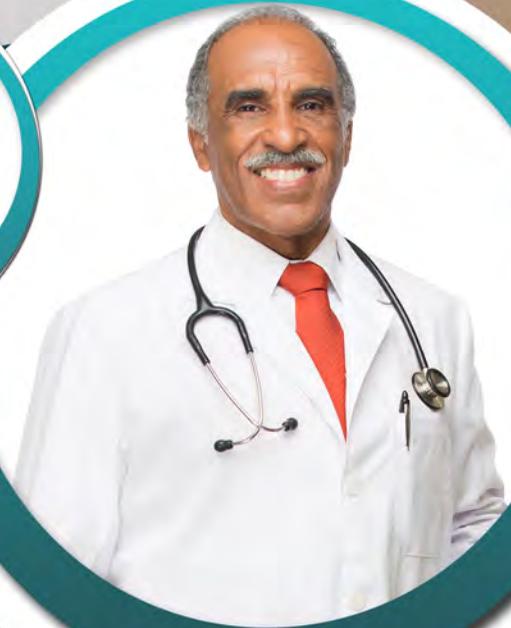




ARIZONA STATE RETIREMENT SYSTEM

RETIREE GROUP HEALTH INSURANCE OPEN ENROLLMENT GUIDE

2016



Effective January 1, 2016

Dear Retiree... You do NOT need to take any action if you are already enrolled in the ASRS retiree group health insurance plan and you wish to continue your current coverage in the 2016 plan year. Your coverage will automatically carry forward. You are still encouraged to review this guide for changes and updates.



ARIZONA STATE RETIREMENT SYSTEM

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Toll Free Outside Metro Phoenix and Tucson (800) 621-3778

Dear Retired Member:

The Arizona State Retirement System (ASRS) is pleased to offer retirees, long-term disability recipients and their families a comprehensive health benefits program with quality healthcare coverage, flexibility and benefit options. This 2016 ASRS Open Enrollment Guide is a valuable resource and includes a summary of all retiree benefit plans covering over 47,000 retirees and dependents. The 2016 ASRS Open Enrollment Guide also contains information regarding eligibility and enrollment for medical, dental, prescription discount drug card, SilverSneakers fitness program, discount vision plans, and Solutions for Caregivers support services.

The ASRS retiree health benefits program offers medical, dental and prescription drug coverage to qualified retired members of the ASRS, Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan (CORP), Elected Officials' Retirement Plan (EORP), and the University Optional Retirement Plans (UORP).

Open Enrollment for insurance benefits for calendar year 2016 begins on Monday, October 26, 2015, and will continue through Friday, November 13, 2015. Your selections become effective January 1, 2016. This guide should be read carefully and retained for reference.

Open Enrollment is the period during which retirees and eligible members on long-term disability (LTD) may enroll, make changes to their current healthcare coverages, or add eligible family members not currently enrolled under this program. This is the only time retirees and eligible members on LTD can make changes to their health-care coverage except during a qualifying life event occurrence.

In order for retirees and members on LTD to understand the benefit changes well enough to make these decisions, we will offer informational meetings for retirees and members on LTD around the state with resources designed to meet your needs.

This Open Enrollment Guide provides a brief overview of the Arizona State Retirement System health insurance benefits. Additional information can easily be obtained by visiting the ASRS website at **AzASRS.gov** and clicking on the **Retirees** tab. As always, if you have questions about any aspect of your retirement benefits or your retiree health care plans, an ASRS Benefits Advisor in our Member Services Division is available to respond to your questions and concerns. The ASRS Benefits staff is committed to providing information that is understandable, relevant, easily accessible and effective at helping retirees make educated decisions. Likewise, assistance may be received from the Public Safety Personnel Retirement System staff, if you are a retiree of that retirement system, or the Corrections Officer or Elected Officials' retirement plans. Phone numbers and website addresses are listed on the inside back cover of this guide.

Sincerely,

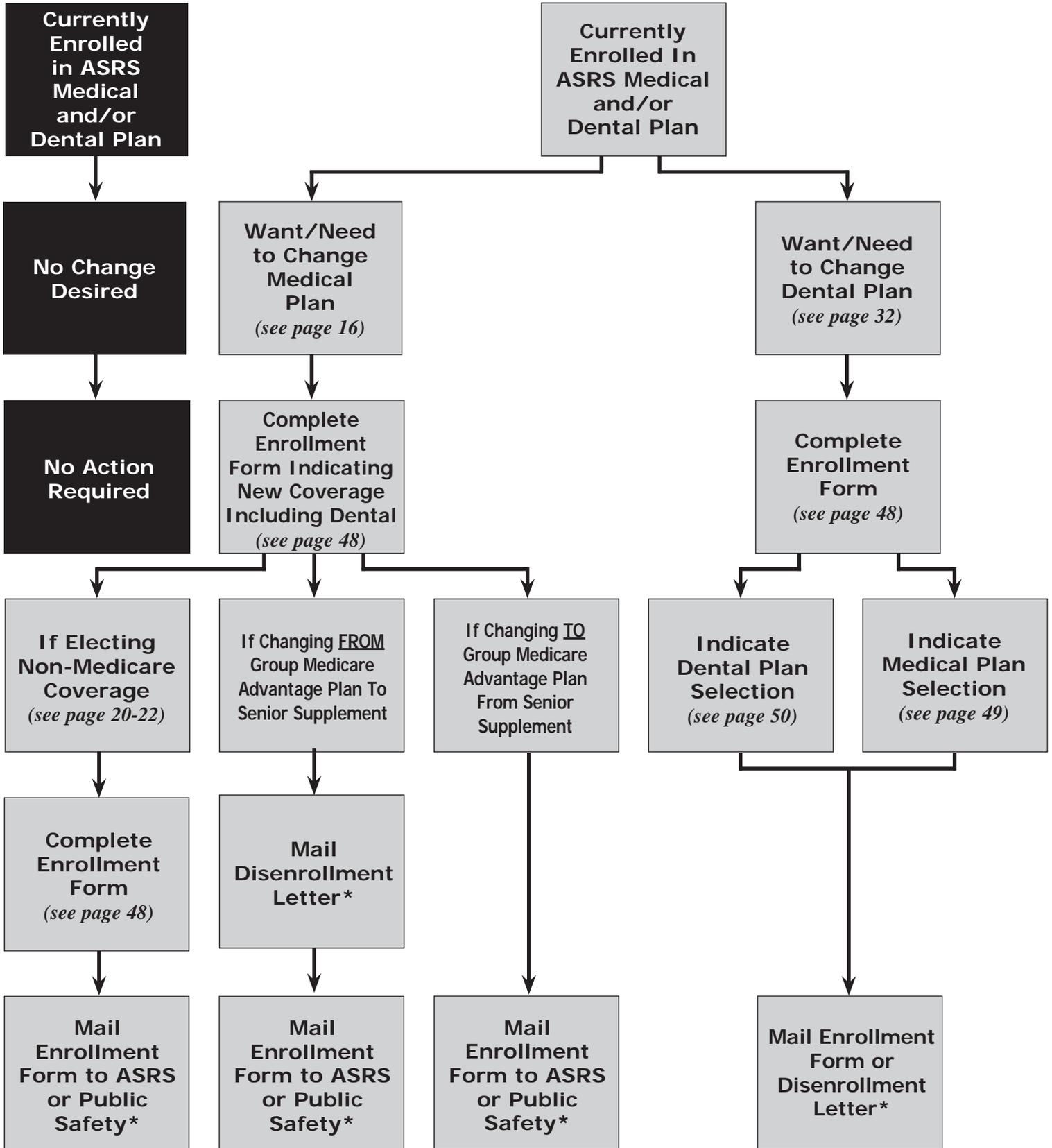
A handwritten signature in black ink that reads "Paul Matson".

Paul Matson
Director

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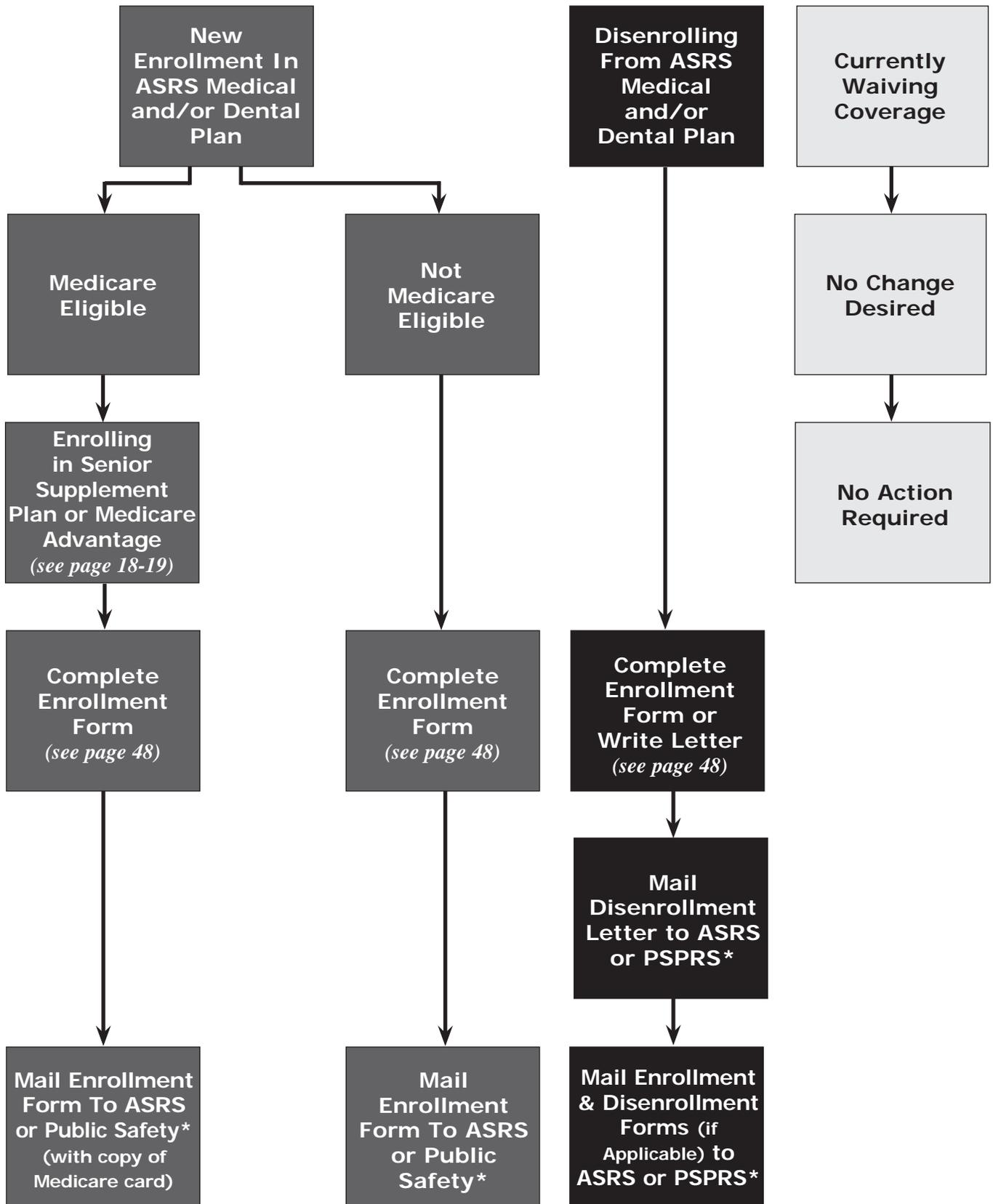
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ASRS 2016 OPEN



*Mail enrollment form to Public Safety ONLY if you are a member of PSPRS, CORP, or EORP.

ENROLLMENT *At-a-Glance*



**Mail enrollment form to Public Safety ONLY if you are a member of PSPRS, CORP, or EORP.*

Retiree Health Insurance Open Enrollment Meetings

October 26-November 13, 2015

No Reservations Required

Presentations have been scheduled throughout Arizona from October 26 to November 13, 2015, with the Arizona State Retirement System (ASRS) Member Services Division and representatives of UnitedHealthcare, Assurant and the SilverSneakers Fitness Program to discuss their health insurance and benefit programs.

These meetings are an opportunity for members to hear the insurance representatives make formal presentations about their plans.

No appointment is necessary. Just come to the meeting on the date and time that best suits your schedule. Early arrival is always recommended and attending an earlier meeting is encouraged if it is convenient for you to do so.

The meetings will begin at the time designated on the schedule that follows and are approximately two hours in length.

Question and answer sessions will follow each meeting. You are encouraged to ask questions regarding plan differences and applicability in order to make informed decisions concerning your participation in a selected medical and/or dental plan.

Specific personal medical and/or dental issues should be addressed to UnitedHealthcare or Assurant Customer Service Centers. Their phone numbers are on the inside back cover of this guide.

If you are a PSPRS, CORP or EORP retiree, do not hand in your enrollment form at these meetings. Please mail it to the PSPRS office in the pre-addressed return envelope PSPRS provided in their open enrollment packet.

Open Enrollment Meeting Schedule

PHOENIX	ASRS Boardroom, 3300 N Central Ave 10th Flr	10/27	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	10/29	10 AM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/4	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/9	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/13	10 AM
TUCSON	ASRS Boardroom, 7660 E Broadway Blvd, Suite #101	10/27	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite #101	11/3	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite #101	11/5	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite #101	11/13	10 AM & 2 PM
	Pima County Parks & Recreation 1st Floor Conference Room 3500 W River Road	11/2	10 AM & 2 PM
CASA GRANDE	Casa Grande Elem School Dist, 220 W Korsten Road Board Room	11/12	10 AM
FLAGSTAFF	Flagstaff Unified School District, Governing Boardroom 3285 E Sparrow Ave	11/4	10 AM
GLENDALE	City of Glendale, Council Chambers, 5850 W Glendale Ave*	11/6	10 AM & 2 PM
KINGMAN	City Council Chambers, 310 N 4th St	10/30	10 AM
MESA	Mesa Public Schools Board Room, 549 N Stapley Dr	10/29	10 AM & 2 PM
	Mesa Public Schools Board Room, 549 N Stapley Dr	10/30	10 AM & 2 PM
PRESCOTT VALLEY	Humboldt USD, Building 100. Transportation Room 6411 N Robert Rd	11/3	10 AM & 2PM
SAFFORD	Graham County Board of Supervisors Chamber Room, 921 W Thatcher Blvd	11/9	10 AM
SHOW LOW	City of Show Low, Public Health Services Dist Frontier Conference Room, 600 N 9th Place	11/6	10 AM
SIERRA VISTA	Cochise College Student Union, 901 N Colombo Ave Large Conference Room	10/26	10 AM
TEMPE	Tempe History Museum, 809 E Southern Ave	11/13	10 AM & 2PM
YUMA	City of Yuma, One City Plaza, Training Room	11/10	10 AM

**Handicapped may park in garage - all others must park in open lot at 59th Ave & Myrtle.*

Improvements, Changes & Important Information Regarding the 2016 ASRS Retiree Health Care Program

The ASRS is pleased to present the annual 2016 open enrollment. This year's open enrollment period will be held October 26 through November 13, 2015. You may enroll, change health plans, or add eligible family members not currently enrolled under this program. Any changes made during open enrollment take effect January 1, 2016. This is your once-a-year opportunity to change your current medical or dental coverage if you wish.

You do not need to take any action if you are already enrolled in ASRS insurance and want your coverage to carry over to 2016.

This is NOT a positive re-enrollment for every member. Your current ASRS benefit elections will automatically carry forward to 2016 unless you make a change to your coverage.

No action on the part of a retired member or LTD recipient is required if you:

- Are already enrolled with the ASRS in a medical and/or dental plan and do not wish to make any changes;
- Are not currently enrolled in ASRS coverage and do not wish to enroll in coverage at this time; or,
- Are enrolled in your former employer's health insurance and do not want to change to ASRS coverage.

DEADLINE: If you are enrolling for the first time or making a change, your completed open enrollment form(s) **MUST** be submitted to ASRS, or PSPRS, if applicable, by **November 13, 2015**.

- Read all open enrollment information contained in this guide.
- Mark your calendar to attend one of the statewide health insurance open enrollment meetings.
- If you are happy with your current coverage, no action is required.
- If you want, or need, to make a change, complete the enrollment form and submit by the deadline.

Important Information About Medicare Part D

Medicare-eligible ASRS members have prescription drug coverage as part of their medical plans that offers more than what is available under Medicare Part D so you should not enroll in a separate non-ASRS Part D Plan.

Enrollment in a separate non-ASRS Medicare Part D Prescription Drug Plan will require the ASRS and UnitedHealthcare to terminate your ASRS coverage. Medicare does not allow you to be enrolled in two Part D plans at the same time.

What's New for 2016

ASRS 2016 Medical Plan Premiums

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) supplements final premium costs for our Medicare enrolled members. Our non-Medicare plans will experience no increase in the actual premium. However, the retiree will pay more since the ASRS has exhausted the funds for the Early Retiree Reinsurance Program (ERRP). The ERRP funds were authorized by the Affordable Care Act and paid the difference between the actual premiums and the premiums the non-Medicare retiree pays. During the past 3 years ASRS covered the difference between the actual premiums and what the retiree paid. Non-Medicare members will no longer be covered by funds from the Early Retiree Reinsurance Program (ERRP) because all the funds will be exhausted in December 2015.

UnitedHealthcare Premiums: Retiree-Only Coverage

ASRS Medical Plans	2015		2016	
	Actual Premium	Retiree Pays	Actual Premium	Retiree Pays
Non-Medicare Plans				
Choice (in-state)	\$793	\$740	\$793	\$793
Choice (out-of-state)	\$1,112	\$1035	\$1,112	\$1,112
Medicare Plans				
Medicare Advantage HMO (urban)	\$194	Same	\$194	Same
Medicare Advantage HMO (rural)	\$194	Same	\$194	Same
Senior Supplement	\$337	Same	\$337	Same

In the past, funds from the federal Early Retiree Reinsurance Program (ERRP) as authorized by the Affordable Care Act paid the difference between the actual premiums and the premiums the non-Medicare retiree paid. ERRP funds will be exhausted by December 31, 2015.

Non-Medicare retirees enrolled in the Choice plan and the Choice Plus Plan will experience a 0 percent increase in monthly actual premiums compared to what was paid in 2015. The difference between the actual 2015 premiums and what the retiree will pay will not be covered by funds from the Early Retiree Reinsurance Program (ERRP) that was authorized by the Affordable Care Act. ERRP funds will be exhausted by December 31, 2015.

Retirees enrolled in the Group Medicare Advantage HMO plan will experience a 0 percent increase in monthly premiums. Retirees enrolled in the Senior Supplement plan will experience a 0 percent increase in premiums.

What's New for 2016 continued...

ASRS 2016 Medical Plan Premiums

Earlier this year, the ASRS issued a request for proposals (RFP) to the dental insurance marketplace to solicit bids to provide dental benefits to our retirees and their families. At the May 29, 2015 ASRS Board of Trustees public meeting, the Board accepted the recommendation of the Dental Plans' RFP Evaluation Committee to award the contract to Assurant Employee Benefits. Assurant Employee Benefits has been providing dental coverage to ASRS retirees and their families for over 15 years. As a result of negotiations between the RFP

Evaluation Committee and the dental providers that submitted bids, Assurant Employee Benefits offered a two-year premium guarantee at rates less than currently offered. The Freedom Basic and Freedom Advance indemnity dental plans will see a 3% reduction in monthly premiums for 2016 and 2017. All other premiums for the Prepaid/DHMO plans will remain unchanged. The premiums for the Freedom Basic and Freedom Advance indemnity dental plans are as follows:

Indemnity Dental Plan Premiums	Freedom Basic Current	Freedom Basic 2016-2017	Freedom Advance Current	Freedom Advance 2016-2017
Retiree Only	\$16.67	\$16.17	\$35.51	\$34.44
Retiree +1	\$35.25	\$34.19	\$70.87	\$68.74
Retiree +2 or more	\$64.54	\$62.60	\$100.29	\$97.28

The RFP also stipulated a change to the out-of-network indemnity dental plan reimbursement. In the past, the dental plan paid out-of-network claims based on the 90th percentile of the "usual and customary reimbursement" (UCR). The UCR amount is based on the charges made by all dental providers within specific zip code areas for like treatment, procedures, services, and/or supplies (also known as the Allowable

Amount or allowable charge). The ASRS requested the out-of-network claims reimbursement be changed to the 80th percentile. This change will not affect those retirees who receive their dental treatment from dentists who are part of the Assurant® Dental Network. Retirees who receive dental treatment from dentists who do not participate in the network will see an increase to their out-of-pocket costs.

About This Guide

Information provided in this guide is intended solely as a reference to help you make important enrollment decisions.

The benefits described are highlights of the Arizona State Retirement System's (ASRS) retiree health insurance program and are effective January 1, 2016 unless otherwise noted.

This guide constitutes a summary of the ASRS' official plan documents, contracts, Arizona statutes and federal regulations that govern the plans. If there is

any discrepancy between the information in this guide and the official documents, the official documents will always govern.

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

Published by:
Arizona State Retirement System
 3300 North Central Avenue
 Phoenix, AZ 85012

Overview of 2016 Retiree/LTD Group Health Insurance Program

PLEASE READ THIS GUIDE CAREFULLY.

The Arizona State Retirement System (ASRS) will conduct its 2016 retiree group health insurance program open enrollment beginning Monday, October 26, 2015, and concluding Friday, November 13, 2015. Coverage you select will become effective January 1, 2016. **The information in this guide will assist you in making informed decisions about your health insurance coverage for 2016**, as well as prepare you for any **changes in deductions from pension checks or changes in premium amounts** billed to you beginning January 1, 2016.

Who is eligible to participate?

Enrollment applies to any retired member and eligible dependents of the ASRS, Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP), University Optional Retirement Plans (UORP), or any member who receives a long-term disability (LTD) benefit from the ASRS program and who may not be enrolled in health insurance benefits through his or her former employer.

ASRS members who receive a lump sum retirement benefit instead of a monthly annuity are also eligible to participate in the health insurance program.

If you are currently enrolled for health insurance with your former employer, please contact them for specific employer-related enrollment information and continued eligibility for their insurance coverage.

Who should complete a 2016 Enrollment Form?

You **must** complete and return your 2016 Enrollment Form if you:

- are electing a different medical plan,
- are electing a different dental plan,
- are adding dependents,
- are dropping coverage (this means you are currently enrolled with ASRS and you wish to cancel your coverage or dependent coverage); you may also send a letter in lieu of submitting an enrollment form,
- are a new enrollee with the ASRS,
- become Medicare eligible in January 2016, and wish to be covered, or
- move your primary residence which would cause a change in health care plan eligibility.

If you fall into one of these categories, and you want medical and/or dental insurance through the ASRS, you **must** complete a 2016 Enrollment Form in its entirety and return by **November 13, 2015**.

Should every eligible member complete an enrollment form?

This is not a positive re-enrollment for most members. No action on the part of a retired member or LTD recipient is required if you:

- **are already enrolled** with ASRS in the UnitedHealthcare Group Medicare Advantage (HMO) plan, Senior Supplement and Medicare Part D Prescription Drug Plan, non-Medicare Choice or non-Medicare Choice Plus PPO plan,
- **are not currently enrolled** for the ASRS coverage and do not wish to enroll for coverage at this time, or
- **are enrolled in your former employer's** health insurance program and do not want to change to the ASRS coverage.

If you wish to decline enrollment, you must submit an Enrollment Form declining medical and/or dental coverage or a signed letter.

Who is an 'eligible dependent'?

During Open Enrollment, you may add the following dependents to your plan:

Your legal spouse,

A natural child, legally adopted or placed for adoption (child or stepchild) up to age 26,

A child for whom legal guardianship has been awarded to you or your spouse, up to the age of 26,

Foster child up to the age of 26,

A child for whom insurance is required through a Qualified Medical Child Support Order or other court or administrative order,

A child of any age who is or becomes disabled and is dependent upon you.

If you enroll your eligible dependent(s), additional documentation will be requested:

If you have a dependent child approaching age 26 who is disabled or under legal guardianship, you will be requested to provide:

- a certified copy of a court order granting legal guardianship, or
- verification that your dependent child has a qualifying permanent disability that occurred prior to his or her 26th birthday and is in accordance with Social Security Administration guidelines. Coverage is also subject to approval by the Medical Director of the Medical and/or Dental Health Insurance providers for the ASRS.

What is the Premium Benefit Program?

This benefit is provided to each eligible retired and disabled member who elects to participate in a health insurance plan sponsored by the ASRS, the Arizona Department of Administration, or other participating employer. This benefit helps reduce monthly health insurance premiums. The benefit to which you are entitled is dependent upon your years of credited service, enrollment in single or family coverage and Medicare eligibility.

Both my spouse and I are ASRS retirees. How may the Premium Benefit Program help us?

The ASRS Premium Benefit Program provides the greater of two single premium benefits or one family premium benefit to each eligible retiree. Such retirees generally can receive the greatest application of the premium benefit program with each retiree enrolling in a medical plan choosing single coverage and one retiree enrolling in a dental plan choosing family coverage.

After I enroll in an ASRS retiree health-care plan, when will I receive my ID cards?

UnitedHealthcare will mail your medical plan ID card(s) approximately 10 days prior to the first day of the month in which your medical plan becomes effective. Assurant Employee Benefits also will mail your dental plan ID card(s) approximately 10 days prior to the first day of the month in which your dental plan becomes effective.

What do I need to do to cancel my coverage?

If you wish to terminate your enrollment in an ASRS retiree medical and/or dental plan, **you must do so in writing** either in a letter or using the ASRS enrollment form by checking the appropriate "decline" box(es). Your cancellation must be received by the ASRS prior to the first day of the month your cancellation is to become effective. Please note that if your notice of cancellation arrives after the first day of the month, your coverage will not be cancelled until the first day of the following month unless a future date is requested.

If you are enrolled in the UnitedHealthcare Group Medicare (HMO), you must submit a disenrollment letter to "unlock" your Medicare so you may return to original Medicare. You may also disenroll from the Senior Supplement plan and the Medicare Part D prescription drug plan by submitting a Disenrollment letter. The letter must be signed by all covered Medicare members.

How can I find out more about my health care choices?

All members—active, inactive, disabled and retired—are encouraged to access the ASRS or, if applicable, PSPRS websites which are full of useful overviews and explanations regarding many topics of interest. The ASRS website may be found at AzASRS.gov. The PSPRS website may be found at PSPRS.com.

Must I use the 2016 Enrollment Form?

The 2016 Enrollment Form will be the only enrollment form accepted to enroll in, or make changes to, health insurance plan coverage. The enrollment form is included in the open enrollment package along with a pre-addressed return envelope for your convenience.

However, if you are satisfied with your current elections and you wish to make NO CHANGES, then no enrollment form is required to be submitted.

Important reminder: If you want, or need, to make a change, please complete the enrollment form in its entirety. Even if you are only changing from one medical plan to another medical plan, or from one dental plan to another dental plan, fill out the form completely.

Failure to check the plan coverage that you want will indicate that you are NOT enrolling in that coverage.

So, be thorough. If, in fact, you are declining coverage, please check the appropriate box(es). **A properly completed enrollment form must be received by the ASRS or PSPRS, if applicable, or be postmarked no later than midnight, Friday, November 13, 2015.**

I forgot to notify the ASRS or PSPRS, if applicable, that I became Medicare-eligible. What will happen to the retiree medical plan in which I am enrolled?

If you fail to notify the ASRS or PSPRS, if applicable, that you became Medicare-eligible, the medical plan in which you are enrolled will terminate.

Members are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated from the existing plan as ineligible. It is very impor-

tant to note that **the premium benefit to which you are entitled will be reduced** to the amount applicable to Medicare-eligible retirees. State law governs how much premium benefit is paid for non-Medicare and Medicare-eligible retirees/LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare-eligible.

Your ASRS coverage will always be effective on the first day of the month **following** receipt of your completed ASRS enrollment application. Therefore, **there is no retroactive coverage** for health insurance. Please remember to begin your enrollment process with the ASRS or PSPRS, if applicable, **before** you become Medicare eligible.

My current coverage is available next year and I do not want to change. What do I need to do?

Your coverage will automatically continue into next year. It is not necessary to send any form to the ASRS or PSPRS, if applicable.

When does the group insurance open enrollment period end?

The open enrollment period for health insurance elections will close Friday, November 13, 2015. This means that if you are making new elections, adding or deleting dependents from your health insurance coverage; your enrollment form must be received by the ASRS or PSPRS, if applicable, or be postmarked no later than midnight, **Friday, November 13, 2015**. You must do this for your requested election(s) to be effective on January 1, 2016.

What will happen if I don't submit my enrollment form by November 13, 2015?

If you wish, or are required, to make a plan change and you fail to submit your completed enrollment form by the close date, your election(s) will not become effective.

Consequently, you may lose coverage and will not be eligible to re-enroll in the ASRS retiree health insur-

ance program until the next open enrollment, which will take place in the autumn of 2016. However, should you experience a "qualifying event," as defined by law, during the course of the year, you may enroll in an ASRS retiree medical and/or dental plan at that time.

Please note if you don't want to make a change, your current coverage will remain the same.

I am enrolled in an Arizona Department of Administration (ADOA) retiree health care plan. What are my enrollment options with the ASRS?

Study the open enrollment materials provided to you by the ADOA and the ASRS or PSPRS, if applicable. If, after you compare the ASRS retiree health care information, you believe that the ASRS Retiree Health Insurance Program may offer you a better value, then make new elections and return your enrollment form by November 13, 2015.

You will also need to notify ADOA, in writing, if you would like to discontinue your insurance benefits with ADOA effective December 31, 2015. The ASRS coverage will then become effective January 1, 2016.

Please keep in mind that once you elect to enroll in ASRS benefits, you may no longer be eligible for ADOA coverage in the future.

ADOA open enrollment closes on Friday, November 13, 2015. If it is your wish to remain with ADOA coverage, please respond, as appropriate, to ADOA by their deadline.

FOR A BRIEF OVERVIEW OF THE ADOA PLANS, as well as information about ADOA's Benefits Expos, please refer to pages 53-59.

For answers to your ADOA Open Enrollment questions, contact the ADOA Benefits Services division by calling 602-542-5008 or toll-free at 800-304-3687 between 8 AM-5 PM (AZ time), Monday-Friday. You can also email your questions to BenefitsIssues@AzDOA.gov.

Also available for Medicare and non-Medicare members is the Arizona HearCare Network (AHCN).

AHCN is a discount program, NOT an insurance benefit. AHCN providers, at no additional premium to the participant, offer the following:

- \$25 copayment for hearing evaluations,
- 30% discount towards the purchase of hearing aids,
- 30% discount on accessories and repairs.

You must show your UnitedHealthcare ID card to be eligible for these benefits and must use an Arizona HearCare Network office. AHCN locations are detailed on the web or through the AHCN Customer Service Center.

See the inside back cover of this Guide for AHCN's phone number and website.

How do I access my hearing benefit that is part of my health insurance benefit? (GROUP MEDICARE ADVANTAGE (HMO) AND NON-MEDICARE MEMBERS)

The contracted in-network provider for the hearing benefit under the Group Medicare Advantage (HMO), Choice and Choice Plus PPO plans is EPIC Hearing. Please call 1-866-956-5400 for assistance on selecting a provider in your area.

You must use an EPIC Hearing provider to receive the hearing aid allowance allowed under the Group Medicare Advantage (HMO) plan, the coinsurance on the Choice Plan, as well as, the in-network coinsurance on the Choice Plus PPO plan. The Choice Plus PPO plan does have an out-of-network benefit; however, the coinsurance is less. Please review your Summary of benefits for the hearing aid coverage.

I am on a non-Medicare Plan but will become Medicare-eligible. What should I do?

If you are enrolled in a non-Medicare ASRS retiree medical plan and become eligible for Medicare, you must enroll in one of the two ASRS medical plans specifically for Medicare-eligible retirees, if continued ASRS coverage is desired.

If you are disabled, you may get Medicare coverage automatically after you have received Social Security Disability Income (SSDI) benefits for two years, at which time you may choose one of the two ASRS plans for Medicare eligible retirees.

Generally, you enroll in Medicare so that the effec-

tive date of coverage is the first day of the month in which you turn 65. The Centers for Medicare and Medicaid Services (CMS) will mail a Medicare card to you three months prior to your eligibility. Please follow the instructions carefully when you receive your Medicare card. The Medicare card will include your name, Medicare claim number, the type of coverage you have (Part A, Part B or both), and the date your Medicare coverage starts. The actual effective date of your ASRS medical coverage will be the first of the month following receipt of your ASRS enrollment form. Therefore, simultaneous enrollment in Medicare and an ASRS Medicare-eligible medical plan is important. The ASRS retiree medical benefits program does not permit retroactive enrollments. A new ID card(s) and Welcome Packet for your new ASRS Medicare-eligible medical plan will be sent by UnitedHealthcare after your ASRS enrollment forms have been processed.

If you become Medicare eligible (eg. turn 65) and you receive your group health insurance based on your own or your spouse's current active employment, you may delay enrolling in Part B. If you choose to delay enrollment in Part B, follow the instructions in the brochure that comes with the ID card and return the card before the effective date of Medicare coverage. If you keep your Medicare card, you will be required to pay Part B premiums.

Enrolling in Medicare is easy! If you have delayed your Medicare enrollment or you are not collecting social security, you will need to notify Medicare when you start.

Visit MediCare.gov or call 800-MEDICARE (633-4227). TTY users should call (877) 486-2048, 24 hours / day, 7 days / week. Make sure you sign up three months before you turn 65, or when you want to start coverage, so that you'll get coverage beginning the month you actually reach your 65th birthday. This will avoid any delays in getting your benefits.

How do I access my behavioral health benefit?

(UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE (HMO) & NON-MEDICARE MEMBERS)

To access your behavioral health benefits, call the behavioral health number on the back of

your member ID card, 24 hours a day, 7 days a week. You may also access the providers by logging into **LiveAndWorkWell.com**. When you call, a representative will check your eligibility and get basic information about you and your situation. Depending on the help you need, a clinician may talk with you to figure out the provider and treatment plan that would work well for you. You may also ask your PCP to call the number on the back of your ID card and arrange a referral for you. Or, you can call to get information about network practitioners, subspecialty care and how to get care after normal office hours. Any personal information you discuss with the staff will be kept strictly confidential.

I obtain my medical coverage elsewhere. Can I still enroll in dental only through the ASRS?

Yes. All public sector retirees, LTD recipients and eligible dependents are eligible to enroll in one of the dental plans 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 a dental plan through the ASRS. 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.

What is the Health Insurance Marketplace and How Does it Affect my Enrollment in an ASRS Insurance Plan?

The federal Affordable Care Act (ACA) health insurance marketplace, created in 2014, continues to provide an option for non-Medicare eligible individuals shopping for health insurance.

The ACA health insurance marketplace, also known as an exchange, provides a new option for individuals to purchase private coverage. Individuals may be eligible for tax credits that can lower the monthly premium and may also qualify for additional subsidies. Savings depend upon household income.

If you are eligible for Medicare and participate in a Medicare plan, either through the ASRS or some other option, the new Health Insurance Marketplace does not apply to you.

If you are not eligible for Medicare and have health insurance through the ASRS retiree health insurance, the ACA may provide a new option for you.

For ACA coverage starting January 1, 2016, the proposed ACA open enrollment period is November 1, 2015 through January 31, 2016. Members are encour-

aged to review their health insurance Marketplace options during the ASRS open enrollment period.

The ASRS has prepared a Guide to the Affordable Care Act, available on our website under the Retiree > Health Care section. It contains information on the ACA and plan comparisons for the original insurer participants in the Arizona health insurance exchange.

Visit AzASRS.gov or HealthCare.gov for more information.

What if I have questions or need additional help?

Questions may be directed to:

ASRS MEMBER SERVICES

Monday-Friday, 8 AM– 5 PM

Phoenix: (602) 240-2000

Tucson: (520) 239-3100

Outside Metro areas:
(800) 621-3778

Please listen to the voice menu as it will assist you in speaking with the most appropriate person for your questions.

If applicable, questions may also be directed to **Public Safety Personnel Retirement System Member Services staff at (602) 255-5575.**

You may also contact UnitedHealthcare and Assurant Employee Benefits directly for assistance. Phone numbers and web addresses are located on the inside back cover of this guide.

ASRS Retiree/LTD Medical Plans

For 2016, UnitedHealthcare continues to be the sole provider offering medical benefits to eligible public sector retirees/LTD recipients and all eligible dependents through the Arizona State Retirement System.

Depending upon where you live and whether you are eligible for Medicare, UnitedHealthcare has the following plans from which to choose: UnitedHealthcare Group Medicare Advantage (HMO) plan; a Medicare Supplement Plan that acts as a retiree plan secondary payer to Medicare (UnitedHealthcare Senior Supplement Plan and Medicare Part D prescription drug plan, (UnitedHealthcare MedicareRX for Groups)); a non-Medicare in-network and in-state medical / prescription drug plan (UnitedHealthcare Choice plan); and, a non-Medicare out-of-state (UnitedHealthcare Choice Plus PPO plan).

Non-Medicare Eligible Plans

UnitedHealthcare Choice Plan (In-Network & In-State Only)

CHOICE is an in-network only plan that gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral.

You must use contracted Choice providers within the state of Arizona, except for urgent care and emergency services.

UnitedHealthcare Choice Plus PPO (Out-of-State)

CHOICE PLUS PPO has coverage for in-network providers, as well as, non-network providers. It also gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral. But Choice Plus gives members the added flexibility to seek care from doctors and hospitals outside the network - and still receive coverage. In order to control costs, additional out-of-pocket costs apply for non-network care.



Medicare Eligible Plans

UnitedHealthcare Group Medicare Advantage (HMO) Plan

UnitedHealthcare Group Medicare Advantage (HMO) Plan is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide complete health services to persons who are entitled to Original (traditional) Medicare benefits and who choose to enroll in the Group Medicare Advantage (HMO) Plan. By enrolling in the Group Medicare Advantage (HMO) Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers. If you receive services from a non-contracted provider without prior authorization, (except for emergency services, out-of-area urgently needed services and renal dialysis), neither UnitedHealthcare nor Medicare will pay for those services.

Physician and network names are required on the enrollment form if you select the Group Medicare Advantage (HMO) Plan. Provider directories are available upon request. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

Senior Supplement Plan

Senior Supplement Plan is a plan for members who are enrolled in both Medicare Parts A & B. By enrolling in the Senior Supplement plan you have the freedom to obtain medical care from any physician and hospital that accepts Medicare. The plan is a Medicare medical plan which includes an approved Medicare prescription Part D drug plan.

NOTE: For both plans you must maintain enrollment in Medicare Parts A & B to be enrolled in one of the ASRS medicare plans.

What Medical Plan Am I Eligible For?

Medicare Eligible Retirees/LTD Recipients:

Retirees and/or dependents residing in:

- **All Arizona counties** with Medicare Parts A and B may select either the UnitedHealthcare Group Medicare Advantage (HMO) Plan or Senior Supplement.
- **All other states nationwide** with Medicare Parts A & B will have coverage through the Senior Supplement Plan.

Non-Medicare Eligible Retirees/LTD Recipients:

Retirees and/or dependents residing in:

- **All Arizona counties** will have coverage under the UnitedHealthcare Choice plan.
- **All other states nationwide** will have coverage under the UnitedHealthcare Choice Plus PPO Plan.

NOTE: If you, or your dependent(s), are a combination of Medicare eligible and non-Medicare eligible, you fall under the combination plans. See page 49 for combination plan premiums.

Comparison of Benefits



The medical plan comparison charts on the following pages contain a partial listing of the benefits offered to Medicare eligible and non-Medicare eligible retirees, LTD recipients and eligible dependents. Please remember that benefits are subject to plan limitations and exclusions.

After you enroll for coverage, UnitedHealth-care will send you an Identification (ID) Card and an Evidence of Coverage booklet for the Group Medicare

Advantage (HMO) plan or a Certificate of Coverage for the Choice, Choice Plus PPO, and Senior Supplement plans. Please review these documents before you begin to use services so you understand the terms and conditions of the plan you selected.

Questions concerning your plan should be directed to the UnitedHealthcare Customer Service number listed on the back of your ID card or inside the back cover of this guide.



2016 Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for Medicare eligible retirees, disabled members, and eligible dependents. It also serves as a comparison between plans.

Outpatient Benefits	Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Doctor Office Visit	\$15 Copayment	80% of MAC* After \$147 Deductible	Deductible then 20% of MAC*	\$15 Copayment
Specialist Office Visit	\$30 Copayment			\$15 Copayment
Routine Physical	No Charge	Subject to Medicare Guidelines		
Immunizations	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	Subject to Medicare Guidelines
Outpatient Mental Health	\$30 Copayment	65% of MAC* after Deductible	Deductible then 35% of MAC*	\$0
Outpatient Hospital & Surgical Services	\$100 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$50 copayment
X-Rays Outpatient-Standard Outpatient-Specialized Scans	No Charge \$50 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Lab Tests	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Durable Medical Equipment	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Skilled Nursing Facility	No Charge Limit of 100 days per Benefit Period	Days 1–20: 100% of MAC* Days 21–100: All but \$157.50 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$157.50 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$0 Days over 100: All Costs
Home Health Care	No Charge	100% of MAC*	\$0	\$0
Physical, Speech and Occupational Therapy	\$15 Copayment	80% of MAC*	Deductible then 20% of MAC*	\$0

* Medicare Approved Charges (MAC)

NOTE: Medicare amounts listed on page 18-19 are for 2015 and may change for 2016.

2016 Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

Inpatient Benefits	Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Inpatient Hospital Expenses	\$100 per admission	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
Inpatient Mental Health	\$100 per admission 190 days Lifetime	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
UnitedHealthcare Prescription Benefits				
Tier 1/Tier 2 (Generic/Brand)	\$10/\$40 Copayment		All But Member Copay to \$3,310 Annual Max	\$10/\$35 Copayment**
Mail Order (90-day Supply)	\$20/\$80 Copayment	\$0		\$20/\$70 Copayment**
Other Benefits				
Emergency Room (waived if admitted)	\$50 Copayment	80% of MAC*	20% of MAC*	\$50 Copayment
Urgent Care Facility	\$15 Copayment	80% of MAC*	20% of MAC*	\$25 Copayment
Ambulance	\$25 Copayment	80% of MAC*	20% of MAC*	\$0
Other				
Hearing Exam/Aids (EPIC Hearing)	No Charge / \$500 Allowance Every 36 Mo.	Not Covered	Not Covered	All Costs
Deductible	None	\$0 per Person Outpatient Services	\$147 per Person Outpatient Services	\$0
Annual out-of-pocket maximum	\$6,700	No Maximum	No Maximum	\$6,700
Vision Exam	\$20 Copayment	Not Covered	\$80 Allowance Per Calendar Year	\$20 Deductible Plus All Cost Above Allowance
Lenses and Frames	\$130 Allowance per Calendar Year	Not Covered	\$130 Allowance Per Calendar Year	All Cost Above Allowance
SilverSneakers Fitness Program	Free Membership at Participating Clubs	\$0	Free Membership at Participating Clubs	\$0

* Medicare Approved Charges (MAC). ** Member pays copayment up to \$3,310.00 in Total Drug Expenditures. Member then pays 58% or 45% of prescription costs until \$4,850.00 in True Out-of-Pocket costs has been met. Member then pays \$2.95 generic, \$7.40 brand copay or 5% of drug cost, whichever is greater.

Important Note: This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

2016 Non-Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for non-Medicare eligible retirees, disabled members and dependents.

Outpatient Benefits	CHOICE (All AZ Counties)	Choice Plus PPO (Outside AZ)	
	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
PCP Office Visits	\$20 Copayment	\$20 Copayment	
Specialist Office Visit	\$50 Copayment	\$50 Copayment	60%*
Routine Physical	No Charge	100%	60%*
Examinations/ Immunizations	\$20/\$50 Copayment	\$20 Copayment \$50 Copayment	60%*
Vision Examination	\$50 Copayment	Not Covered	Not Covered
Hearing Examination	No Charge	No Charge	60%*
Outpatient Mental Health	\$20 Copayment	100% after \$35 copayment	60%*
Outpatient Hospital & Surgical Services	30%	70%*	60%*
X-Rays Outpatient – Standard	\$20 Copayment	100%	60%*
Outpatient – Specialized Scans	\$150 Copayment	80%*	60%*
Outpatient Lab Tests	\$10 Copayment	\$10 Copayment	60%*
Durable Medical Equipment	No Charge	80%*	60%*
Prosthetic Devices	50%	80%*	60%*
Skilled Nursing Facility	No Charge	80%*	60%*
Home Health Care	No Charge	80%*	60%*
Physical, Speech and Occupational Therapy	\$40 Copayment	100% after \$35 Copayment	60%*

* Subject to Calendar Year Deductible

2016 Non-Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

	CHOICE (All AZ Counties)	Choice Plus PPO (Outside AZ)	
Inpatient Benefits	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Inpatient Hospital Expenses	\$100 copayment per stay plus 30%	\$100 copayment per stay plus 30%	60%*
Inpatient Mental Health	\$100 copayment per stay plus 30%	\$100 copayment per stay plus 30%	60%*
Prescription Benefits	Formulary	Formulary	Formulary
Tier 1 / 2 / 3 (Generic / Brand / Speciality)	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Mail Order (90 day supply)	\$25/\$125/\$250	\$25/\$125/\$250	\$25/\$125/\$250
Other Benefits	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Emergency Room	\$150 Copayment (waived if admitted)	\$150 deductible (waived if admitted)	\$150 deductible (waived if admitted)
Urgent Care Facility	\$50 Copayment	100% after \$50 Copayment	60%*
Ambulance	No Charge	80%*	80%*
Lenses and Frames	Not Covered	Not Covered	Not Covered
Hearing Aids (EPIC Hearing - Per hearing impaired ear, per year)	30%	70%	50%

* Subject to Calendar Year Deductible

2016 Non-Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

	CHOICE (All AZ Counties)	Choice Plus PPO (Outside AZ)	
Other	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Calendar Year Deductible	None	\$500 per Individual \$1,000 per Family	\$500 per Individual \$1,000 per Family
Out of Pocket Maximum	\$3,500 per Individual \$7,000 per Family	\$3,500 per Individual \$7,000 per Family including deductibles	\$6,000 per Individual \$12,000 per Family including deductibles
Maximum Lifetime Benefit	No Maximum	No Maximum	
SilverSneakers Fitness Program	Free Membership at Participating Clubs	Free Membership at Participating Clubs	

Important Note: This is only a brief summary of benefits. Please refer to the plan's Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you a Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

ASRS Retiree/LTD Medical Plans Sample ID Cards

The sample ID cards below show you which card belongs to which UnitedHealthcare-sponsored ASRS retiree medical, prescription and vision plan. These sample ID cards will help you identify the medical plan in which you are enrolled as well as the number and kinds of different cards you should have or should receive.

For retirees/LTD recipients enrolled in **UnitedHealthcare Group Medicare Advantage (HMO) Plan**, your ID card is a medical, vision and prescription drug plan ID card.

UnitedHealthcare Medicare Solutions **UNITED HEALTHCARE PASSPORT**

Health Plan (80840): 911-87726-04

Member ID: 0000000-01 Group Number: 900009

Member: SUBSCRIBER BROWN Payer ID: 87726 PLAN CODE: 5AS ASRS

PCP Name: DOCTOR BROWN
PCP Phone: (000) 000-0000
XYZ NETWORK

Copay: PCP: \$ 15 ER: \$ 50
Spec: \$ 30

MedicareRx
Prescription Drug Coverage X
RxBin: 610097
RxPCN: 9999
RxGrp: SHAZ

H0303 PBP# 804 **UnitedHealthcare Group Medicare Advantage (HMO)**

For retirees/LTD recipient enrolled in **UnitedHealthcare Senior Supplement Plan**, you have separate ID cards for your medical/vision plan and for your prescription drug plan. Your prescription drug card bears the name "UnitedHealthcare Medicare Rx for Groups (PDP)". Your cards look like these:

UnitedHealthcare Medicare Solutions

Health Plan (80840) **911-87726-04**

Member ID: 999999999-99 Group Number: 99999

Member: SUBSCRIBER BROWN ASRS Payer ID: 87726

Copay: Office/ Spec/ ER
\$ 10/ \$ 10/ \$ 50

UnitedHealthcare Senior Supplement
SRSUP PBP# 904

UnitedHealthcare

Issuer (80840): 9151014609

Member ID: 0000000000

Member: SUSAN SAMPLE ASRS

RxBin: 610097
RxPCN: 9999
RxGrp: PDPIND

MedicareRx
Prescription Drug Coverage X

55921 PBP# 802 **UnitedHealthcare MedicareRx for Groups (PDP)**

ASRS Retiree Medical Plans Sample ID Cards

For UnitedHealthcare's **Choice Plan**,
your ID card is a medical and prescription
drug ID card.



For UnitedHealthcare's **Choice Plus PPO Plan**, your ID card is a medical and prescription
drug ID card.



Understanding the Medicare Prescription Drug Plans

PLEASE NOTE: If you enroll in any Medicare prescription drug plan, in addition to one of the ASRS plan options, you will become ineligible for both medical and prescription drug coverage under the ASRS plan, and will be automatically disenrolled. **Medicare allows you to be enrolled in only one prescription drug plan at a time.**

Enrollment in a Medicare prescription drug plan is an option, not a requirement. You do not have to enroll in a separate Medicare Part D prescription drug plan.

However, both Medicare prescription drug plans offered by the ASRS are equal to, or offers more than, the standard Medicare Part D coverage.

When an eligible ASRS Medicare beneficiary is enrolled in either of the ASRS-sponsored prescription drug plans, when first eligible for Medicare prescription drug coverage, there is no enrollment penalty if you should enroll in an individual Medicare Part D prescription drug plan at a future date.

UnitedHealthcare "tier" concept to prescription drugs for Medicare eligible retirees

UnitedHealthcare classifies its prescription drugs as Tier 1, 2, 3 or 4. Much of Medicare's communication about its Part D program refers to prescription drugs in "tiers" or in various classifications as noted below. UnitedHealthcare will use the prescription drug classification system shown below.

- **TIER 1** are *preferred generic* medications
- **TIER 2** are *preferred brand-name* medications
- **TIER 3** are *non-preferred* medications (these require prior authorization on the Group Medicare Advantage HMO plan)
- **TIER 4** are *specialty medications* (these require prior authorization on both ASRS Medicare eligible plans)

Understanding the Medicare Prescription Drug Plans

The ASRS offers two different medical plan options; each with prescription drug coverage for Medicare eligible retirees/LTD recipients and dependents.

UnitedHealthcare Group Medicare Advantage[®] (HMO) Plan Prescription Drug Coverage

Prescription drug plan features:

- No prescription drug plan deductible
- \$10 Tier 1 and \$40 Tier 2, 3 and 4 drugs for up to a 30 day supply at contracted retail pharmacies.
- \$20 Tier 1 and \$80 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program
- Copay while in the coverage gap and no annual benefit limit in coverage
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,850 you begin catastrophic coverage and pay whichever is higher: a \$2.95 co-payment for generic drugs; a \$7.40 copayment for brand name drugs, or 5% of the drug costs until the end of the calendar year.
- Standard UnitedHealthcare Group Medicare Advantage (HMO) plan formulary applies.
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: UHCretiree.com/ASRS.
- Convenient prescription by mail program.

Senior Supplement Plan Prescription Drug Coverage

The name / brand of the prescription drug coverage that is available with the Senior Supplement Plan is UnitedHealthcare MedicareRx for Groups.

Prescription drug plan features include:

- No prescription drug plan deductible
- Low copayments:
 - \$10 Tier 1 and \$35 Tier 2, 3 and 4 drugs for up to a 30 day supply at contracted retail pharmacies.
 - \$20 Tier 1 and \$70 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program
- Coverage gap begins after \$3,310 in total drug costs in 2016.
- In the coverage gap the member pays 58% of generic and about 45% of brand name prescriptions.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,850 you begin catastrophic coverage and pay whichever is higher: a \$2.95 co-payment for generic drugs; a \$7.40 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year.
- “Medicare formulary” plan design (some prior authorization requirements may apply)
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: UHCretiree.com/ASRS.
- Convenient prescription by mail program.

Note: While in the coverage gap stage, the pharmaceutical manufacturer applies a 50% discount on brand name drugs which goes towards the members true-out-of-pocket expense amount.

Understanding the Prescription Drug Plan Available with the Senior Supplement Plan

I am enrolled in the Senior Supplement Plan. How does the UnitedHealthcare MedicareRx for Groups prescription drug plan work for me?

Each time you purchase a covered prescription medication, two payments are actually being made: the copayment you pay out of your pocket for the drug, called true out-of-pocket (TrOOP) costs, and the payment your plan pays for the drug. Together these payments make up the "total drug expenditure".

What is my initial prescription drug coverage (Stages 1 and 2)?

Under the UnitedHealthcare MedicareRx for Groups prescription drug plan, there is no prescription plan deductible. For all covered prescription drugs you simply pay your copayments for the first \$3,310 of "total drug expenditure" during 2016.

When does the coverage gap (Stage 3) begin?

The coverage gap begins after you and the plan together have spent \$3,310 in "total drug expenditure" during the year. During the coverage gap, you pay 58% of generic and about 45% of brand name prescriptions.

When does the coverage gap end (Stage 4)?

The coverage gap ends when your true out-of-pocket costs reach \$4,850 and you begin catastrophic coverage. When you reach Stage 4, you will pay whichever is higher: a \$2.95 co-payment for generic drugs; a \$7.40 co-payment for brand-name drugs; or, 5% of the drug costs until the end of the calendar year.

Your Medicare Part D Prescription Benefit

STAGE 1: Annual Deductible

Your plan has no annual deductible.

STAGE 2: Initial Coverage

You pay copays for each prescription filled; the plan pays remainder until together you have paid \$3,310 in total drug costs.

STAGE 3: Coverage Gap

You pay 58% of generic and about 45% of brand name prescription drug costs until your yearly true out-of-pocket drug costs equal \$4,850.

STAGE 4: Catastrophic Coverage

After \$4,850 in out-of-pocket drug costs, the plan pays the majority of the drug expenses until the end of the year.

Please note: the coverage gap referenced above applies ONLY to the UnitedHealthcare MedicareRx for Groups prescription drug plan offered with the Senior Supplement plan. There is no coverage gap with the UnitedHealthcare Group Medicare Advantage (HMO) prescription drug plan.

Rx Explanation of Benefits (EOB) Provided

The Medicare prescription drug plans provide a monthly prescription benefit summary tailored specifically to individual Medicare members.

The summary helps you:

- Understand how much you and your drug plan spent year-to-date on prescription drugs
- Details your prescription history to help lower monthly spending
- Review prescriptions, including fill dates, prescribing doctor and pharmacy information

Prescription drug payment stages Medicare Advantage HMO

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

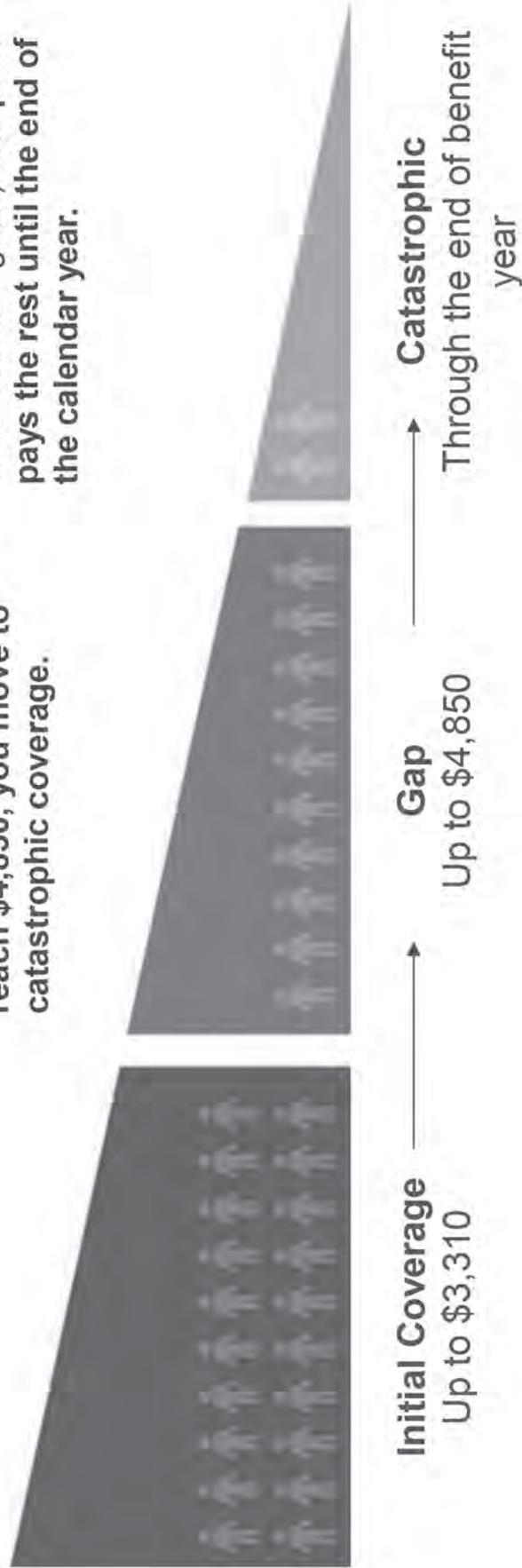
During this stage you pay a flat fee (copay) for each prescription you fill. **The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,310.**

3. COVERAGE GAP STAGE

During this stage you continue to pay your flat fee (copay). However, the manufacturers discount on brand name drugs (about 50%) gets applied towards the out-of-pocket costs. Once your out-of-pocket costs reach \$4,850, you move to catastrophic coverage.

4. CATASTROPHIC COVERAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription. (\$2.95 generic copay, \$7.40 brand name copay or 5% of the drug cost – whichever is higher.) **The plan pays the rest until the end of the calendar year.**



Prescription drug payment stages Senior Supplement Prescription Drug Plan

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

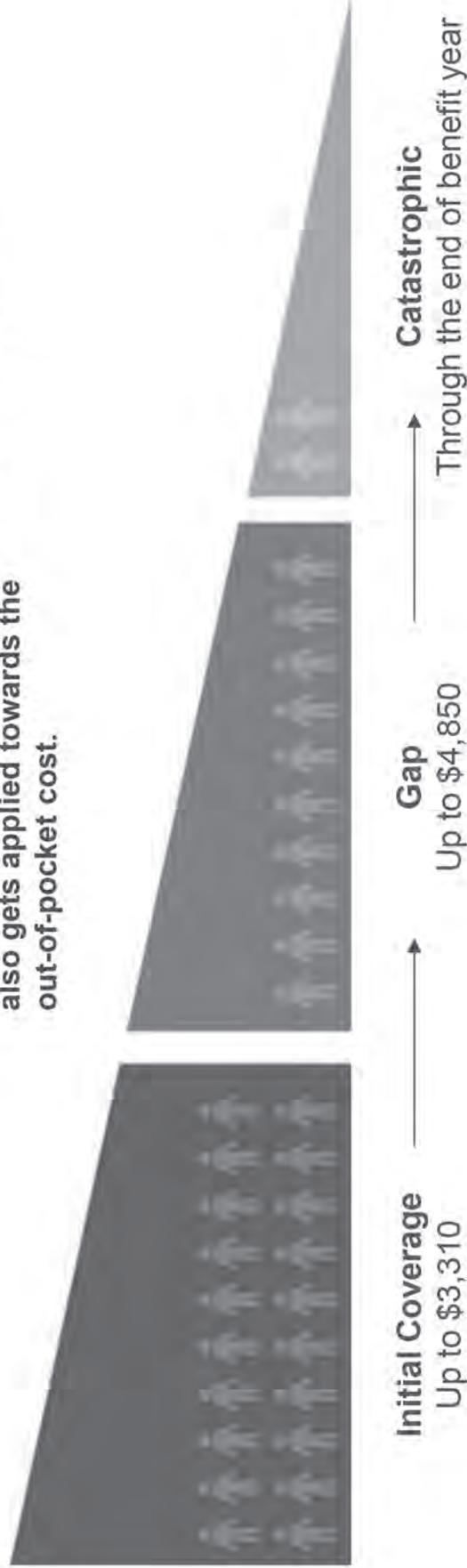
During this stage you pay a flat fee (copay) for each prescription you fill. **The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,310.**

3. COVERAGE GAP STAGE

During this stage you pay **45% of the total cost for brand-name drugs and 58% of the total cost for generic drugs.** Once your out-of-pocket costs reach \$4,850, you move to catastrophic coverage. The manufacturers discount on brand name drugs (about 50%) also gets applied towards the out-of-pocket cost.

4. CATASTROPHIC COVERAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription. (\$2.95 generic copay, \$7.40 brand name copay or 5% of the drug cost – whichever is higher.) **The plan pays the rest until the end of the calendar year.**



UnitedHealthcare's Vision Care Benefits

*UnitedHealthcare Group
Medicare Advantage (HMO) Plan*

Your medical plan covers one eye exam per year and medically necessary glasses or lenses following cataract surgery. Your Routine Prescription Eyewear benefit provides a routine exam, eyeglasses or contact lenses for routine vision correction.

For a routine eye exam you must go to a OptumHealth Vision provider. In both instances, the vision eyewear is only available through the OptumHealth Vision network. Locate a vision provider near you by either going to www.optumhealthvision.com or calling OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157).

At a OptumHealth Vision network vision center, you can receive routine eye exams (also called refractive eye exams) for a \$20 copayment, eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every 12 months. You will be responsible for any charges in excess of the \$130 frame allowance or the \$105 contact lens allowance.

This vision care plan is designed to cover your vision needs rather than cosmetic materials. However, most lens options are available at a discount.

If you need the services of an eye specialist for a medical eye condition (i.e. you have diabetes, cataracts, glaucoma, etc.), you should call Group Medicare Advantage (HMO) Plan Customer Service at 866-208-3248 for the nearest Participating Provider. There is also a listing in each network of the Provider Directory under Specialist - Optometry. The Optometrist listed in the Provider Directory will provide your medical eye care and will also be the provider to give you a referral to the Ophthalmologist.

For a complete listing of providers, go to **OptumHealthVision.com**. The vision network is provided by OptumHealth.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM to 11:00 PM (EST) and Saturday, 9:00 AM to 6:30 PM (EST).

UnitedHealthcare's Vision Care Benefits

*UnitedHealthcare
Senior Supplement Plan*

Your Routine Prescription Eyewear benefit provides eye refraction, eye-glasses or contact lenses for routine vision correction.

You have the choice of any vision provider, but you receive the greatest savings by using a OptumHealth Vision network provider. To locate a vision provider near you, go to www.optumhealthvision.com or call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157). You may then schedule an appointment for your vision exam. For a complete listing of providers, go to www.optumhealthvision.com. The vision network is provided by OptumHealth. Please confirm your provider is participating in the network before making an appointment.

At a OptumHealth Vision network provider, after a \$20 deductible, you have coverage for routine eye exams (also called refractive eye exams). Standard eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every

12 months. If you chose not to use an OptumHealth Vision network provider, there is an \$80 allowance toward the routine examination after satisfying a \$20 deductible. Your eyewear benefit is \$100 toward the purchase of eyeglasses, frames or contact lenses in place of eyeglasses. You will be responsible for charges in excess of the \$100 allowance. You are eligible to receive this benefit once every 12 months.

This vision care plan is designed to cover your vision needs rather than cosmetic materials.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM-11 PM (EST) and Saturday, 9 AM-6:30 PM (EST).

If you need the services of an eye specialist for a medical eye condition (i.e. you have diabetes, cataracts, glaucoma, etc.), Medicare is primary and the Senior Supplement Plan is secondary so you may see any physician that accepts Medicare.

Benefit Limited to One Time Every 12 months	In-Network You Pay	Out-of Network You Pay
Deductible	\$20	\$20
Routine Eye Refraction (examination)	\$0 after deductible satisfied	Charges in excess of \$80
Eyeglass Lenses (single, bifocal and trifocal)	\$0 covered in full	Charges in excess of \$100 for Lenses, Frames, or contacts combined
Eyeglass Frames	Charges in excess of \$130 retail allowance	
Contact Lenses (in place of eyeglasses)	Charges in excess of \$105 allowance	

Assurant Employee Benefits Retiree Dental Plans

For 2016, Assurant Employee Benefits continues to be the sole provider offering dental benefits to eligible public sector retirees, LTD recipients and eligible dependents through the Arizona State Retirement System. Assurant Employee Benefits offers different dental plan options depending on where you live.

There are two Indemnity Dental Plan options that are available in all states. Retirees/LTD recipients in many states can also choose a Prepaid Dental Plan. In Arizona only, retirees/LTD recipients have two different Prepaid Dental Plan options from which to choose. You have the freedom to choose the dental plan that best fits your individual needs. Compare the cost and benefits of each to determine which plan will meet your family's dental health needs.

NOTE: There are significant differences between the Indemnity and Prepaid Dental Plans. Below is a brief overview of the features of the Indemnity vs. the Prepaid Dental Plans.

INDEMNITY DENTAL PLANS

There are two Indemnity Dental Plan options: Freedom Basic (the “Low” option) and Freedom Advance (the “High” option). These plans pay the indicated percentages of Allowable Charges for covered services. Benefits are paid after any applicable deductible has been met, up to the Annual Maximum Benefit which is \$2,500 for the Freedom Advance plan and \$1,000 for the Freedom Basic plan. You are responsible for any applicable coinsurance percentages not covered by the plan. Allowable charges are based on charges being made by providers in the area where dental services are performed. You also have access to the Assurant® Dental Network, for additional savings on your dental care. The Indemnity Plan features include:

- Freedom to choose any dentist, including specialists
- Access to over 100,000 individual dentists participating in the Assurant Dental Network nationwide who have agreed to negotiated fee arrangements of up to 30% off their usual & customary fees.
- Coinsurance plan
- Fast and accurate claims processing

The Indemnity Dental Plans are available to retirees/LTD recipients in all states.

A vision discount benefit is included with all dental plans. See page 37 for details about the Vision Service Plan (VSP).

** Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid dental products provided by affiliated prepaid dental companies. Please refer to issued plan documents for complete details, including all limitations, exclusions, and restrictions. Assurant Dental Network benefits include dentists contracted with Dental Health Alliance, LLC® (DHA®) and dentists under access arrangements with other PPO dental networks.*

PREPAID DENTAL PLANS

The Prepaid Dental Plans provide a variety of benefits through a network of participating dentists. You may change your dentist throughout the plan year. All services must be performed by a participating provider (note the exception to this requirement for the DHMO Dental Plan 220 with Ortho copayments offered in Arizona, as detailed on page 34). You pay a fixed copayment directly to the network dentist for covered dental procedures. The Prepaid Dental plan features include:

- Fixed copayment schedule for Plan Dentist Services
- No deductibles or claim forms
- No annual maximums or waiting periods
- Pre-existing dental conditions are covered
- Each family member may choose their own network dentist
- Orthodontia for both children and adults

The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. Retirees in Arizona choose between two Prepaid Dental Plans – the Heritage Secure with Specialty Benefit Amendment (SBA) or the DHMO Dental Plan 220 with Ortho copayments.

Important Information Regarding On-Going Dental Care If Newly Enrolled with ASRS: If you are actively undergoing major dental procedures with your current dental provider and the service(s) is not completed prior to the effective date of your dental coverage with an ASRS-sponsored dental plan, your current provider may allow that on-going procedure to be a covered expense under your current dental plan even after your termination from your employer's dental plan. Check with your current dental provider to learn if your procedure qualifies for continued coverage. Dental procedures you are receiving under coverage from your current non-ASRS dental plan **will not be eligible** for benefits through Assurant Employee Benefits.

Important Things to Consider When Making Your Dental Plan Elections

Depending on where you live, your dental plan options vary. The Indemnity Dental Plans are available to retirees/LTD recipients in all states. The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT. If you live in Arizona, you can choose from two different prepaid dental plans: the Heritage Secure with Specialty Benefit Amendment (SBA) or the DHMO Dental Plan 220 with Ortho copayments. You should carefully review the differences in the dental plans. See pages 34-35 for a comparison and summary of the dental plan options available to you.

- If you enroll in one of the Prepaid Dental Plans, you must choose a General Dentist as your Primary Care Dentist. The Directory of Dentists available to you will vary according to the Prepaid Plan you choose and where you live. Once you have selected a Primary Care Dentist, you must enter the Facility ID number from the directory on your enrollment form. This is very important! It allows Assurant Employee Benefits to notify your selected General Dentist that you will be a new patient and include your dental plan information on the dentist's eligibility list called a "roster".
- If you enroll in the Heritage Secure with Specialty Benefit Amendment (SBA) Prepaid Dental Plan available to Arizona residents, you will want to pay special attention to your options for receiving dental care from specialty dentists. All Plan Specialists who contract with the Heritage Secure plan will discount their services between 15%-25%. The 15% reduction applies if the Plan Specialist is an endodontist. The 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. Some plan Specialists have agreed to perform certain common specialty procedures for a fixed copayment rather than a discounted fee. These Assurant SBA Plan Specialists – Endodontists, Periodontists, and Oral Surgeons – are identified with an SBA indicator in the Directory of Dentists. All other services performed by an SBA Plan Specialist and not listed on the SBA copayment list will be provided at the discounted fee.
- If you enroll in the DHMO Dental Plan 220 with Ortho copayments (available to Arizona residents), many of the common specialty procedures can be performed by a participating network General Dentist or Specialist for the same fixed copayment. In addition, there are certain common specialty procedures that can also be performed by a Non-Plan Specialty Dentist. For the specific procedures that can be performed by a Non-Plan Specialty Dentist, you will submit a claim to Assurant Employee Benefits and receive reimbursement up to a maximum amount based on the procedure performed.
- The Indemnity Dental Plans offer freedom of choice to use any eligible licensed dentist or specialist in the United States.
- If you enroll in either of the Indemnity Dental Plans and you want to save dollars on your dental care, use a dentist who participates in the Assurant Dental Network. All of the dentists who participate in the Assurant Dental Network have agreed to negotiated fee arrangements of up to 30% off their usual and customary fees and they will not balance bill you for services that are covered by the plan.

To find a network dentist who participates in the nationwide Assurant Dental Network, the Heritage Secure or DHMO Dental Plan 220 networks in Arizona, or the networks for the Prepaid Plans offered in the other states, please visit Assurant's Employee Benefit's dedicated web site for ASRS members at www.assurantemployeebenefits.com/ASRS, call their representative **on-site** at the ASRS, or call their toll-free Customer Service Center (see the contact information listed on the inside back cover of this guide).

Please review the information on pages 34-35 for a comparison of the dental plan options available to you. There are *significant* differences between all the dental plan options. If you are considering one of the Prepaid Dental Plans in Arizona, you should compare the copayments you will pay for certain common procedures on page 34-35 of this guide, along with the total annual premium you will pay, in order to accurately assess which Prepaid Dental Plan option is the best choice for you.

Assurant Employee Benefits Retiree Dental Plans

Freedom Advance (High Option)	Freedom Basic (Low Option)	DHMO Dental Plan 220 with Ortho	Heritage Secure with SBA
AVAILABLE NATIONWIDE		AVAILABLE IN ARIZONA ONLY	
You have freedom to use any licensed dentist in the United States. Or use an Assurant Dental Network dentist for savings on your dental care. The Assurant Dental Network has more than 100,000 dentists in their nationwide network of dentists		You must select a General Dentist as your Plan Dentist. Except for certain specialty dental procedures listed in the plan copayment schedule, all services must be performed by your Plan Dentist. Certain specialty dental procedures can also be provided by non-Plan Specialists	You must select a General Dentist as your Plan Dentist and all services must be provided by participating network dentists
Provider fees are based on Usual & Customary. Assurant Dental Network dentists discount their fees up to 30% for all covered procedures. Benefits are paid at the negotiated fee level for Assurant Dental Network (in-network) dentists. Benefits for services from out-of-network dentists will be paid at the 80th percentile of the amount charged by the majority of dentists in the area		Provider fees are based on fixed copayment schedule. Certain procedures can be performed by your Plan Dentist or by a Plan Specialist for the same copayment as identified in the Plan copayment list	Provider fees are based on fixed copayment schedule or discounts from network specialty dentists
Type I Preventive services are covered at 80% and the deductible is waived. The \$50 deductible is paid once per year, up to a maximum of three times per family	Type I Preventive services are covered at 100% and the deductible is waived. The \$50 deductible is paid once per year, up to a maximum of three times per family	No copayment for most Preventive services	There are copayments for some Preventive services
Type II Basic services are covered at 80% after the \$50 deductible has been paid. Includes new and replacement fillings, root canals, periodontics (treatment of gum disease), minor oral surgery	Type II Basic services are covered at 80% after the \$50 deductible has been paid. Includes new and replacement fillings, some minor oral surgery, minor periodontics, scaling & root planing, periodontic maintenance	Fixed copayments and certain identified procedures can be performed by your Plan Dentist or by a Plan Specialist for the same copayment. When compared to the AZ Heritage Secure plan, there are more than 130 additional copayments and most copayments are lower	Fixed copayments or discounts on services performed by network specialty dentists
Type III Major Services are covered after the \$50 deductible has been paid. New enrollees will start at a 25% coinsurance level for Type III Major Services for the 1st year of continuous dental coverage and then graduate to 50% coinsurance for the 2nd year of continuous dental coverage and each year thereafter	Type III Major services are not covered	For certain specialty procedures performed by a non-Plan dentist, you will submit a claim to Assurant and receive reimbursement up to a specified amount	Specialty dentists who have agreed to the SBA (indicated by an "SBA" in the directory) provide certain specialty procedures for a fixed copayment. Many other services by specialty dentists are provided at a discount
If you are currently enrolled in the Prepaid dental plan and you enroll in the Freedom Advance plan, your benefits for Type III Major Services will be paid at the 50% coinsurance level (assuming you have been enrolled in the Prepaid plan for at least 12 months)	If you are currently enrolled in the Freedom Basic dental plan and you enroll in the Freedom Advance plan, your benefits for Type III Major Services will be paid at the 25% coinsurance level for the 1st year of coverage and then 50% for the 2nd year of continuous dental coverage and each year thereafter	Implant benefit. Receive \$300 discount off specified implant procedures from Plan dentists	Copayment for teeth bleaching
Annual benefit maximum per person per calendar year is \$2,500	Annual benefit maximum per person per calendar year is \$1,000	No annual maximum for Plan Dentist and Plan Specialty Dentist services. Plan benefit payments for services by non-Plan Specialty Dentists limited to \$2,000 per person per calendar year	No annual maximums
Orthodontia is not covered	Orthodontia is not covered	Orthodontia copayments for children and adults when provided by a Plan Orthodontist	Plan orthodontists provide discounts of 25% off their usual fees for child and adult ortho treatment; no maximum
The Freedom Basic and Freedom Advance Plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.		Prepaid dental plans are also available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. For a copy of the Schedule of Benefits and Provider Directory in one of these states, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide in the Dental Provider section	

This provides only a brief summary of some unique features and benefits of the dental plans for your ease of comparison. For complete details, please refer to the dental plan documents that are available to the ASRS retirees during open enrollment, as well as throughout the year. For additional information or questions, you should contact Assurant Employee Benefits. Plans contain limitations, exclusions, and restrictions.

Assurant Employee Benefits Retiree Dental Plans

DENTAL PLAN COMPARISON		INDEMNITY DENTAL PLAN OPTIONS		ARIZONA PREPAID PLAN OPTIONS	
		Freedom Advance (High Option)	Freedom Basic (Low Option)	DHMO Dental Plan 220 with Ortho	Heritage Secure with SBA
Calendar Year Deductible (Per Person; maximum of three deductibles per family)		\$50/\$150 - Waived for Type I services	\$50/\$150 - Waived for Type I services	NA	NA
Annual Maximum (Per Person)		\$2,500	\$1,000	NA ⁶	NA
ADA CODE	Description	Plan Pays ² (Subject to Frequency Limitations)		You Pay (Fixed Copay)	You Pay (Fixed Copay)
EXAMS AND XRAYS¹					
D0120	Periodic Exam (checkup)	80%	100%	\$0	\$0
D0140	Limited Exam (problem focused)	80%	100%	\$0	\$25
D0150	Comprehensive Exam (initial)	80%	100%	\$0	\$0
D0220	Intraoral - periapical first film (xray)	80%	80%	\$0	\$0
D0230	Intraoral - periapical each addition film (xray)	80%	80%	\$0	\$0
D0272	Bitewings - Two films (xrays)	80%	100%	\$0	\$0
D0274	Bitewings - Four films (xrays)	80%	100%	\$0	\$0
D0330	Panoramic film (xray)	80%	80%	\$0	\$10
PREVENTIVE SERVICES¹					
D1110	Routine dental cleaning (adult)	80%	100%	\$0	\$10
D1120	Routine dental cleaning (child)	80%	100%	\$0	\$10
D1203	Fluoride, child ³	80%	100%	\$0	\$0
D1351	Sealant ⁴	80%	100%	\$0	\$20
FILLINGS					
D2140	Amalgam - 1 surface	80%	80%	\$10	\$25
D2150	Amalgam - 2 surfaces	80%	80%	\$15	\$30
D2160	Amalgam - 3 surfaces	80%	80%	\$20	\$45
CROWNS					
D2751	Crown - porcelain fused to predominately base metal	25%/50% ⁵	Not Covered	\$220 + Lab Fee	\$295 + Lab Fee
D2950	Core Build Up	25%/50% ⁵	Not Covered	\$75	\$55
ROOT CANALS					
D3310	Endodontics - Anterior	80%	Not Covered	\$95	\$145
D3320	Endodontics - Bicuspid	80%	Not Covered	\$220	\$225-\$280 ⁷
D3330	Endodontics - Molar	80%	Not Covered	\$275	\$295-\$395 ⁷
PERIODONTAL CARE (FOR GUMS)					
D4341	Periodontal Therapy, 4+ teeth/quadrant	80%	80%	\$75	\$90-\$100 ⁷
D4910	Periodontal Maintenance	80%	80%	\$45	\$55
BRIDGES AND DENTURES					
D5110	Complete denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5120	Complete denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5213	Removable partial denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
D5214	Removable partial denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
EXTRACTIONS					
D7140	Extraction, Erupted Tooth or Exposed Root	80%	80%	\$30	\$25
D7210	Extraction, Surgical	25%/50% ⁵	Not Covered	\$60	\$85
ORTHODONTIA CARE					
None	Bracketing	Not Covered	Not Covered	\$300	25% Discount from Plan Orthodontist
D8080	Comprehensive Ortho (under age 19)	Not Covered	Not Covered	\$2,000	
D8090	Comprehensive Ortho (19 or older)	Not Covered	Not Covered	\$2,200	

¹ Services are subject to frequency limitations and allowable charges.

² All services may be subject to frequency limitations, allowable charges, limitations and exclusions.

³ Only for children under age 14.

⁴ Only for children under age 16 on the Freedom Basic and Advance plans.

⁵ 25% during first year; 50% for 2nd and subsequent years of continuous coverage.

⁶ Plan Benefit payments for services by non-Plan Specialty Dentists limited to \$2,000 per calendar year.

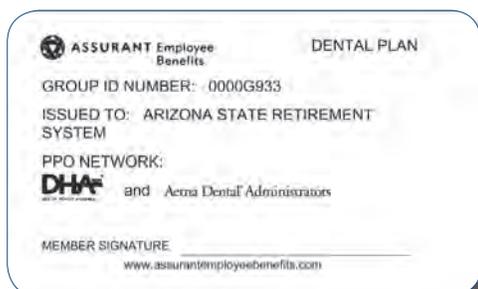
⁷ Copayment will vary depending on whether procedure is performed by your Plan Dentist or by a Specialist who participates with the SBA.

The Freedom Basic and Advance plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

ASRS Retiree Dental Plans Sample ID Cards

The sample ID cards below show you which ID card corresponds to each Assurant Employee Benefits ASRS retiree dental plan. The card also provides information on Assurant Employee Benefits vision discount plan offered through Vision Service Plan (VSP).

For retirees/LTD recipients enrolled in Assurant Employee Benefits **Freedom Advance** (High Option) or **Freedom Basic** (Low Option) indemnity dental plan PRIOR TO September 1, 2013, your ID card will look like this:



For retirees/LTD recipients enrolled in Assurant Employee Benefits **Freedom Advance** (High Option) or **Freedom Basic** (Low Option) Indemnity dental plan ON OR AFTER September 1, 2013 (or if you request a new ID card on or after this date) your ID Card will look like this:



For retirees/LTD recipients enrolled in Assurant Employee Benefits **Heritage Secure with SBA Prepaid Plan** or **DHMO 220 with Ortho Plan** offered in Arizona, or other states where Assurant Employee Benefits offers Prepaid dental plans, your ID card looks like this:



Note: Vision Service Plan (VSP) information is located on the back side of each ID card.

VISION DISCOUNT SERVICES



ACCESS PLAN

Your Assurant Employee Benefits dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on VSP network doctor's professional services when purchasing all prescription contact lenses² (materials at doctor's usual and customary fees)³.
- **Laser VisionCareSM** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

.....

How to Use VSP

Locate a VSP doctor near you. You may either use the web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.

VSP Member Services Support: 800.877.7195
Visit the Web site at www.vsp.com



WellCardTM Health

WellCard Health provides you and your family with discounts on a wide range of health services, including:

- **PRESCRIPTION DRUGS – save up to 50%**

WellCard is accepted at over 59,000 pharmacies nationwide, including major chains, community and mail order pharmacies. Over 60,000 brand and generic drugs are included.

- **DENTAL – save up to 45%**

WellCard is accepted at over 15,000 provider access points nationwide, and covers all dental services and specialties, including orthodontia.

- **HEARING – save up to 15%**

WellCard members receive a free hearing test and 15% discount on over 80 hearing aid models at 1,500 Beltone locations nationwide, with a Lifetime Care Program included.

- **MRI & IMAGING – save up to 50%**

WellCard members enjoy savings of 50% and more on MRI, PET, and CT scans, as well as other imaging services at over 3,500 locations nationwide.

- **LAB – save up to 50%**

WellCard members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately.

Please visit **WellCardHealth.com** and register using Group ID ASRSH to find participating providers and pharmacies near you, and to check the estimated cost of a drug. You can enroll in the mail order program by calling **888-479-2000** (prompt 5).

PRESENT THIS CARD TO YOUR PHARMACY AND MEDICAL PROVIDER
Locate a provider: call 800-562-9625 or visit www.WellCardHealth.com. This is Not Insurance.



Group ID: ASRSH

Member ID: Enter member's 10-digit phone #,
then add 2-digit person code.
01=Member 02=Spouse 03=Dependent, etc.
Example: xxxxxxxxxx, enter as xxxxxxxxxx01

Processor: NetCard Systems
Bin #: 008878

An Empowering Health & Wellness Program

The Arizona State Retirement System (ASRS) would like to remind you of the valuable benefits provided through the WellCard Health Discount Card Program. The WellCard Health card is available at no cost and provides ASRS members and their families access to pre-negotiated discounts on prescription drugs and health care services. Anyone can use the card, regardless of age, income or health status and you do not need to be enrolled in the ASRS retiree health insurance program to receive Wellcard benefits.

It's easy to save money with WellCard Health!

WellCard Health has thousands of service providers nationwide and discounts are given at the time of purchase; there is no paperwork, no enrollment form, membership fee, usage limits or expiration date. To participate, members present their WellCard Health Discount Card when they purchase a prescription at a participating pharmacy or visit a participating provider.

Once you receive your card, register it at WellCardHealth.com. All WellCard Health benefits are available to you without registration, but once your card is registered, you'll be able to access detailed information on all services, easily search for a participating provider, and read informative articles on health and wellness. In addition, you can print a replacement card; opt in to become a part of WellCard Health Connect, (Wellcard's online community); and receive monthly e-newsletters with updates and news about the WellCard Health program.

If you would like additional information on the WellCard Health Discount Card Program, please visit the ASRS website at AzASRS.gov. At the top of the home page, place your cursor over "Retirees" and click on "Healthcare."

If you've already registered, login at WellCardHealth.com to check the estimated cost of a specific medication or to find a participating pharmacy or provider. Both of these websites provide detailed information on how to receive your card.

This is not insurance. It is a discount medical program.

		
<p>MEMBER: To find a provider: call 800-562-9625 or visit www.WellCardHealth.com PRESENT THIS CARD TO YOUR PHARMACY & MEDICAL PROVIDER To speak to a physician 24/7 by phone, call 800-362-2667, press 2 or 0. You must mention WellCard Health.</p>	<p>PHARMACY: Pharmacy: Add 2-digit person code to Member ID 01 = Member 02 = Spouse 03 = Dependent, etc. Pharmacist Help Desk: 888-886-5822</p>	<p>PROVIDER: Physician & Dental Provider: To verify eligibility & for patient responsibility call 888-203-6711 The patient is responsible for the entire discounted cost at the time of service. Vision Provider: To verify eligibility call 888-203-6662</p>
<p><small>This is Not Insurance. It is a discount medical program. Payment must be made at time of service. This program is powered by AccessOne Consumer Health, Inc. www.accessonedrugs.com This is a free program. Void where prohibited by law.</small></p>		



The SilverSneakers® Fitness program gives you options.

SilverSneakers is available at no additional cost for all Arizona State Retirement System (ASRS) retired members and dependents enrolled in the ASRS medical plan.

Work out indoors

- More than 13,000 fitness locations*
- All fitness equipment and SilverSneakers classes
- Easy to use with your SilverSneakers ID number

Take SilverSneakers FLEX™ classes

- Tai chi, yoga, walking groups and more
- At places you may already go (in many states)
- Online sign-up

Connect online

- Fitness location lookup tool
- Downloadable meal plans and healthy recipes
- Support from other SilverSneakers members

Go to the SilverSneakers website or call SilverSneakers to:

- Find fitness locations
- Request your SilverSneakers ID number
- Enroll in FLEX classes

silversneakers.com

1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. EST

Find a SilverSneakers location and get started today.



*If you are in need of an at-home kit, please visit us online or call our Customer Service phone number.

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The UnitedHealth Passport® program.

The UnitedHealth Passport® program offers coverage for members who travel or live away from home up to nine consecutive months during the year. Whether you plan a scenic road trip or extended stay, when you travel within the UnitedHealth Passport service area, you will have health care coverage in the event you need it.

This program is included with your plan. You pay no additional charge for health care coverage when you travel within the UnitedHealth Passport service area. You simply pay the same copayment (copay) or coinsurance as you would at home.

How the UnitedHealth Passport program works.

Activate the UnitedHealth Passport program before you travel. This will make certain your health care coverage travels with you.

Step 1: Activate your coverage before your trip.

Call UnitedHealthcare Customer Service from 8 a.m. – 8 p.m. local time, 7 days a week. The number is located on the back of your member ID card.

Make sure you have your travel dates and destination, including ZIP Code, available when you call. UnitedHealthcare will confirm if you're traveling to a UnitedHealth Passport service area. You can also get names and telephone numbers of contracted physicians in your travel destination area.

Step 2: Get ready for your trip.

It's a good idea to schedule any routine services with your local doctor before you leave. It is also recommended that you take a copy of your medical records with you when you travel.

Step 3: Once you are back home again.

Call UnitedHealthcare to have the UnitedHealth Passport program deactivated. This is an important step. Plan disenrollment may occur if you do not return to your home service area within nine months of activating the UnitedHealth Passport program or if you do not notify us of your return and the nine-month Passport period expires.

Call Customer Service on the back of your I.D. card to get participating counties.





Solutions for Caregivers

Access your caregiver service for support that can make it easier to care for a family member, friend or neighbor.



On-site assessments

Have a registered nurse perform an on-site health and well-being overview.



Caregiver case manager

Let a case manager counsel you by offering advice along with decision-making support.



Personalized care plans

Get a customized care plan that may address your needs and the needs of your family member, friend or neighbor.



Coordination of services

Allow us to help you plan and arrange community-based programs and services for your specific needs.

Note: We provide caregiver resources and coordination, but we do not pay for supportive services or perform medical treatments.

Do you need extra help?

Seeing a decline in your loved one's health can feel overwhelming. If you find yourself asking the questions below, accessing your service of Solutions for Caregivers could help you get the answers.

- What help do I really need?
- What services will Medicare pay for?
- What community resources could I take advantage of that are available to me?
- Is my loved one's home still clean and safe?

If you're a caregiver or anticipate taking on a caregiver role in the future, call us at:



1-866-896-1895, TTY 711

24 hours a day, 7 days a week



Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

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SPRJ23972



HouseCalls from UnitedHealthcare.®

A health and wellness program that comes to you.

As part of your UnitedHealthcare plan membership, we are now offering our HouseCalls program to qualified members. HouseCalls is designed to support and complement your regular doctor's care through a visit with a licensed health care practitioner in your home.

With HouseCalls, UnitedHealthcare will send a knowledgeable health care practitioner to you. They will work with you to help you understand your current health status and provide you with information that may help you maintain or improve your health. You can ask questions and go at your own pace. Best of all, there is **no copay for a HouseCalls visit**.

HouseCalls health care practitioners have conducted more than 260,000 visits, and our members are overwhelmingly satisfied with the HouseCalls experience. In fact, 99% of surveyed members indicate that they were satisfied with their visit, and 96% found their in-home visit to be helpful.*

What you can expect from a HouseCalls visit.

- One of our knowledgeable health care practitioners will review your health history and medication(s), perform a physical exam, identify health risks and provide education on your health.
- You can discuss your health concerns one-on-one with the practitioner and ask questions.
- You will get an Ask Your Doctor worksheet, which you can bring to the next visit with your doctor.

A HouseCalls visit doesn't replace your regular doctor visits or annual wellness exams. This visit is meant to add to your health care experience and it may help you stay ahead of your health care concerns.

How a HouseCalls visit can help you and your doctor.

Through our advanced technology, we are able to use your HouseCalls results to help coordinate care with your doctors. This may include:

- Identifying any treatment needs.
- Addressing health education needs.
- Recommending preventive services you may need.

At the end of your visit, you will receive a checklist of topics you can discuss with your doctor. We will also provide your physician a follow-up letter with the HouseCalls results.

Who receives a HouseCalls visit?

HouseCalls is for all health types, whether you are healthy or have chronic conditions. Everyone can benefit from a HouseCalls visit. We may contact you when we have an available health care practitioner in your area.

How does it work?

You will receive a letter and phone call from HouseCalls to schedule your visit. If you're not comfortable having the HouseCalls visit in your home, we recommend you ask a friend or family member to be there with you. Or, we can visit you at another location.

Once your HouseCalls visit is scheduled, you may receive a reminder call and/or postcard prior to the appointment. All of the licensed health care practitioners are contracted with UnitedHealthcare and have received specialized training regarding the health care needs of qualified members.

Do you have questions or want to set up an appointment for a HouseCalls visit?



Give us a call. **1-866-686-2504**, TTY **711**, Monday – Friday
8 a.m. – 7:30 p.m. EST; Saturday 8 a.m. – 6:30 p.m. EST



Or visit us online at **www.UHCHouseCalls.com**

*August, 2012 UnitedHealthcare HouseCalls Member Survey Data. Sample size: 17,879

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in UnitedHealthcare plans depends on contract renewal.

SAGMPEN000_UHSP15615a



Don't let hearing loss make you lose out on life.

Hearing aids at a discount through hi HealthInnovations.



Hearing and your health.

If you've started to notice a change in your hearing, you're not alone. Hearing loss is the third most common chronic condition, affecting 1 in 5 Americans age 12 and older.¹ It can impact how you connect with your family, friends and the world around you. Left untreated, it can contribute to social isolation, lower general health and safety concerns. In contrast, people who treat hearing loss often report significant improvements in relationships, self-esteem, overall quality of life, mental health and safety.²



Pay a fraction of retail.

As a member of this plan, you're able to purchase digital hearing aids at a discount through hi HealthInnovations,³ potentially saving you thousands of dollars.³



¹http://www.hopkinsmedicine.org/news/media/releases/one_in_five_americans_has_hearing_loss; 2011

²National Council on Aging, "The Consequences of Untreated Hearing Loss in Older Persons," NCOA, 1999.

³www.HealthyHearing.com, 5/2010

<CMS code>

Two simple steps to help better hearing:

1 Get your hearing tested.

Call hi HealthInnovations toll-free at **1-855-523-9355** to schedule an appointment with a hearing professional, search for a provider online at **hihealthinnovations.com**, or ask your doctor for a hearing test.

2 Place your order.

Choose the convenient option that best suits your needs.



In Person

Call us toll-free at **1-855-523-9355, TTY 711, 9 a.m. to 5 p.m. CT, Monday through Friday**, to schedule an appointment with a hearing professional for a consultation and/or hearing test.

Your professional will submit your hearing test results to us and we will send your custom programmed hearing aids directly to you.



By phone

Mail or fax hi HealthInnovations your hearing test results taken within the past year. Our address is P.O. Box 356, Minneapolis, MN 55440. We'll call you within three days of receiving your results with your recommended hearing aid options. You may call us toll-free at **1-855-523-9355, TTY 711, 9 a.m. to 5 p.m. CT, Monday through Friday** to order. Your custom-programmed hearing aids will be sent directly to you.



Online

Mail or fax hi HealthInnovations your hearing test results taken within the past year. We'll call you within 3 days of receiving your results with your recommended hearing aid options. Go online at **hihealthinnovations.com/medicare** to order your recommended hearing aids. Your custom-programmed hearing aids will be sent directly to you.

hi ITC™ (In-The-Canal)

Nearly invisible. Fits comfortably in your ear canal.

\$799*
each



hi BTE™ (Behind-The-Ear)

Thin and lightweight. Fits comfortably behind the ear.

\$599*
each



Each hearing aid comes with:

- Free batteries that last most users six months.
- 70-day money-back guarantee.
- One-year manufacturer's warranty.

*Shipping and sales tax may be applicable
Some models require an ear mold at approximately \$100 each.
Additional models are available.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.



High quality hearing aids at more than 60% off the industry price

hi HealthInnovations digital hearing aids are of equal or superior quality to hearing aids that cost thousands of dollars more

- A subsidiary of UnitedHealth Group, a leading healthcare company that serves more than 85 million people. We buy in bulk, eliminate enormous mark-ups and transfer the savings directly to you.
- Included state-of-the-art digital technology that has been proven to enhance sound quality and removed unnecessary bells and whistles that drive up cost.
- Confident in the quality of our product that we offer a 70-day money-back guarantee.

"I purchased another brand of hearing aids costing over \$7000 for the pair. I ordered hearing aids from hi HealthInnovations for less than \$1000."

- Fred S. (Palo Alto, CA)



"Even though the hearing aids you have provided for me cost about 1/5 of those I had previously used, they are much more effective. The new devices are more powerful, more adaptable and certainly provide a much improved level of performance."

- Dwayne T. (Las Vegas, NV)

Learn how hearing aids may improve your well-being and how to best use them

hi HealthInnovations provides robust, nationwide support, especially helpful when you travel or relocate

In addition to this professional, you have access to:

- Free daily new user seminar hosted by hearing professionals.
- Toll-free support from product support specialists and hearing professionals. (Monday-Friday, 9 am - 5 pm CT)
- In-person support from hearing professionals in many US cities.
- Helpful videos and user guides.
- Free programming adjustments, if needed.

Join our FREE telephonic hearing health seminar

Monday – Thursday
6 p.m. CT (7 p.m. ET, 4 p.m. PT)

Friday
10 a.m. CT (11 a.m. ET, 8 a.m. PT)

Call 1-888-844-7278
Access code: 9428061#

For more information call **1-855-523-9355** or visit hiHealthInnovations.com

How to Complete Your 2016 Enrollment Form

Complete an ASRS 2016 Enrollment Form if you are enrolling for the first time, electing new coverage, or changing existing coverage. Submission of a properly completed enrollment form is required to enroll in an ASRS medical and/or dental plan. Please complete the enclosed enrollment form as outlined below:

Step 1

- Effective Date: Fill in the month that you need the insurance coverage to begin. Effective date of your coverage will be the first of the month following receipt of the Enrollment Form unless a future date is provided. January 1, 2016 is the effective date for the 2016 Open Enrollment.
- Check boxes that apply to you:
Reason for Enrollment Form Status

Step 2

- Provide your social security number, name, address, etc. If you want your mail sent to a different mailing address than your primary residence, complete the mailing address line.

Step 3

- If you are enrolling in a medical plan, check the box of the medical plan you are electing. You can only select one option. If you are not enrolling in medical, check the box that states: "I'M DECLINING MEDICAL COVERAGE".
- If you are enrolling in a dental plan, check the box of the dental plan you are electing. You can only select one option. If you are not enrolling in dental, check the box that states: "I'M DECLINING DENTAL COVERAGE".

Step 4

- List yourself and all other eligible dependents that you are enrolling in the medical and/or dental plans.
- If you are electing the dental Prepaid DHMO, Heritage Secure or Out of State Prepaid plan, you must provide a Dentist ID number or a dentist will be automatically assigned to you. If you are unsure what to include, you can find the dentist directory at www.assurantemployeebenefits.com/ASRS or by calling (800) 443-2995.
- Group Medicare Advantage HMO only: List the names of the persons enrolling in this plan in the Covered Person Name box; Indicate the names of the Primary Care Physicians and Networks you are choosing. If you are unsure what to include, you can find the Group Medicare Advantage HMO directory at www.uhcretiree.com/ASRS or you can call (866) 208-3248.

Step 5

- Sign and date the Enrollment Form. Signature must be from either the retiree, disabled member or a surviving dependent. **The enrollment form cannot be dated more than 90 days prior to the requested effective date.**
- If you are enrolling in a Medicare plan, please provide a copy of your Medicare card or an award letter showing you are eligible for Medicare.
- If you are enrolling mid-year (a time other than Open Enrollment period) in a medical and/or dental insurance plan, please provide proof of the qualifying event that you are experiencing. If you are unsure on what to provide, you may contact ASRS Member Services at (602) 240-2000 in Phoenix, (520) 239-3100 in Tucson or outside of Phoenix and Tucson, at (800) 621-3778.
- **KEEP THE GOLDENROD COPY OF THE ENROLLMENT FORM FOR YOUR OWN RECORDS.**
- Mail your Enrollment Form to:

Arizona State Retirement System
Attn: Health Insurance
PO Box 33910
Phoenix, AZ 85067

If you are terminating your current ASRS medical and/or dental coverage, please send a letter in writing to ASRS, with the retiree, disabled member or surviving spouse's social security number and your signature. If you and/or your dependents are terminating an ASRS Medicare plan, please include all covered members' signatures.

Cost for Coverage *Medical Plan Premiums*

(January 1 through December 31, 2016)

Use this chart to determine how your medical plan election will affect your pension check.

MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

WITHOUT MEDICARE		
You and your dependents do not have Medicare Part A and B		
ALL ARIZONA COUNTIES		
	Single Coverage	Family Coverage
UnitedHealthcare Choice (#0717191-0013)	\$793.00 per month	\$1586.00 per month
OUT OF STATE		
	Single Coverage	Family Coverage
UnitedHealthcare Choice Plus PPO (#0717191-0003)	\$1112.00 per month	\$2224.00 per month
WITH MEDICARE A & B		
You and your dependent(s) have Medicare Part A and B		
ALL ARIZONA COUNTIES		
	Single Coverage	Family Coverage (1)
UnitedHealthcare Group Medicare Advantage HMO	\$194.00 per month	\$388.00 per month
UnitedHealthcare Senior Supplement & PDP (2)	\$337.00 per month	\$674.00 per month
OUT OF STATE		
	Single Coverage	Family Coverage (1)
UnitedHealthcare Senior Supplement & PDP (2)	\$337.00 per month	\$674.00 per month
COMBINATION PLANS		
	One person on Medicare, the other(s) without Medicare	Two people on Medicare, the other(s) without Medicare
ALL ARIZONA COUNTIES		
UnitedHealthcare Group Medicare Advantage HMO with Choice (#0717191-0014)	\$987.00 per month	\$1181.00 per month
UnitedHealthcare Senior Supplement & PDP(2) with Choice (#0717191-0014)	\$1130.00 per month	\$1467.00 per month
OUT OF STATE		
UnitedHealthcare Senior Supplement & PDP(2) with Choice Plus PPO (#0717191-0009)	\$1449.00 per month	\$1786.00 per month

(1) Retiree and dependents monthly premium is a multiple of the number of lives covered and the single coverage premium.

(2) The Senior Supplement medical plan can only be selected in conjunction with the Prescription Drug Plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, your Medicare Part D Prescription drug coverage will be cancelled as well.

Cost for Coverage *Dental Plan Premiums*

(January 1 through December 31, 2016)

Use this chart to determine how your dental plan election will affect your pension check.

MONTHLY PREMIUMS – DENTAL PLANS PROVIDED BY ASSURANT EMPLOYEE BENEFITS

Assurant Employee Benefits	Single Coverage	Member + 1 Dependent	Member + 2 dependents or more	Dentist ID Number (Facility ID number can be found in Assurant Directory)
Freedom Advance (High Option) (Nationwide coverage)	\$34.44 per month	\$68.74 per month	\$97.28 per month	NOT APPLICABLE
Freedom Basic (Low Option) (Nationwide coverage)	\$16.17 per month	\$34.19 per month	\$62.60 per month	NOT APPLICABLE
DHMO 220 Prepaid Plan with Ortho Copays (Available in Arizona only)	\$13.96 per month	\$23.34 per month	\$39.23 per month	
Heritage Secure Prepaid Plan w/SBA (Available in Arizona only)	\$10.61 per month	\$17.41 per month	\$26.90 per month	
Prepaid (Available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT)	\$10.21 per month	\$17.27 per month	\$27.24 per month	

Calculating Your Monthly Health Insurance Cost

Each retiree’s circumstances are different. The ASRS offers retiree/LTD recipient health insurance plans as does the Arizona Department of Administration and more than 600 participating employers to allow retirees to remain on their active employee coverage. Premium benefits vary depending on a retiree’s years of service. They also vary among the four state retirement systems and plans. Premiums also differ depending on the plan in which the retiree is enrolled and whether single or family coverage is elected.

Use the worksheet on the next page to determine the monthly cost of health insurance based on the plans you have selected and any applicable

premium benefit amount. Amounts for insurance premiums will be deducted from your monthly pension check or you will be required to pay to the insurance carrier(s) or your employer directly.

If you log into your personal homepage on the ASRS website, you can see your monthly pension payment summary. It displays any basic premium benefit (HI PREM BENEFIT) and the full amount of your health insurance premium (HLTH INS PREM). However, only your **net health insurance cost (NET PREMIUM)** is being deducted from your pension check.

Net Monthly Health Insurance Cost Worksheet

Your monthly medical plan premium from page 49.

A

Your monthly dental plan premium from page 50.

+

B**Total Premium**

(A plus B)

C

Your Basic Premium Benefit (See chart on page 52).

-

D**Your Net Premium**

(C minus D)

=

E

Retiree Health Insurance Premium Benefit Program

Basic Premium Benefit Amounts

The monthly premiums shown in the charts on pages 49-50 are the full cost for the medical and dental coverages. The Arizona State Retirement System, Public Safety Personnel Retirement System, Elected Officials' Retirement Plan, and Corrections Officer Retirement Plan will provide payment toward insurance premiums for eligible members and their dependents. The chart below reflects the maximum monthly basic premium benefit available for eligible members and their dependents.

No basic premium benefit is provided to retiree/LTD recipients in the University Optional Retirement Plans.

To determine your basic premium benefit, you need to know your years of credited service in your retirement system or plan; your coverage type, i.e., single or family coverage; and, whether you and covered family members are eligible for Medicare.

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

Arizona Department of Administration's (ADOA) 2016 Open Enrollment

This section of the ASRS Open Enrollment Guide has been included to assist ASRS retiree/LTD recipients eligible or enrolled in the Arizona Department of Administration's (ADOA) health insurance program (Benefit Options) to review the different plan options for ADOA and Benefit Plan.

Program Eligibility

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

- A. Retirees receiving a pension under a state-sponsored retirement plan and continuing enrollment in the Retiree health and/or dental plan.
- B. Long-Term Disability (LTD) participants collecting benefits under a state-sponsored plan.
- C. 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 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.
- D. Surviving spouses and qualified dependents provided they were covered at the time of the retiree's death.
- E. Surviving spouses of former elected officials provided they were covered at the time of the official's death.
- F. Ineligible Retirees: School Districts, County, or Cities (except for elected officials).

As an eligible retiree, if you elected ADOA's medical or dental insurance, you may make changes to your plan(s) during Open Enrollment or changes consistent with a Qualified Life Event (QLE). Please keep in mind that in order to be eligible in the ADOA Retiree Benefits program you must maintain Medical and/or Dental coverage.

ADOA Benefit Options

ADOA provides the following medical, dental and vision program options for non-Medicare and Medicare eligible ASRS and Public Safety Personnel Retirement System (PSPRS) retirees.

EPO Medical Plan

If you choose the EPO plan under Benefit Options you must obtain services from a network provider. Out-of-network services are only covered in emergency situations. Under the EPO plan, you will pay any required copay at the time of service. The EPO plan is available with all four networks: Aetna, Blue Cross Blue Shield of Arizona, CIGNA and UnitedHealthcare.

PPO Medical Plan

If you choose the PPO plan under Benefit Options you can see providers in-network or out-of-network, but will have higher costs for in-network and out-of-network services.

Additionally, there is an in-network and out-of-network deductible that must be met. Under the PPO plan, you will pay any required copay or coinsurance (percent of the cost) at the time of service. The PPO plan is available with Aetna, Blue Cross Blue Shield of Arizona, and UnitedHealthcare.

NOTICE: The ADOA 2016 Open Enrollment information presented constitutes a summary of the official plan documents. If there is any discrepancy between this information and the official plan documents, the official plan documents will always govern. For the most up-to-date information on ADOA's 2016 Open Enrollment visit <http://benefitoptions.az.gov/>.

Arizona Department of Administration's (ADOA) 2016 Open Enrollment

Prepaid/DHMO Dental Plan

If you choose the Prepaid/DHMO plan under Benefit Options you must obtain services from a participating dental provider within Arizona. Out-of-network services are only covered in emergency situations. Under the Prepaid/DHMO plan, you will pay any required copay at the time of service. The Prepaid/DHMO plan is available through Total Dental Administrators.

Indemnity/PPO Dental Plan

If you choose the Indemnity/PPO plan under Benefit Options you can see providers in-network or out-of-network, but will have higher costs for out-of-network services. Additionally, there is an annual deductible that must be met. Under the Indemnity/PPO plan, you will pay the monthly premium and any required copay or coinsurance (percent of the cost) at the time of service. The Indemnity/PPO plan is available through Delta Dental.

Vision Advantage Plan

Program is available when enrolled in Medical or Dental coverage. If you choose the Advantage plan under Benefit Options you can see providers in-network or out-of-network, but will have higher costs for out-of-network services. You will pay any required copay or coinsurance (percent of the cost) at the time of service. The Advantage plan is provided by Avesis.

Vision Discount Plan

Program is available when enrolled in Medical or Dental coverage. If you do not enroll in the Advantage Program, you will automatically be enrolled in the discounted Plan at no cost. This program will provide each member with substantial discounts on vision exams and corrective materials. No enrollment is necessary. The discount plan is provided by Avesis.

Open Enrollment

ADOA will conduct open enrollment from October 26 to November 13, 2015.

Communication

All ADOA Benefit Option open enrollment materials can be easily identified by locating the logo below.



Open Enrollment Check List

- Confirm current benefit elections. Benefit elections can be confirmed by reviewing your Medical, Dental, or Vision ID Card.
- Visit www.benefitoptions.az.gov or review ADOA open enrollment communications materials.
- Attend ADOA Benefit Expo optional (event information included below).
- Review the ADOA, ASRS, or PSPRS benefit selections.
- Consider your plan choices.
- Determine if a change to your current benefit coverage is required.
- If changes to your benefit options are required, complete the open enrollment process by November 13, 2015.

Enrollment

Retirees are not required to actively elect benefits during the 2016 Open Enrollment period. If you are satisfied with your current coverage your benefit elections will continue for 2016.

If you determine changes are needed, ADOA benefit changes can be made by either completing the ADOA enrollment form or online using the Y.E.S. website (<https://portal.hris.azdoa.gov>).

NOTICE: The ADOA 2016 Open Enrollment information presented constitutes a summary of the official plan documents. If there is any discrepancy between this information and the official plan documents, the official plan documents will always govern. For the most up-to-date information on ADOA's 2016 Open Enrollment visit <http://benefitoptions.az.gov/>.

Arizona Department of Administration's (ADOA) 2016 Open Enrollment

You will need your State-issued Employee Identification Number (EIN) to complete your enrollment changes online. You may contact Benefit Services to obtain your EIN or review the Open Enrollment materials.

Benefit and premium changes made during Open Enrollment will be effective for both ADOA and ASRS beginning January 1, 2016.

Important: You need to notify all applicable benefit systems (ADOA, ASRS or PSPRS) when changes to your benefit elections are made during Open Enrollment.

For answers to your ADOA Open Enrollment questions, you may contact the ADOA Benefit Services by calling 602-542-5008 or toll free 800-304-3687 between 8 AM and 5 PM Monday through Friday (Arizona time).

You can also email your questions to:

benefitsissues@azdoa.gov

ADOA Benefit Expos

Benefit Expos for ADOA's Open Enrollment will be held to allow retirees an opportunity to meet with the medical, dental, pharmacy and vision vendors as well as representatives from ADOA. Booths will be set up to allow you to learn about your benefit options, ask questions, and select the best plan(s) for you and your family. ADOA Benefit Expo dates, times and locations are listed below.

Phoenix

Monday October 19, 2015 • 9 AM-3 PM
ADOT – Human Resources Development Center
Grand Canyon Rooms
1130 N 22nd Ave
Phoenix, AZ 85009

Mesa

Thursday, October 22, 2015 • 9 AM-3 PM
Mesa Convention Center
Superstition Ballroom
263 N Center St
Mesa, AZ 85201

Peoria

Monday, October 26, 2015 • 9 AM-3 PM
Rio Vista Recreation Center
Lakeview Room
8866A W Thunderbird Rd
Peoria, AZ 85381

Tucson

TWO SESSIONS:
Wednesday, October 28, 2015 • 9 AM-3 PM
Thursday October 29, 2015 • 9 AM-3 PM
Tucson Government Offices
State of Arizona Regional Complex
Atrium and Conference Room 158
400 W Congress
Tucson, AZ 85710

Flagstaff

Monday, November 2, 2015 • 9 AM-3 PM
High Country Conference Center at Northern Arizona University
Doyle and Rees Rooms
201 W Butler Ave
Flagstaff, AZ. 86001

Phoenix

Thursday, November 5, 2015 • 9 AM-3 PM
Arizona State Retirement System
10th Floor Boardroom
3300 N Central Ave
Phoenix, AZ 85012

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ASRS and ADOA Retiree Medical Plans

Medicare HMO / EPO Medical Plan

Plan Provisions	ASRS (2016) (Medicare Advantage) HMO	ADOA (2016) EPO
	Calendar Year Deductible	None
Out-of-pocket Maximum	\$6,700	None
Maximum Lifetime Benefit	No Maximum	No Maximum
Outpatient Benefits		
PCP Office Visit	\$15 copay	\$15 copay PCP/\$10 copay OB/GYN
Specialist Office Visit	\$30 copay	\$30 copay
Routine Office Physical	No charge	\$15 copay
Immunizations	No charge	\$15 copay PCP/\$30 copay Spec
Vision Exam	\$20 copay	\$15 copay (medical exam only - no refractive exam coverage)
Hearing Exam	No charge	\$15 copay PCP/\$30 copay Spec
Outpatient Mental Health	\$30 copay	\$15 copay
Outpatient Hospital and Outpatient Surgical Services	\$100 copay	\$50 copay
Outpatient Standard X-rays	No charge	No charge
Outpatient Specialized Scans	\$50 copay	No charge
Outpatient Lab Tests	No charge	No charge
Durable Medical Equipment	No charge	No charge
Prosthetic Devices	No charge	No charge
Skilled Nursing Facility	No charge (100 day limit per benefit period)	No charge (90 day limit per member per year)
Home Health Care	No charge	limit 42 visits per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$15 copay	\$15 copay
Inpatient Benefits		
Inpatient Hospital Admission	\$100 copay	\$150 copay
Inpatient Hospital Expenses	No charge	\$150 copay
Inpatient Mental Health	\$100 per admission; 190 days Lifetime	\$150 copay
Prescription Benefits		
Generic/Brand	\$10/\$40	\$10/\$20/\$40
Mail Order (90-day supply)	2 copays for 90-day supply	2 copays for 90-day supply
Other Benefits		
Emergency Room	\$50 copay (waived if admitted)	\$125 copay (waived if admitted)
Urgent Care Facility	\$15 copay	\$40 copay
Ambulance	\$25 copay	No charge
Vision Benefits		
Lenses and Frames	100% (1 pr. of Std. lenses) \$130 frame allowance per calendar year	Not Covered
Hearing Aids	\$500 Allowance every 3 years	One per ear per year
Programs		
	Retiree / Retiree & Dependents	Retiree / Retiree +1 (both Medicare) / Retiree +1 (one Medicare) / Family
All Arizona counties	\$194 / \$388	\$442 / \$878 / \$1,024 / \$1,166

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ASRS and ADOA Retiree Medical Plans

Medicare Senior Supplement / PPO Medical Plans

Plan Provisions	ASRS (2016)	ADOA PPO Plan (2016)	
	Senior Supplement Plan	In-Network	Out-of-Network
Calendar Year Deductible	None	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Out-of-Pocket Maximum	\$6,700	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)
Maximum Lifetime Benefit	None	None	None
Outpatient Benefits			
PCP Office Visit	\$15 copay	\$15*copay PCP / \$10* copay OB/GYN	50%*
Specialist Office Visit	\$15 copay	\$30*copay	50%*
Routine Office Physical	100%	\$15*copay	50%*
Examinations/Immunizations	100%	\$15*copay	50%*
Vision Exam	\$20 deductible plus cost above \$80 allowance for out-of-network	\$15 copay (medical exam only)*	50%*
Hearing Exam	Not covered	\$15*copay	50%*
Outpatient Mental Health	100%	\$15*copay	50%*
Outpatient Hospital and Outpatient Surgical Services	\$50 copay	\$50*copay	50%*
Outpatient Standard X-rays	100%	100%*	50%*
Outpatient Specialized Scans	100%	100%*	50%*
Outpatient Lab Tests	100%	100%*	50%*
Durable Medical Equipment	100%	100%*	50%*
Prosthetic Devices	100%	100%*	50%*
Skilled Nursing Facility	Days 1-100 = \$0 Days over 100 =all costs	100% (90 day limit In- and Out-of-Network per member per year)	50%* (90 day limit In- and Out-of-Network per member per year)
Home Health Care	100%	42 visit limit In- and Out-of-Network per year	42 visit limit In- and Out-of-Network per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	100%	\$15* copay (60 visit limit for In- and Out-of-Network per year)	50%* (60 visit limit for In- and Out-of-Network per year)
Inpatient Benefits			
Inpatient Hospital Expenses	\$150 deductible only on first admission of the year	\$150* copay	50%*
Inpatient Mental Health Expenses		\$150* copay	50%*
Prescription Benefits			
Generic/Brand	\$10/\$35 copay	\$10/\$20/\$40	in-network pharmacy only
Mail Order (90-day supply)	\$20/\$70 copay	\$20/\$40/\$80	in-network pharmacy only
Other Benefits			
Emergency Room	\$50 copay (waived if admitted)	\$125* copay (waived if admitted)	\$125* copay (waived if admitted)
Urgent Care Facility	\$25 copay	\$40* copay	50%*
Ambulance	100%	100%*	50%*
Vision Benefits			
Lenses and Frames	\$130 allowance in-network per calendar year / \$100 allowance out-network per calendar year	Not covered	Not covered
Hearing Aids	Not covered	One per ear per year	50%* One per ear per year
Premiums			
	Retiree / Retiree & Dependents	Retiree / Retiree +1 (both Medicare) / Retiree +1 (one Medicare) / Family	
All Arizona counties	\$337 / \$674	\$789 / \$1,576 / \$1,740 / \$1980	
Out-of-State	\$337 / \$674	\$789 / \$1,576 / \$1,740 / \$1980	

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ASRS and ADOA Retiree Medical Plans

Non-Medicare In-State

Plan Provisions	ASRS Choice Plan (2016)		ADOA PPO Plan (2016)		ADOA (2016)
	In-Network Only	In-Network	Out-of-Network	EPO	
Calendar Year Deductible	None	\$500 individual \$1,000 family	\$1000 individual \$2000 family	None	
Out-of-Pocket Maximum	\$3,500 individual \$7,000 family (includes medical & rx copays and coinsurance)	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)	None	
Maximum Lifetime Benefit	No Maximum	No Maximum	No Maximum	No Maximum	
Outpatient Benefits					
Physician Office Visit	\$20 copay	\$15*copay	50%*	\$15 copay	
Specialist Office Visit	\$50 copay	\$30*copay	50%*	\$30 copay	
Routine Office Physical	No charge	\$15*copay	50%*	\$15 copay	
Examinations/Immunizations	\$20/\$50 copay	\$15*copay	50%*	\$15 copay PCP \$30 copay Spec \$10 copay OB/GYN	
Vision Exam	\$50 copay	\$15 copay (medical exam only)*	50%*	\$15 copay (medical exam only - no refractive exam coverage)	
Hearing Exam	\$50 copay	\$15*copay	50%*	\$15 copay PCP/\$30 copay Spec	
Outpatient Mental Health	\$50 copay	\$15*copay	50%*	\$15 copay	
Outpatient Hospital and Outpatient Surgical Services	70%	\$50*copay	50%*	\$50 copay	
Outpatient Standard X-rays	\$20 copay	100%*	50%*	No charge	
Outpatient Specialized Scans	\$150 copay	100%*	50%*	No charge	
Outpatient Lab Tests	\$10 copay	100%*	50%*	No charge	
Durable Medical Equipment	No charge	100%*	50%*	No charge	
Prosthetic Devices	50%	100%*	50%*	No charge	
Skilled Nursing Facility	No charge	\$100% (90 day limit In- and Out-of-Network per member per year)	\$50%* (90 day limit In- and Out-of-Network per member per year)	No charge (90 day limit per member per year)	
Home Health Care	No charge	42 visit limit In- and Out-of-Network per year	42 visit limit In- and Out-of-Network per year	42 visits limit per year	
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$40 copay (20 visit limit)	\$15* copay (60 visit limit for In- and Out-of-Network per year)	50%* (60 visit limit for In- and Out-of-Network per year)	\$15 copay (60 visit limit per year)	
Inpatient Benefits					
Inpatient Hospital Admission	\$100 copay	\$150* copay	50%*	\$150 copay	
Inpatient Hospital Expenses	70%	100%*	50%*	\$150 copay	
Inpatient Mental Health	70%	\$150* copay	50%*	\$150 copay	
Prescription Benefits					
Generic/Brand	\$10/\$50/\$100 copay	\$10/\$20/\$40	in-network pharmacy only	\$10/\$20/\$40	
Mail Order (90-day supply)	\$25/\$125/\$250 copay	\$20/\$40/\$80	in-network pharmacy only	2 copays for 90-day supply	
Other Benefits					
Emergency Room	\$150 copay (waived if admitted)	\$125* copay (waived if admitted)	\$125*copay (waived if admitted)	\$125 copay (waived if admitted)	
Urgent Care Facility	\$50 copay	\$40* copay	50%*	\$40 copay	
Ambulance	No charge	100%*	50%*	No charge	
Vision Benefits					
Lenses and Frames	Not covered	Not covered	Not covered	Not Covered	
Hearing Aids	70%; one per ear per year	One per ear per year	50%* One per ear per year	One per ear per year	
Premiums					
	Retiree / Family	Single / Retiree +1 / Family		Single / Retiree +1 / Family	
Maricopa, Pima, Pinal	\$793/\$1586	\$825 / \$2,009 / \$2,197		\$593 / \$1,387 / \$1,869	
All other Arizona counties	\$793/\$1586	\$825 / \$2,009 / \$2,197		\$593 / \$1,387 / \$1,869	

*Subject to a plan year deductible
The ADOA EPO plan networks offer Nationwide coverage

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ASRS and ADOA Retiree Medical Plans

Non-Medicare Out-of-State

Plan Provisions	ASRS Choice Plus 2016		ADOA PPO Plan 2016		ADOA 2016
	In-Network	Out-of-Network	In-Network	Out-of-Network	EPO
Calendar Year Deductible	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	None
Out-of-Pocket Maximum	\$3,500 individual \$7,000 family (includes medical & rx copays, coinsurance and deductibles)	\$6,000 individual \$12,000 family (including deductibles)	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)	None
Maximum Lifetime Benefit	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Outpatient Benefits					
Physician Office Visit	100% after \$20 copay	60%*	\$15*copay	50%*	\$15 copay
Specialist Office Visit	100% after \$50 copay	60%*	\$30*copay	50%*	\$30 copay
Routine Office Physical	100%	60%*	\$15*copay	50%*	\$15 copay
Examinations/Immunizations	100% after \$20/\$50 copay	60%*	\$15*copay	50%*	\$15 copay PCP \$30 copay Spec \$10 copay OB/GYN
Vision Exam	Not covered	Not covered	\$15 copay (medical exam only)*	50%*	\$15 copay (medical exam only - no refractive exam coverage)
Hearing Exam	Not covered	Not covered	\$15*copay	50%*	\$15 copay PCP \$30 copay Spec
Outpatient Mental Health	\$35 copay / 20 visit limit	60%* / 20 visit limit	\$15*copay	50%*	\$15 copay
Outpatient Hospital and Outpatient Surgical Services	70%*	60%*	\$50*copay	50%*	\$50 copay
Outpatient Standard X-rays	100%	60%*	100%*	50%*	No charge
Outpatient Specialized Scans	80%*	60%*	100%*	50%*	No charge
Outpatient Lab Tests	\$10 copay	60%*	100%*	50%*	No charge
Durable Medical Equipment	80%*	60%*	100%*	50%*	No charge
Prosthetic Devices	80%*	60%*	100%*	50%*	No charge
Skilled Nursing Facility	80%*	60%*	100%* (90 day limit In- and Out- of-Network per member per year)	50%* (90 day limit In- and Out-of- Network per member per year)	No charge (90 day limit per member per year)
Home Health Care	80%*	60%*	42 visit limit In- and Out- of Network per year	42 visit limit In- and Out-of Network per year	42 visits limit per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$35 copay / 20 visit limit	60%*	\$15* copay (60 visit limit for In- and Out-of-Network per year)	50%* (60 visit limit for In- and Out- of-Network per year)	\$15 copay (60 visit limit per year)
Inpatient Benefits					
Inpatient Hospital Admission	\$100 copay	No Adm. Chg.	\$150* copay	50%*	\$150 copay
Inpatient Hospital Expenses	70%*	60%*	100%*	50%*	\$150 copay
Inpatient Mental Health	70%*	60%*	\$150* copay	50%*	\$150 copay
Prescription Benefits					
Generic/Brand	\$10/\$50/\$100 copay	\$10/\$50/\$100 copay	\$10/\$20/\$40	in-network pharmacy only	\$10/\$20/\$40
Mail Order (90-day supply)	\$25/\$125/\$250 copay	\$25/\$125/\$250 copay	\$20/\$40/\$80	in-network pharmacy only	2 copays for 90-day supply
Other Benefits					
Emergency Room	100% after \$150 copay (waived if admitted)	100% after \$150 copay (waived if admitted)	\$125* copay (waived if admitted)	\$125* copay (waived if admitted)	\$125 copay (waived if admitted)
Urgent Care Facility	100% after \$50 copay	60%*	\$40* copay	50%*	\$40 copay
Ambulance	80%*	80%*	100%*	50%*	No charge
Vision Benefits					
Lenses and Frames	Not covered	Not covered	Not covered	Not covered	Not Covered
Hearing Aids	70%	50%	One per ear per year	One per ear per year	One per ear per year
Premiums					
Out-of-State	Retiree / Family \$1112 / \$2224		Single / Retiree +1 / Family \$825 / \$2,009 / \$2,197		Single / Retiree +1 / Family \$593 / \$1,387 / \$1,869

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Telephone Numbers & Websites

FOR RETIREES, LTD RECIPIENTS & ELIGIBLE DEPENDENTS

REMEMBER WHEN CALLING THE INSURANCE CARRIERS, TELL THEM YOU ARE AN ASRS MEMBER.

CARRIER	MEMBER SERVICES	INTERNET ADDRESS
MEDICAL PROVIDER		
UnitedHealthcare of Arizona (M-F 7 AM-8 PM, MST)		Behaviorial Health: LiveAndWorkWell.com
OptumHealth Vision	800-638-3120	OptumHealthVision.com (Vision Provider)
Choice Plan (in-state)	800-357-0971	UHCretiree.com/ASRS (Medicare Plans)
Choice Plus PPO Plan (out-of-state)	800-509-6729	MyUHC.com (Non-medicare Plans)
Senior Supplement Plan (M-F, 8 AM-8 PM, MST)	866-480-1087	
Group Medicare Advantage (HMO) Plan (M-F, 8 AM-8 PM, MST)	866-208-3248	
OptumRx (Avail 24/7)	800-377-5154	UnitedHealthcare MedicareRX for Groups Medicare Prescription Drug Plan (offered with UnitedHealthcare Senior Supplement) 888-556-6648 (Available 24/7) TTY: 711, when prompted: 888-556-6648 UnitedHealthRxForGroups.com
Group Medicare Advantage (HMO) Prescription Drug Plan (M-F 8 AM-8 PM, MST)	866-208-3248	
TTY: 711, when prompted:	866-208-3248	
DENTAL PROVIDER		
Assurant Employee Benefits (Group #0000G933) (Monday-Thursday 7 AM-7 PM, CST; Friday 7 AM-6 PM, CST)		AssurantEmployeeBenefits.com/ASRS
Indemnity Dental Claims	800-442-7742	
PPO Dental Providers	800-985-9895	
Prepaid Dental	800-443-2995	
Vision Discount Services	800-877-7195	VSP.com
ASRS retirees may also call the ASRS On-Site Representatives (Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000, ext. 2032	
Tucson Area	520-239-3100, ext. 2032	
Out-of-Area	800-621-3778, ext. 2032	
PRESCRIPTION DISCOUNT CARD		
WellCard (Available 24/7)	800-479-2000	WellCard.com
HEARING BENEFITS		
EPIC Hearing UnitedHealthCare (Contracted UHC Hearing Provider)	866-956-5400	
HEARING DISCOUNT PROGRAM		
Arizona HearCare Network (Weekdays 8 AM-4:30 PM, MST)	800-532-3331	ArizonaHearCare.com
ASRS MEMBER SERVICES		
(Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000	AzASRS.gov
Tucson Area	520-239-3100	
Out-of-Area	800-621-3778	
PSPRS, CORP & EORP BENEFITS OFFICE		
(Weekdays 8 AM-5 PM, MST)	602-255-5575	PSPRS.com
ADOA BENEFITS OFFICE		
(Weekdays 8 AM-5 PM, MST)	602-542-5008 800-304-3687	BenefitOptions.az.gov
OTHER HELPFUL NUMBERS & WEBSITES		
Social Security	800-772-1213	SSA.gov
Medicare	800-633-4227	MediCare.gov
SilverSneakers (M-F 8 AM-8 PM, EST)	888-423-4632	SilverSneakers.com



ARIZONA STATE RETIREMENT SYSTEM

PHOENIX MEMBER SERVICES

3300 North Central Avenue
Phoenix, AZ 85012

Effective January 1, 2016