



# your Retirement

*Your future motivates everything we do!*

FALL 2015 SPECIAL EDITION: OPEN ENROLLMENT

## 2016 Open Enrollment Director's Message BY PAUL MATSON



Welcome to the 2016 edition of *Your Retirement* for the ASRS annual Open Enrollment. Open Enrollment for calendar year 2016 runs

Monday, October 26 through Friday, November 13 with an effective date of January 1, 2016 for your new coverage elections.

During this time, review your medical and dental plan selections along with the variety of programs available to you so that you make informed decisions about your coverage for the coming calendar year.

**If you wish to make no changes, nothing is required on your part. Your current coverage will automatically carry over to 2016.**

### Health Insurance Plans:

Plan premiums will not increase for our Medicare plans.

Plan premiums paid by retirees for non-Medicare plans will, however, increase by 7.2 percent for the in-state, in-network Choice plan, and by 7.4 percent



for the out-of-state Choice Plus plan. This is because Early Retire Reinsurance Program (ERRP) money paid to the ASRS as a result of the Affordable Care Act to mitigate premium increases in our non-Medicare plans will have been fully utilized by December 2015. Please see the ASRS 2016 Medical Plan Premiums article on page six for details regarding ERRP funding.

Note that plan provisions remain unchanged in 2016 for all ASRS health insurance plans.

### Dental Plan Premiums:

Dental Indemnity plan premiums for 2016 will be reduced by 3 percent. For retirees enrolled in one of the Prepaid dental plans, premiums remain the same. The contract the ASRS negotiated with Assurant Employee Benefits, our dental

plans provider, has kept premiums and plan provisions unchanged for the past five years with a decrease in Indemnity plans of 3 percent for 2016.

Please review the materials in your Open Enrollment packet, which contain this newsletter, the 2016 Open Enrollment Guide, an ASRS Enrollment Application and a pre-addressed return envelope for your convenience should you wish to enroll or submit changes. Do your homework during annual enrollment, even if you don't plan to make any changes. Once you choose a health plan, you cannot add or change plans during the year, unless you have a qualifying event.

You are encouraged to review the articles in this newsletter as well as the information in your 2016 Open Enrollment Guide for additional details and explanations. |

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# INTRODUCING: Advocate 4 Me!

**A**t UnitedHealthcare, we always want to improve the level of service and attention that we are able to provide when you call. We want to help you get your questions answered quickly, thoroughly and accurately so you can spend less time on the phone and more time doing the things you enjoy.

UnitedHealthcare has enhanced its phone technology to **automatically** get you to the most qualified person who can answer your questions. We can determine in a split second what you are most likely calling about and route your call to the most appropriate customer service representative. Our technology will tell us if you have called multiple times about a claims issue or if you have had a lot of questions about a medical issue and will route you to the right person to handle your call. No need to transfer.

## Connecting You With the Most Appropriate & Qualified Person.

- **Easy. No change to your customer service number.** You will continue to call your dedicated customer service number which is found on the back of your ID card.
- **Faster.** You will experience reduced time on the phone because the most appropriate person is answering your question, decreasing the number of transfers and call backs.
- **Personalized.** Our technology enhancement will allow all of our customer service representatives to have a more complete view of your history and previous questions.

## How Does It Work?

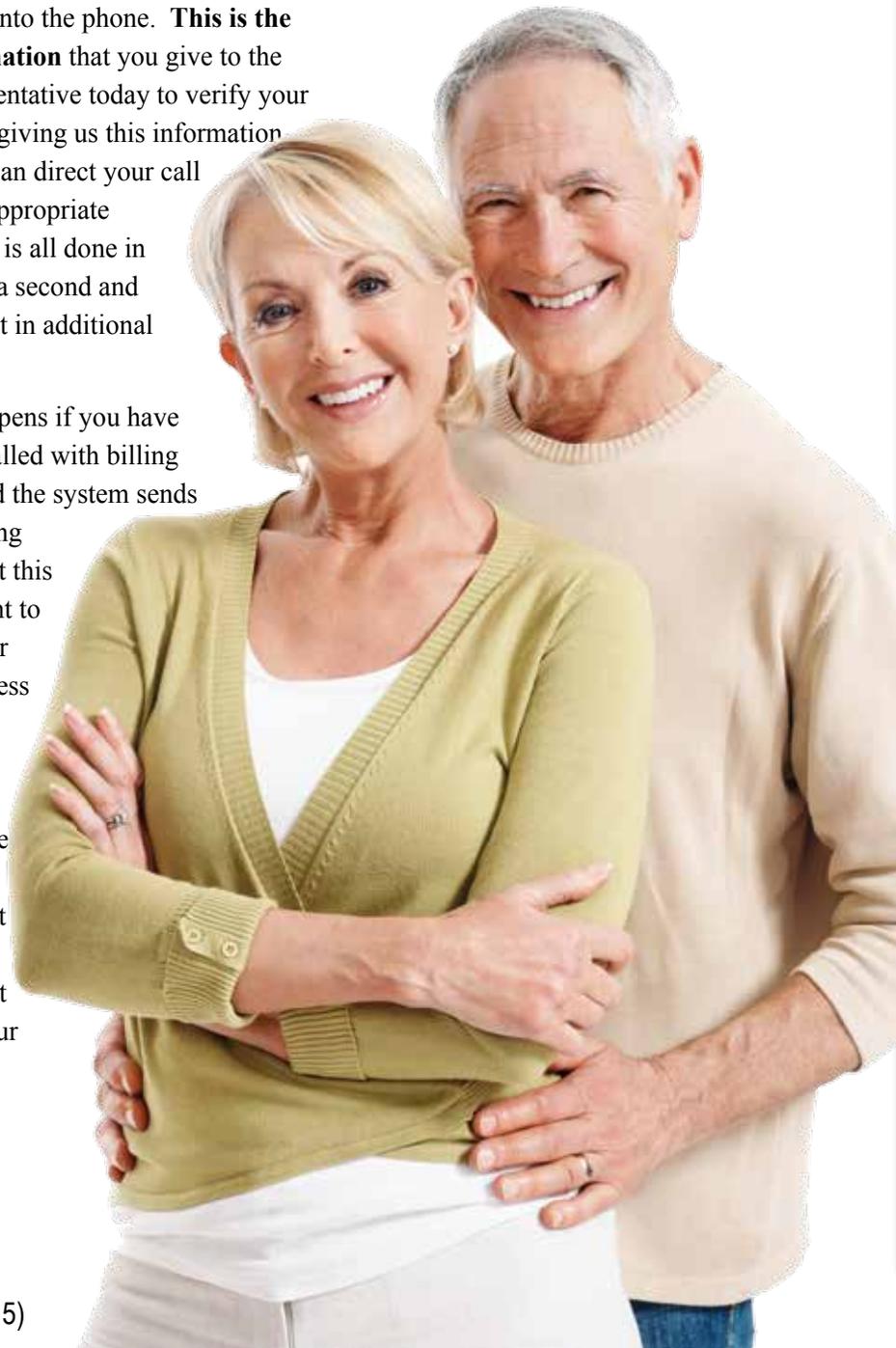
**Your customer service phone number is not changing.** However, the way that your call is answered has changed slightly. The very first time you call, you will be asked to provide your UnitedHealthcare Member ID from your ID card and your date of birth. After that, for phone calls made from the same phone, you will only need to provide your date of birth. You can enter this information using your telephone key pad or you can speak the information into the phone. **This is the same information** that you give to the “live” representative today to verify your identity. By giving us this information upfront, we can direct your call to the most appropriate person. This is all done in a fraction of a second and will not result in additional hold time.

So, what happens if you have previously called with billing questions and the system sends you to a billing specialist, but this time you want to schedule your annual wellness visit? No problem; the billing representative will quickly and easily get you to the correct expert to answer your question.

No matter the reason for your call, we will help ensure you get your current question answered.

As mentioned above, when you call for the first time you will be asked to enter your UnitedHealthcare Member ID from your ID card and your date of birth.

As a UnitedHealthcare member, you deserve the best possible customer service experience. We believe this change helps us and you with that goal. |



# The Difference Between **Preventive** and **Diagnostic** Medical Care

**P**reventive care and diagnostic medical care both play an important part in keeping you as healthy as possible. But, sometimes the difference between the two isn't clear.

## What is Preventive Care?

Preventive care includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. The right preventive care at the right time can help you stay well and could even save your life.

## What is Diagnostic Medical Care?

Diagnostic medical care involves treating or diagnosing a problem you're having by monitoring existing problems, checking out new symptoms or following up on abnormal test results.

Examples of diagnostic medical care include colon cancer screening (colonoscopy) to evaluate rectal bleeding or mammogram to follow up on a breast lump.

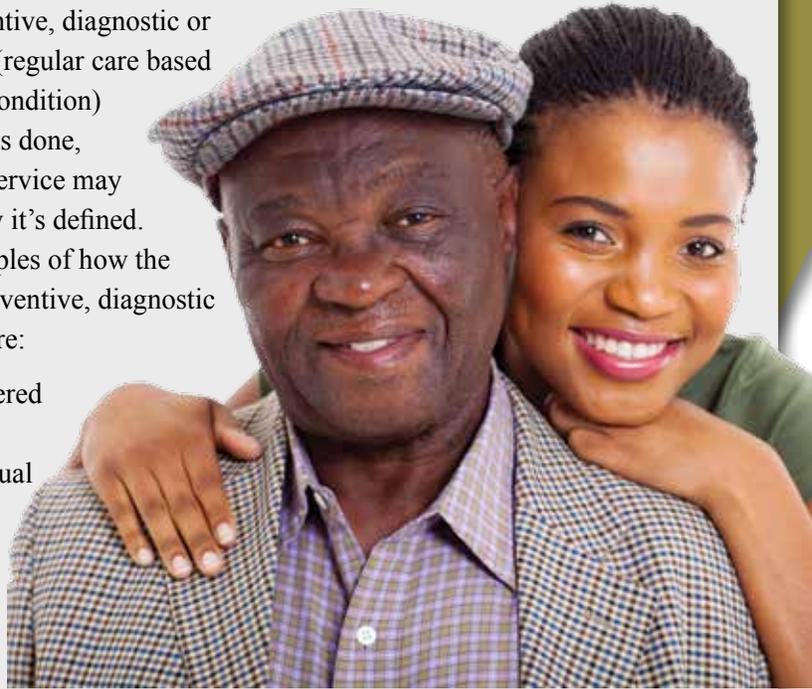
## Why Does It Matter If My Services are Preventive or Diagnostic?

Your insurance coverage may be different depending on which type of services you receive. Many preventive services are covered at 100 percent (at no out-of-pocket cost to you).

Be sure to ask your doctor why a test or service is ordered. The same test or service can be preventive, diagnostic or routine chronic care (regular care based on a chronic health condition) depending on why it's done, and the cost for the service may change based on how it's defined. Here are a few examples of how the same tests can be preventive, diagnostic or routine chronic care:

If a service is considered diagnostic or routine chronic care, your usual copayment, coinsurance and/or deductibles apply. It's important to

know what type of service you're getting. If a diagnostic or routine chronic service is performed during the same health care visit as a preventive service, you may have copayment and coinsurance charges. Refer to your benefit plan for detailed information on your coverage. |



Test/Service/Exam	Preventive	Diagnostic	Routine Chronic Care
<b>Blood Pressure Check</b>	A person with no history of high blood pressure gets a routine blood pressure check to screen for high blood pressure.	A person with risk factors for high blood pressure, like being overweight and smoking, visits the doctor because he or she has early morning headaches.	A person with a history of high blood pressure gets a blood pressure check to be sure his or her medication is helping.
<b>Mammogram</b>	A 55-year-old woman gets a routine mammogram to screen for breast cancer.	A 55-year-old woman who noticed a lump in her breast gets a mammogram to evaluate the lump.	A 55-year-old woman who had a lump removed from her breast two years ago for cancer gets a follow-up mammogram.

# Dental Plans and Premiums for 2016

If you are currently enrolled in one of the dental plans sponsored by the ASRS and offered by Assurant Employee Benefits, you have enjoyed no change to your dental premiums for the past five years. Well, the good news continues! If you are currently enrolled in the Freedom Basic or Advance dental plans, your premiums for the 2016 plan year will be reduced by 3 percent. And for those retirees who are enrolled in one of the Prepaid or DHMO plans, your premiums will not change for the 2016 plan year. We still encourage you to review your dental needs for the coming year and review your dental plan options.

Also, did you know that all eligible public sector retirees, LTD recipients and eligible dependents are eligible to enroll in one of the dental plans offered by Assurant Employee Benefits even if they do not enroll in an ASRS medical plan?

The ASRS does not require enrollment in an ASRS medical plan in order for you to be eligible to enroll in one of the ASRS dental plans offered by Assurant Employee Benefits. Although some retirees maintain their employer's medical plan and others may be enrolled on their spouse's medical coverage, they are still eligible to enroll in a dental plan through the ASRS. When you are enrolled in one of the ASRS-sponsored dental plans, the Premium Benefit to which you are entitled will be applied to your dental plan premium first. If you are also enrolled in an eligible medical plan, the remainder of the Premium Benefit will then be applied to the medical plan's premium.

If you enroll in one of the Assurant dental plans or if you change your dental plan selection during the Open Enrollment period, watch for your new den-

tal ID card in December. If you do not make any changes to your dental plan, you will not receive a new ID card. If you don't receive your ID card (or even if you need a new one), you can visit the website to request a new one ([AssurantEmployeeBenefits.com/ASRS](http://AssurantEmployeeBenefits.com/ASRS)) or call Assurant's representative on-site at the ASRS (see the contact information on the inside back cover of your Open Enrollment guide).

## Your Enrollment:

The Assurant website—**Assurant EmployeeBenefits.com/ASRS**—provides you with a wide range of information at your fingertips, including:

- Eligibility
- Claims status for Indemnity plans
- Search for Network Dentists
- Dental fee cost estimator
- Benefit information
- Ask a Dentist
- Request an ID Card
- Dental Health Center
- Change dentist for Prepaid/DHMO plans
- Customer service

Don't forget to schedule your regular dental check up appointment with your dentist! |



# Medicare Enrollment Periods!

**I**nitial Enrollment Period – When you first become eligible for Medicare. Most people first become eligible for Medicare when they turn age 65. Some people are eligible if they are younger and have a qualifying disability. When you're first eligible for Medicare, you have a 7-month Initial Enrollment Period to sign up for Part A and/or Part B.

You can also sign up for Medicare Part D (prescription drug coverage) and/or choose to get private Medicare insurance through a Medicare Advantage plan. At 65, you are eligible for Medicare. You can sign up during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

You can sign up for free Medicare Part A if you're eligible any time during or after your Initial Enrollment Period starts. Your coverage start date will depend on when you sign up. If you have to buy Part A and/or Part B, you can only sign up during a valid enrollment period.

In most cases, if you don't sign up for

Medicare Part B when you're first eligible, you'll have to pay a late enrollment penalty for as long as you have Part B and could have a gap in your health coverage.

**General Enrollment Period** – January 1 – March 31 each year

If you didn't sign up for Part A and/or Part B (for which you must pay premiums) when you were first eligible and you aren't eligible for a Special Enrollment Period, you can sign up during the General Enrollment Period between January 1 – March 31 each year. Your coverage will start July 1. You may have to pay a premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.

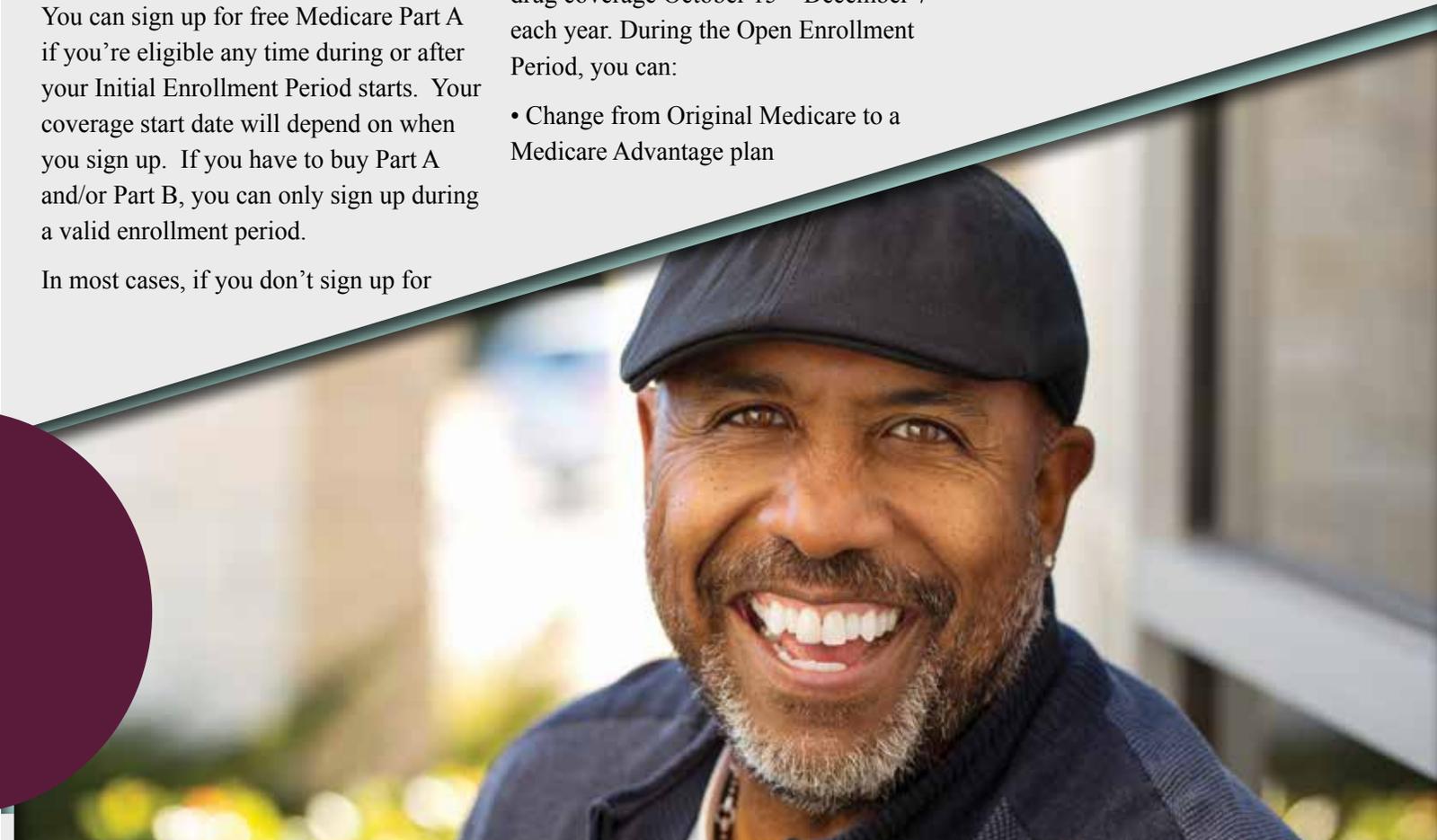
**Open Enrollment Period** for Medicare Advantage and Medicare prescription drug coverage October 15 – December 7 each year. During the Open Enrollment Period, you can:

- Change from Original Medicare to a Medicare Advantage plan

- Change from a Medicare Advantage plan back to Medicare
- Switch from one Medicare Advantage plan to another Medicare Advantage plan
- Join a Medicare prescription drug plan
- Switch from one Medicare prescription drug plan to another

## Special Enrollment Periods

You can make changes to your Medicare Advantage and Medicare Prescription drug coverage when certain events happen in your life, such as if you move or you lose other insurance coverage. These opportunities to make changes are called Special Enrollment Periods. Rules about when you can make changes and the types of changes you can make are different for each Special Enrollment Period. |



# UnitedHealthcare 2016 Plan Premiums:

**N**o premium increase for Medicare and non-Medicare plan. No change in benefits! The chart below shows, by plan, single coverage monthly premiums effective January 1, 2016.

ASRS Medical Plans	2016 Retiree Only Premiums		2015 Plan Year Premiums	
	Retiree Pays	Actual Premium	Retiree Pays	Actual Premium
<b>Non-Medicare Plan - UHC Choice Plan (in-state, in-network)</b>	\$793	same	\$740	\$793 (+7.2%)
<b>UHC Choice Plus (out-of-state)</b>	\$1,112	same	\$1,035	\$1,112 (+7.4%)
<b>Medicare Plan - Senior Supplement</b>	\$337	same	\$337	same
<b>Group Medicare Advantage HMO</b>	\$194	same	\$194	same

*Generally, family premiums remain twice the single rate.*

Plan premiums will not increase for our Medicare Senior Supplement and Group Medicare Advantage (HMO) members. Medicare plans have additional premium revenue sources that our non-Medicare plans do not have. The Centers for Medicare and Medicaid Services (CMS) supplement final premium costs for our Medicare enrolled members. **Our non-Medicare plans will experience no increase in the actual premium; however, the member will pay more since Early Retiree Reinsurance Program (ERRP) funds will be completely utilized by December 2015.** ERRP funds were authorized by the Affordable Care Act to mitigate premium increases paid for by the non-Medicare retiree over the past three years. These funds will no longer be available to non-Medicare members as the ERRP funds will have been completely used by December 2015. |

# Important Notice Regarding Domestic Partners and Eligible Dependents Benefits!

**A**s a result of the recent change in the State of Arizona's recognition of marriage between same-sex couples, the ASRS now recognizes same-sex spouses under the definition of eligible dependents as a legal spouse. Because same-sex couples now may marry, same-sex domestic partners will no longer be eligible for coverage in the Arizona State Retirement System health insurance plans. Also, the ASRS will no longer accept new retiree health insurance applica-

tions for opposite-sex domestic partner relationships.

Prior to state recognition of same-sex marriage, the ASRS offered the option to include a domestic partner in any retiree health insurance program. The ASRS will no longer allow either same-sex or opposite-sex domestic partners for the purpose of either the health insurance supplement or health insurance program participation, effective January 1, 2016.

Members currently participating in the ASRS health insurance programs with domestic partner coverage should note coverage will terminate December 31, 2015. Subsequent to that date, the ASRS will follow the state's recognition of same-sex marriage as qualification for ASRS health insurance eligibility.

Please contact ASRS Member Services at 602-240-2000 with any questions. |



# Choosing **Your** Dental Plan!

## WHAT YOU NEED TO KNOW...

**Y**our annual open enrollment is the time when you can consider your dental plan options and determine which plan best fits your dental care needs. If you are not currently enrolled in one of the ASRS-sponsored dental plans – or even if you are enrolled in a dental plan – we encourage you to take this opportunity to think about your dental care needs for the coming year.

For retirees living in Arizona, there are four dental plan options from which to choose: two indemnity plans – a low and high option – and two prepaid/DHMO dental plans. For those retirees living outside of Arizona, you may also choose between the two indemnity dental plans and, in certain states, a prepaid dental plan.

It is important to understand the differences between an indemnity and prepaid/DHMO dental plan.

An indemnity dental plan allows you to select any dentist. There are deductibles, annual maximums, waiting periods, and pre-existing conditions. You and/or your dentist will file claims for reimbursement of covered dental expenses. You pay for services based on allowable charges and coinsurance levels as determined by the dental benefit plan.

A prepaid/DHMO dental plan is a network of dentists who agree to provide specific dental services for a set fee (referred to as a copayment). You select a primary care dentist from the network of participating general dentists and you will receive most of your dental care from your primary dentist. There are no deductibles, annual maximums, waiting periods, pre-existing conditions, coinsurance levels, or claim

forms with these plans. The prepaid/DHMO dental plans offer the lowest premium rates.

See your Open Enrollment Guide for a summary comparison of the dental plans or visit the dedicated web site at **Assurant EmployeeBenefits.com/ASRS** to review the dental plan information available to you. |



## Comments?

*Your Retirement* is published quarterly and mailed to all retired and disabled members of the Arizona State Retirement System. We welcome letters from our readers:

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