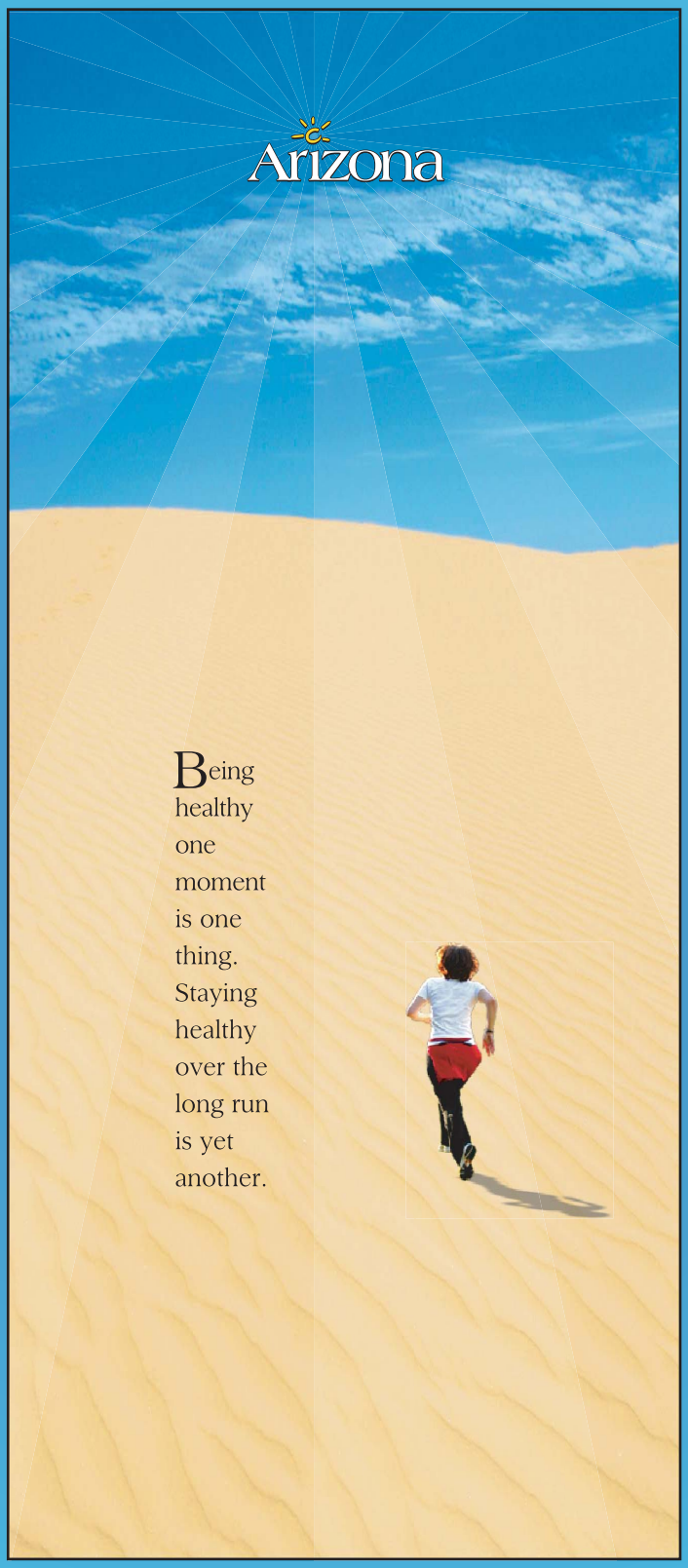
Arizona Benefit Options is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Arizona Benefit Options is required to abide by the terms of this Notice, which may be amended from time to 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@azdoa.gov. You may also obtain a copy of this Notice at our web site at www.benefitoptions.az.gov.

EFFECTIVE DATE

This Notice is effective April 14, 2003.



benefit options
wellness!
Be Well. Stay Well.