

Retiree Group Health Insurance

2019 Enrollment Guide

— For Medicare Eligible Retirees —

ARIZONA STATE



RETIREMENT SYSTEM

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ARIZONA STATE RETIREMENT SYSTEM

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*Paul Matson
Director*

Welcome to the Arizona State Retirement System retiree group health insurance program for 2019.

This Enrollment Guide has been designed to provide you with an overview of our health and dental insurance plan offerings, as well as the many other benefits afforded to you as a valued retiree.

This guidebook will help you through your decision-making process and your health insurance selections for the calendar year 2019. Whether you are enrolling for the first time, are happy with your current coverage and do not wish to make any changes, or have never taken health insurance through the ASRS, I strongly encourage you to review this guide.

You may elect to participate in the health and dental insurance plans explained in this guidebook if you retired from the Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP), or the University Optional Retirement Plans (UORP).

We recognize you may have additional choices for your health and dental insurance needs and we encourage you to explore all your options, such as programs offered through a former employer, a spouse's plan, or the open market.

The ASRS online health insurance application – available through your secure myASRS account – will allow you to view your current ASRS medical and dental elections, enroll in a new plan, make changes to your plans and add or terminate dependents. Go to AzASRS.gov to get started, selecting the myASRS login at the top right of the website.

This is again a 'passive enrollment' year, meaning if you are happy with your current ASRS coverages and do not wish to make any changes, you do not have to do anything. Your coverage will simply roll over to 2019 under the new plan premiums and provisions. Still, if this is the case, please review this guide for updates on plans and new premiums.

We encourage you to learn more by visiting the ASRS website – AzASRS.gov – selecting the Retiree tab and the Healthcare section. You may also wish to attend any of our upcoming Open Enrollment meetings.

In the back of this guide is contact information for the various plan providers and, as always, we are here to assist.

To your health,

Paul Matson
Director
Arizona State Retirement System

An Introduction to ASRS Health Insurance Plans

We realize that choosing insurance plans can be complicated. You are encouraged to fully review all of your options so you can make an informed choice.

This health insurance guide is designed to simplify your decision making with separate guides for Medicare and non-Medicare members. Dental choices are included in both guides. Those members who will need a combination plan (one person is Medicare eligible; other(s) are not) may view both guides, as needed.

This guide is designed to summarize your plan benefits. You may view and print the complete Certificate of Coverage and Summary of Benefits for each of the Medicare Plans for the 2019 plan year on our webpage at AzASRS.gov. Visit the Healthcare tab for the benefit details.

Please Read This Guide Completely

This guide is a summary of the ASRS's 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 ASRS reserves the right to change or terminate any of its plans, in whole or in part, at any time in accordance with state laws.

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Eligibility

The following persons are eligible to participate in the ASRS Health Insurance plans:

Retirees of the...

- Arizona State Retirement System (ASRS)
 - Public Safety Personnel Retirement System (PSPRS)
 - Corrections Officer Retirement Plan (CORP)
 - Elected Officials' Retirement Plans (EORP DB Plan -or- EORP DC Plan)
 - University Optional Retirement Plans (UORP)
- **Members on ASRS Long Term Disability**
 - **Eligible dependents**
 - **Eligible survivor(s)**

Who is an eligible dependent?

- Your legal spouse
- A natural child, legally adopted or placed for adoption children; or stepchildren up to age 26
- A child for whom legal guardianship has been awarded to the retiree, or retiree's spouse, up to age 26
- Foster children up to the age of 26
- A child for whom insurance is required through a Qualified Medical Child Support Order, other court order, or an administrative order
- A child of any age who is, or becomes, disabled and is dependent upon you

Important Timeframes

- The effective date for the 2019 Plan year is January 1, 2019 through December 31, 2019.
- You must enroll no later than thirty-one (31) calendar days after your retirement or other qualifying life event.
- Submit online enrollment applications no more than 90 days before the effective date.
- Coverage becomes effective the first day of the month following your qualifying life event and receipt of your completed application.

Qualifying Life Events

A qualifying life event allows you the opportunity to enroll initially, add or change coverage for yourself or additional family members throughout the year, outside of the annual Open Enrollment Period. You are allowed to make these changes no later than thirty-one (31) calendar days after the event. These include:

- Retirement
- Marriage, divorce, death of a spouse
- Birth, adoption of child(ren)
- Change in primary residence that changes benefit plan eligibility
- Long Term Disability
- Termination of COBRA
- Termination/loss of other employer insurance group coverage, either your own or your spouse's
- Medicare Eligibility (you or your dependents). Medicare eligibility is NOT a Qualifying Life Event for dental plans - only for medical plans.

Many events require additional supporting documentation showing the reason for the qualifying life event. All dependents over the age of 26 will require proof of guardianship, and must be approved as a disabled dependent.

If you are enrolled in an individual health plan or the Arizona Health Insurance Marketplace and terminate coverage, this is not a qualifying event to return to ASRS' health insurance outside of open enrollment.

Online Enrollment and myASRS

The online health insurance application is accessible from your secure **myASRS** account and will allow you to enroll in a new plan, view your current ASRS medical and dental insurance elections, as well as make changes, add dependents, or terminate coverage. All with a few simple clicks!

The online enrollment process is an **EASIER WAY TO ENROLL** for ASRS coverage because you can estimate net costs (premium minus eligible premium benefit offsets) and you can submit your enrollment

choices automatically to the medical and/or dental vendor without delay.

To begin the process of enrolling online, log into your secure **myASRS** account to complete your application online. Select **“Medical/Dental Insurance”** link under the **“Apply Now”** from the left navigation menu. If you are not already registered for your secure **myASRS** account, you can get started by clicking the **‘myASRS’ login here** tab in the top right corner of the ASRS homepage at **AzASRS.gov**.

Before You Begin The Online Enrollment Process

Research and Choose a Plan

Carefully review the Enrollment Guidebook to help you determine what benefits you and your family require and select your plan.

Attend a 'Know Your Insurance' Meeting or Webinar

Learn about your health care options and meet your vendor representatives.

Locate Provider ID (if required)

Visit the plan provider's website to select a provider and get the provider's ID number, if required.

Locate Medicare cards

If you or a dependent will be enrolling in a Medicare plan.

Gather Supporting Documentation

If required, proof must be received within 31 days.

Online Enrollment, *continued*

You must complete the entire online process for your application to be submitted and processed. Your application cannot be saved and finished at a later time.

The online system will allow you to print a copy of your enrollment application and ASRS will send you a confirmation email. Check the status of your online enrollment in the Pending Request link in your secure myASRS account.

If you are retired from the Public Safety Personnel Retirement System, Corrections Officer Retirement Plan, Elected Officials' Retirement Plan, or the University Optional Retirement Plan, you must contact their benefits office for the correct enrollment form.

You must complete the online Enrollment Application if you are:

- Enrolling for the first time with the ASRS
- Electing a different medical plan
- Electing a different dental plan
- Adding dependents
- Becoming Medicare eligible in 2019
- Dropping coverage if you are currently enrolled with ASRS and you wish to cancel your coverage or dependent coverage. You may go online or send a letter to drop the coverage.
- Moving your primary residence which would cause a change in health care plan eligibility

Online Resources

Everything you want to know about ASRS Retiree Group Health Insurance

can be found anytime, in one convenient place on the ASRS website at AzASRS.gov by selecting "Healthcare" under the "Retirees" tab.

Here you can explore the available insurance plans and benefits offered by the ASRS including: Comparison Charts, Cost Analysis, Frequently Asked Questions, and Certificates of Coverage. You will also find a variety of self-paced Health Insurance eLearnings to assist you in finding a plan that will best meet your healthcare needs. With these interactive eLearnings, you have the freedom to search for specific topics of interest, view sections in any order, and return as many times as needed. You are in charge at learning at your own pace. For more detailed information, watch the What You Will Need for Online Health Insurance Enrollment video. It can be found under the Retirees Tab by selecting Health Care then the Online Health Insurance Enrollment link.

Explanation of Savings for 2019 Premiums

The table on this page shows the 2019 premiums for various Medicare and non-Medicare plans being offered. The premiums you will pay are under the column marked “NEW 2019 Premium.”

The shaded column shows the savings retirees will realize this year due to the infusion of funds from a Retrospective Rate Agreement (RRA). The first column marked “Monthly Premium Before Savings” shows the market-rate premiums.

This is the first year the ASRS has introduced the benefits from the Retrospective Rate Agreement.

The RRA provides for a set level of retention of revenues by the health insurance provider with any surplus revenues to be returned to the ASRS. This agreement was implemented in 2011 and subsequent look-backs at revenues vs. medical costs and expenses have resulted in a return of dollars to the ASRS. The funds have been set aside to be applied to market-rate premiums, thus providing retirees a lower premium than they would otherwise be required to pay.

Each separate plan returned varying amounts, based on revenues vs. expenses of that particular plan. The vast majority of funds were derived from the Medicare plans,

	Monthly Premium <i>BEFORE</i> Savings	2019 Savings Due To 3-year RRA	<i>NEW</i> 2019 Premium
Choice 1 Single	\$929	\$4	\$925
Choice 2 Single	\$889		\$885
Choice 3 Single	\$807		\$803
Navigate 1 Single	\$873	\$4	\$869
Navigate 2 Single	\$823		\$819
Navigate 3 Single	\$749		\$745
Choice Plus Single HMO (out of state)	\$1,333	\$4	\$1329
Medicare Advantage HMO Single	\$169	\$72	\$97
Medicare Advantage PPO Single	\$269	\$102	\$167

so the Medicare plans receive the most significant reductions of premiums from the RRA funds, with the non-Medicare plans receiving slight offsets.

In total, ASRS retirees will save more than \$37 million in medical premiums in 2019 thanks to the infusion of the RRA funds.

RRA funds are expected to be applied to offset market rate premiums this year and in 2020 and 2021. After that, premiums for all plans will be set at regular market rates.

The final premium shown here does not take into account any further reductions you may be entitled to from the Premium Benefit Program. See pages 13 and 14 for information on the Premium Benefit and eligibility.

Monthly Medical Premiums *From UnitedHealthcare*

WITH MEDICARE A & B You and your dependent(s) have Medicare Part A and B		
	ALL ARIZONA COUNTIES	
	Single Coverage	Family Coverage (2 persons only) (1)
Group Medicare Advantage HMO	\$97.00 per month	\$194.00 per month
Group Medicare Advantage PPO	\$167.00 per month	\$334.00 per month
	OUT OF STATE	
	Single Coverage	Family Coverage (2 persons only) (1)
Group Medicare Advantage PPO	\$167.00 per month	\$334.00 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	
Group Medicare Advantage HMO with Choice 1	\$1022.00 per month	\$1119.00 per month
Group Medicare Advantage HMO with Choice 2	\$982.00 per month	\$1079.00 per month
Group Medicare Advantage HMO with Choice 3	\$900.00 per month	\$997.00 per month
Group Medicare Advantage PPO with Choice 1	\$1092.00 per month	\$1259.00 per month
Group Medicare Advantage PPO with Choice 2	\$1052.00 per month	\$1219.00 per month
Group Medicare Advantage PPO with Choice 3	\$970.00 per month	\$1137.00 per month

COMBINATION PLANS		
	One person on Medicare, the other(s) without Medicare	Two people on Medicare, the other(s) without Medicare
	ONLY MARICOPA, PIMA AND PINAL COUNTIES	
Group Medicare Advantage HMO with Navigate 1	\$966.00 per month	\$1063.00 per month
Group Medicare Advantage HMO with Navigate 2	\$916.00 per month	\$1013.00 per month
Group Medicare Advantage HMO with Navigate 3	\$842.00 per month	\$939.00 per month
Group Medicare Advantage PPO with Navigate 1	\$1036.00 per month	\$1203.00 per month
Group Medicare Advantage PPO with Navigate 2	\$986.00 per month	\$1153.00 per month
Group Medicare Advantage PPO with Navigate 3	\$912.00 per month	\$1079.00 per month
	OUT OF STATE	
Group Medicare Advantage PPO with Choice Plus PPO	\$1496.00 per month	\$1663.00 per month

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

Monthly Dental Premiums *from Sun Life Financial*

Dental Insurance Premiums			
Sun Life Financial	Single Coverage	Member + 1 Dependent	Member + 2 dependents or more
Freedom Advance (High Option) <i>(Nationwide coverage)</i>	\$35.82 per month	\$71.49 per month	\$101.17 per month
Freedom Basic (Low Option) <i>(Nationwide coverage)</i>	\$16.82 per month	\$35.56 per month	\$65.10 per month
Prepaid DHMO Dental Plan 220 with Ortho <i>(Available in Arizona only)</i>	\$13.96 per month	\$23.34 per month	\$39.23 per month
Heritage Secure w/SBA <i>(Available in Arizona only)</i>	\$10.61 per month	\$17.41 per month	\$26.90 per month
Prepaid <i>(Available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT)</i>	\$10.21 per month	\$17.27 per month	\$27.24 per month

Understanding Your Premium Benefit

As part of your benefits, the ASRS provides a health insurance premium benefit to supplement the cost of retiree health insurance and is effective on the first day of the month following your qualifying life event. Retirees and Long Term Disability members with five or more years of credited service who have health insurance through the ASRS or non-subsidized coverage through their ASRS employer are eligible for a monthly premium benefit, which is paid to the health insurer or your former employer. The Insurance Premium Benefit also applies to retirees participating in the ASRS health insurance plans from the Elected Officials' Retirement Plan, Corrections Officer Retirement Plan and the Public Safety Personnel Retirement System.

How does this work?

How monthly premiums are paid depends on your health insurance option. Your ASRS health insurance premiums will be withheld monthly from your ASRS pension payment. If eligible, the Premium Benefit is applied first to dental, then to medical premiums. The premium benefit may be delayed for one to three months while your pension is finalized. However, the eligible amount will be reimbursed or adjusted, as applicable and back to the beginning of the coverage.

To sign up for this valuable benefit, simply enroll in the retiree insurance option through your ASRS or other retirement system plan, or through your employer.

Optional Premium Benefit Program

New retirees may elect to receive a reduced premium benefit

that, upon his or her death, may be continued to the retiree's beneficiary. The Optional Premium Benefit program is designed for those members who have a spouse, or dependent, that will want to continue with ASRS insurance and receive assistance paying for it.

Other things to note:

- The Optional Premium Benefit is only available to retirees who select a Term Certain or Joint & Survivor Annuity option. It is not available with Straight Life Annuity.
- Members have a "one-time" opportunity to elect this benefit when they retire.
- Members may rescind election at a later date and the unreduced premium benefit will be reinstated and applied for life.
- The Optional Premium Benefit reduction is based on the age of the retiree and the primary beneficiary.

If you are in the process of applying for retirement, you can find out what your reduction would be by using the online estimator in your myASRS account at **AzASRS.gov**.

Direct Billing

The insurance carrier(s) will mail a bill directly to you if you are:

- On Long Term Disability
- Choosing your employer's options (State of Arizona is an exception. That payment will be withheld from your ASRS pension payment)
- Getting a pension that does not cover your insurance premiums

It will be your responsibility to pay premiums directly to the insurance carrier(s). Direct bills are mailed at the end of the month and due the 25th of the following month.

Premium Benefit Program

Determine your eligible premium benefit

PREMIUM BENEFIT	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other 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						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

Paying Your Monthly Health Insurance Premiums

The worksheet below will help you determine your monthly insurance premiums.

Monthly Health Insurance Cost Worksheet

A. Your monthly medical plan premium (<i>from pages 12</i>)	
	+
B. Add your monthly dental plan premium (<i>from page 12</i>)	
	=
C. Total Premium (<i>A plus B</i>)	
	-
D. Subtract your Basic Premium Benefit (<i>See chart on page 14</i>)	
	=
Your Net Premium (<i>C minus D</i>)	

Becoming Medicare Eligible

If you, or your dependent(s), will become Medicare eligible on your or their next birthday, there are some things to consider as plan options, premiums, premium benefit and coverage will change.

Currently enrolled non-Medicare members on ASRS plans are sent a packet 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, this will result in termination of your medical coverage and you will not be able to enroll in an ASRS Medicare medical plan until the next Open Enrollment period.

Medicare is the federal health insurance program for individuals age 65 or older and some disabled individuals under age 65. It is administered by the Centers for Medicare

and Medicaid Services (CMS). You become eligible for Medicare the first day of the month in which you turn age 65.

Enrollment in Medicare may have exceptions and nuances specific to each individual's situation. Visit **www.medicare.gov** or call (800) 633-4227 and TTY users should call (877) 486-2048, 24 hours/day, 7 days/week as a good starting point to learn more about Medicare and how to enroll.

When you (and/or your covered dependents) become eligible for Medicare, Parts A and B must be elected and retained in order to enroll in the Medicare plans offered by the ASRS. Medicare Part D is included in both of the ASRS Medicare plans offered.

Medicare has different parts that help cover specific services:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)
- Medicare Part C (Medicare Advantage plans)
- Medicare Part D (outpatient prescription drug coverage)

Simple things to know about enrolling in an ASRS Medicare plan:

- Three months before your 65th birthday, contact Medicare to enroll in Medicare Parts A and B
- Before your Medicare effective date (1st day of birth month), submit your ASRS enrollment form online (but no more than 90 days ahead of the effective date)

One of the perks of turning Medicare age is your medical insurance premiums go down. Now there's something to look forward to as you get closer to age 65!

Medical Insurance Plans

For 2019, UnitedHealthcare continues to be the sole provider through the Arizona State Retirement System. Depending upon where you live and if you are eligible for Medicare, the following plans are available:

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 comprehensive 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. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

UnitedHealthcare Group Medicare Advantage PPO Plan

United healthcare Group Medicare Advantage PPO plan is a plan for members who are enrolled in Medicare Parts A and 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 comprehensive health services to persons who are entitled to Original Medicare benefits and who choose to enroll in the Group Medicare Advantage PPO Plan. By enrolling in the Group Medicare Advantage PPO Plan, you have access to UnitedHealthcare's national network of providers. You can see providers out-of-network and pay the same out-of-pocket costs as in-network providers, as long as they participate in Medicare and accept the plan. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

Plan Comparisons

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

After you enroll for coverage...

UnitedHealthcare will send you an Identification (ID) Card and an Evidence of Coverage booklet for the Group Medicare Advantage HMO plan or PPO Plan. Please review these documents before you start using services so you understand the terms and conditions of the plan you selected.

Call **UnitedHealthcare Customer Service** with questions about your plan. Their number is listed on the back of your ID card and inside the back cover of this guide.



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.

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan	New UnitedHealthcare® Group Medicare Advantage PPO plan
Network	In-Network-only coverage, except for emergency	Any willing Medicare provider
Annual Medical Out of Pocket Maximum	\$6,700	\$6,700
Doctor Visits		
Primary Care Provider	\$15 copay	\$15 copay
Specialist	\$30 copay	\$25 copay
Routine Annual Physical	\$0 copay	\$0 copay
Virtual Doctor Visits	\$0 copay	\$0 copay
Outpatient Services		
Outpatient Hospital & Surgical Services	\$100 copay	\$50 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$15 copay	\$0 copay
Lab & X-ray Services		
Lab Services	\$0 copay	\$0 copay
Outpatient X-ray Services	\$0 copay	\$0 copay
Diagnostic (MRIs, CT scans)	\$50 copay	\$0 copay
Inpatient Services		
Inpatient hospital care (including mental health)	\$100 copay per admission	\$150 copay per calendar year
Emergency Services		
Emergency care (waived if admitted)	\$50 copay	\$50 copay
Urgently needed services (waived if admitted)	\$15 copay	\$25 copay
Ambulance services	\$25 copay	\$0 copay
Additional Benefits and Programs Not Covered Under Medicare		
Foreign Travel Benefit	Worldwide Coverage - same copays apply as if care received in US	Worldwide Coverage - same copays apply as if care received in US
Routine Podiatry	Not covered	\$25 copay; limit 6 visits per year
Hearing Services		
Routine hearing exams Limited to one routine hearing exam every 12 months	\$0 copay (EPIC hearing providers)	\$0 copay
Hearing Aids	\$500 allowance every three years (EPIC hearing providers)	\$500 allowance every three years

Plans Comparison Chart

Vision Services		
Routine eye exam (refraction) Limited to one routine eye exam every 12 months	\$20 copay	In-Network: \$20 copay Out-of-Network: \$20 copay; up to an \$80 allowance
Routine eyewear or contact lenses Hardware (eyewear and contact lenses) allowance is every 12 months combined	In-Network: \$130 eyewear allowance; \$105 contact lenses allowance in lieu of eyewear	In-Network: \$130 eyewear allowance; \$105 contact lenses allowance in lieu of eyewear Out-of Network: \$100 hardware allowance
Other Services		
Fitness Program	SilverSneakers®	SilverSneakers®
Solutions for Caregivers	Included	Included
HouseCalls Program	Included	Included
NurseLine	Included	Included
Part D Prescription Drugs		
Coverage in the Gap	Continue to pay your copay in the coverage gap	Coinsurance in the coverage gap (37% for generics/25% for brand)*
Tier 1 Preferred Generic	\$10 copay	\$10 copay
Tier 2 Preferred Brand	\$40 copay	\$35 copay
Tier 3 Non-Preferred	\$40 copay	\$35 copay
Tier 4 Specialty Drug	\$40 copay	\$35 copay

** Member pays copay up to \$3,820 in Total Drug Expenditures. Member then pays 37% or 25% of prescription costs until \$5,100 in True Out-of-Pocket costs has been met. Member then pays \$3.40 generic, \$8.50 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.

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 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 \$5,100 you begin catastrophic coverage and pay whichever is higher: a \$3.40 copayment for generic drugs; a \$8.50 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.

UnitedHealthcare Group Medicare Advantage PPO Plan Prescription Drug Coverage

Prescription drug plan features include:

- No prescription drug plan deductible
- \$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 \$3,820 in total drug costs in 2019.
- In the coverage gap the member pays 37% of generic and about 25% of brand name prescriptions.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$5,100 you begin catastrophic coverage and pay whichever is higher: a \$3.40 co-payment for generic drugs; a \$8.50 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year.
- Standard UnitedHealthcare Group Medicare Advantage PPO 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.

***Note:** While in the coverage gap stage, the pharmaceutical manufacturer applies a 75% discount on brand name drugs which goes towards the member's true-out-of-pocket expense amount.*

Prescription drug payment stages Group Medicare Advantage HMO

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

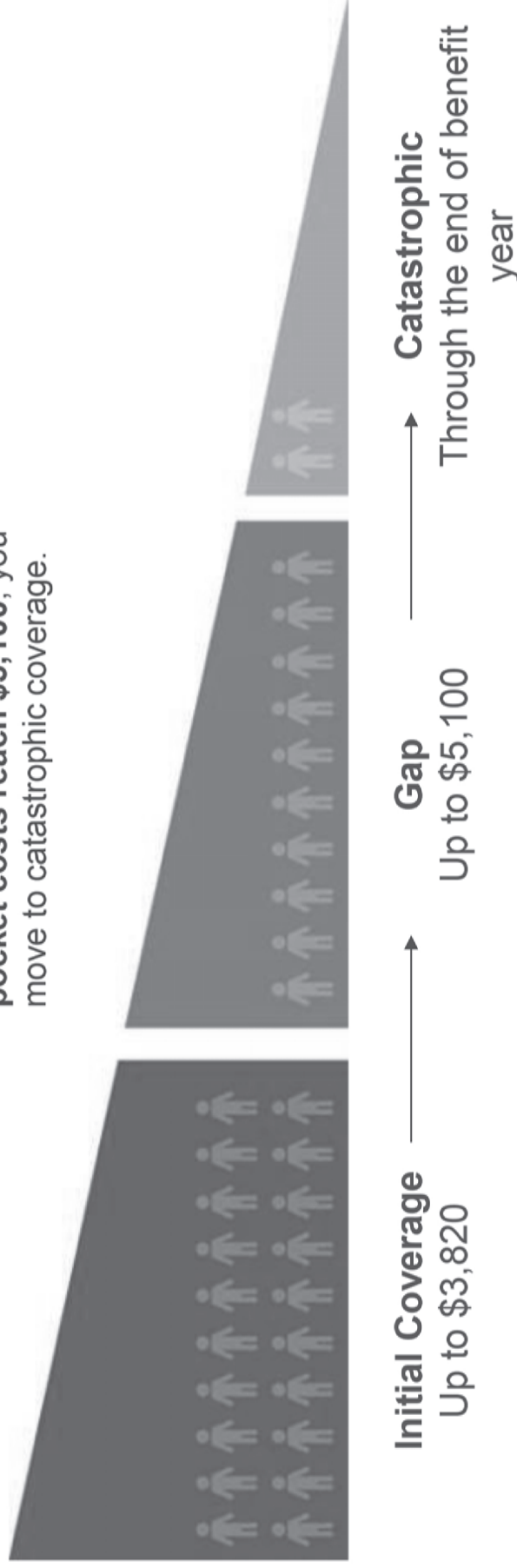
During this stage you pay your **\$10 or \$40 copay** for each prescription you fill. The plan pays the rest until your **total drug costs** (paid by you and the plan) **reach \$3,820**.

3. COVERAGE GAP STAGE

During this stage you continue to pay your **\$10 or \$40 copay**. Your copays and the **manufacturers discount on brand name drugs (about 75%)** are applied towards the out-of-pocket cost. Once your **out-of-pocket costs reach \$5,100**, you move to catastrophic coverage.

4. CATASTROPHIC COVERAGE

In this stage, you pay a **\$3.40 generic copay, \$8.50 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 Group Medicare Advantage PPO

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

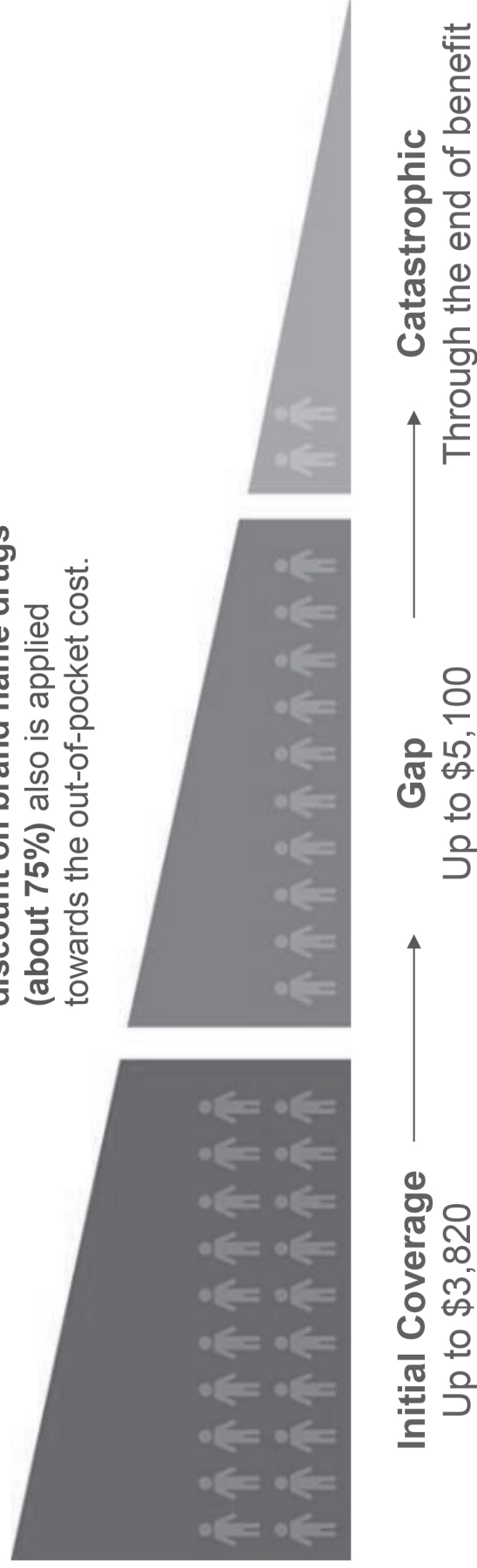
During this stage you pay your **\$10 or \$35 copay** for each prescription you fill. The plan pays the rest until your **total drug costs** (paid by you and the plan) **reach \$3,820**.

3. COVERAGE GAP STAGE

During this stage you pay **25% of the total cost for brand-name drugs and 37% of the total cost for generic drugs**. Once your **out-of-pocket costs reach \$5,100**, you move to catastrophic coverage. The **manufacturers discount on brand name drugs** (about 75%) also is applied towards the out-of-pocket cost.

4. CATASTROPHIC COVERAGE

In this stage, you pay a **\$3.40 generic copay, \$8.50 brand name copay or 5% of the drug cost – whichever is higher**. The plan pays the rest until the end of the calendar year.



Statements of Understanding

By enrolling in this plan, I agree to the following:



This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party.



For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only.

This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

For members of the UnitedHealthcare® Group Medicare Advantage (PPO) plan only.

The service area includes the 50 United States, the District of Columbia and all U.S. territories.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.



I can only have one Medicare Advantage or Prescription Drug plan at a time.

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.



If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.



I will get a Plan Details book that includes information on where to go online to find my Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.



My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.



For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only.

Starting on the date my coverage begins, I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO). The only exceptions are emergency or urgently needed services, or out-of-area dialysis services.

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

At a UnitedHealthcare 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 844-876-6161 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 an Ophthalmologist.

For a complete listing of providers, go to **myuhcvision.com**. The vision network is provided by UnitedHealthcare Vision.

If you have questions about this plan

You may call UnitedHealthcare 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 Group Medicare Advantage PPO Plan

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

You have the choice of any vision provider, but you receive the greatest savings by using a UnitedHealthcare Vision network provider. To locate a vision provider near you, go to www.myuhcvision.com or call UnitedHealthcare 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.myuhcvision.com. The vision network is provided by UnitedHealthcare. Please confirm your provider is participating in the network before making an appointment.

At a UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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.), this falls under your medical benefits. You may utilize any provider who accepts Medicare.

Benefit limited to 1 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	

See a doctor whenever, wherever. Virtual Visits

Get access to care 24/7 with Virtual Visits. A Virtual Visit lets you see a doctor from your mobile device or computer without an appointment.

Choose from an AmWell or Doctor on Demand network provider and pay \$0 for the visit.

To learn more and start a visit, go to uhc.com/virtualvisits. You can also go directly to amwell.com or doctorondemand.com—or the AmWell or Doctor On Demand mobile apps.

Virtual Visits are covered under your health plan benefits either way you decide to access care.



AmWell app



Doctor On Demand app*

Get care in 20 minutes or less.

Use a Virtual Visit for these minor medical needs:

- Bladder infection/Uti infection
- Bronchitis
- Cold/flu
- Fever
- Pinkeye
- Rash
- Sinus problems
- Sore throat & more.....

Tips for registering:

1. Locate your member ID number on your health plan ID card.
2. Have your credit card ready to cover any costs not covered by your health plan.
3. Choose a pharmacy that's open in case you're given a prescription.**



To learn more about Virtual Visits, go to uhc.com/virtualvisits or uhcretiree.com/asrs.

*Doctor On Demand does not support any version of Internet Explorer®.

** Prescription services may not be available in all states.

All trademarks are the property of their respective owners.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.





Introducing the UnitedHealthcare® HouseCalls Program.

At UnitedHealthcare, we want to help you live a healthier life so you can continue to do the things you love and maintain an independent lifestyle.

HouseCalls is a special program designed to help you stay on top of your health by providing an in-home health and wellness visit by an advanced practice clinician. This annual visit is provided at no additional cost to you. HouseCalls is for everyone, even if you are healthy and regularly see your doctor.

Why should I have a HouseCalls visit?

There are many advantages of a HouseCalls visit including:

- 45–60 minutes of one-on-one attention with your clinician
- No travel for the appointment
- No waiting in the doctor's office
- An extra layer of care — HouseCalls is in addition to the care received from a Primary Care Provider
- A \$15 gift card
- An evaluation of any safety risks in the home
- Coordination of any additional care you may need

How does this work with my doctor?

HouseCalls isn't meant to take the place of your regular doctor visits. In fact, it's designed to help your doctor. In addition to a health evaluation and important screenings, during your in-home visit, you'll make a plan with the clinician. You'll be able to ask about any health concerns and get help identifying any questions you may want to ask your doctor. Plus, a summary of your visit will be sent to your doctor so that he/she has this additional information regarding your health.

We're here to help.

HouseCalls is here to help you find ways to stay healthy, or even improve your health from the comfort of your home. We offer day, evening and weekend appointments. And there's no co-pay for a HouseCalls visit.



If you're already a member, schedule a HouseCalls visit today by calling **1-866-447-7868**, TTY **711**, 8 a.m. to 8:30 p.m. ET, Monday through Friday.



If you'll be a member soon and you have questions, call **1-877-596-3258**, TTY **711**, 8 a.m. to 8 p.m. local time, Monday through Friday.

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

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。



SUPPORT FOR THOSE WHO HELP OTHERS

When you're dedicating time and energy to provide care for another, sometimes you could use some extra support. Solutions for Caregivers from UnitedHealthcare® can help. At no additional cost, our services can help support you if you care for others.



Professional care manager

Get helpful advice and decision-making support from someone who understands the rewards and challenges of being a caregiver.



On-site assessments

Have a registered nurse perform an in-person assessment of your situation.



Personalized care plans

The Solutions for Caregivers care manager will provide recommendations on resources to help all involved.



Coordination of services

Get assistance to find services and programs to help meet your needs.

Note: We provide resources and coordination. Coverage for in-home care, supportive services, or medical treatments depend on your medical plan.

Do you need extra help?

If you find yourself asking the questions below, Solutions for Caregivers could help you get answers.

- What services does my loved one need?
- What's covered under my loved ones health care plan?
- Is there help for someone in my situation?
- Can I get help to pay for services?
- What community resources are available to me?
- Is my loved one safe in their home?

Call Solutions for Caregivers at **1-866-896-1895**, TTY **711**, 24 hours a day, 7 days a week, to learn more about the support available to you.

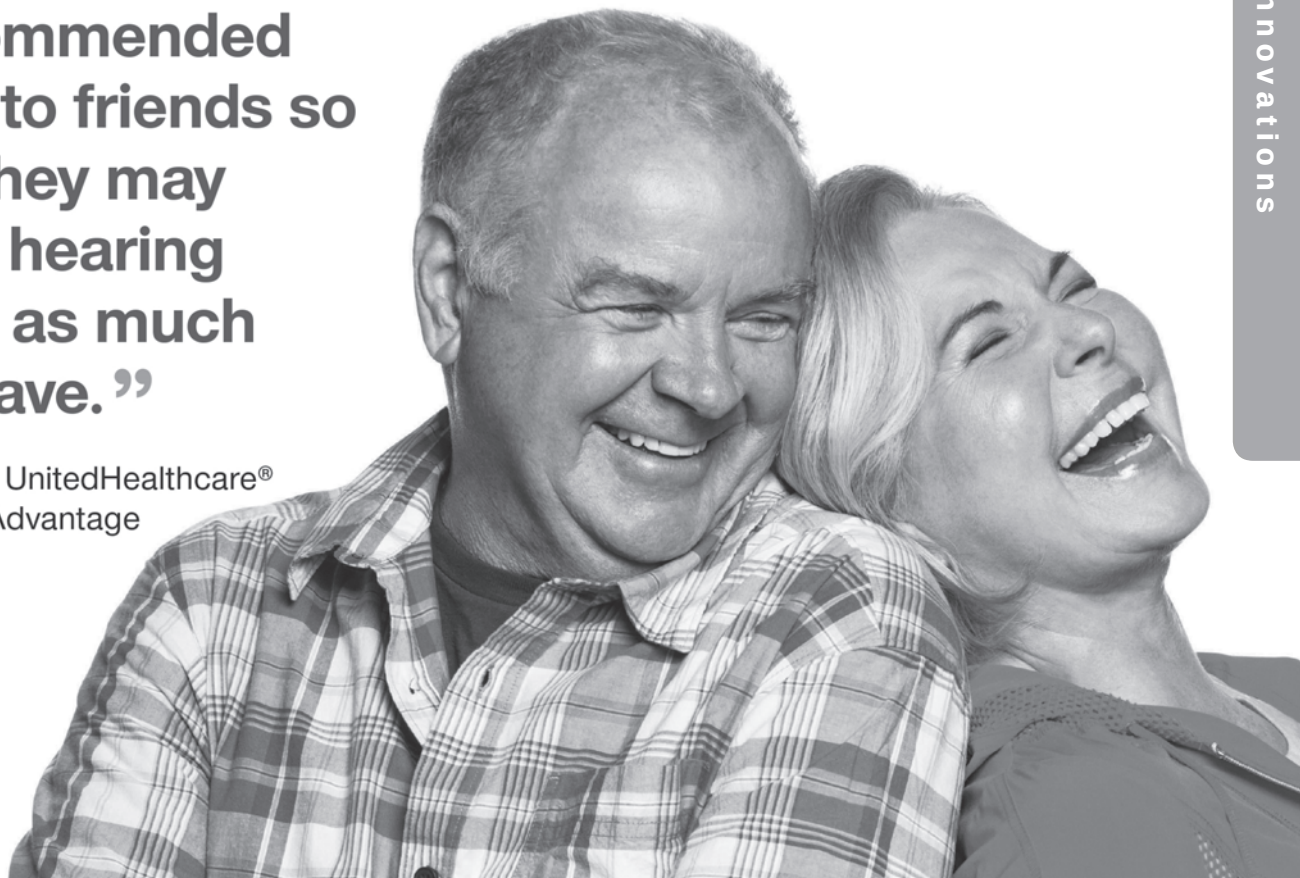
Go online to access educational resources, discounted products and services anytime at **www.UHCforCaregivers.com/welcome/uhcretiree**. Please use code **uhcretiree** when creating an account. Explore myCommunity, a helpful task and calendar tool to manage support and care.



**“ I am hearing better than I have in years.
My whole family is happier too!**

**I recommended
them to friends so
that they may
enjoy hearing
again as much
as I have.”**

**Robert A., UnitedHealthcare®
Medicare Advantage
member**



Share in life's special moments
with custom-programmed, digital hearing aids

**Save thousands of dollars¹ with your plan's discount on
hearing aids.**

Hearing Aid Models²



hi BTE®



hi BTE® power plus



hi ITC®

- ✓ Digital technology to help you engage better in conversations
- ✓ Professional support to assist you every step of the way
- ✓ Additional supplies and batteries included in every order



Simple steps to use your discount.

1. Get your hearing tested.

Call *hi HealthInnovations*® at **1-855-523-9355**, TTY **711**, or call your health plan at the number on the back of your member ID card for help finding an in-network audiologist or an ear, nose and throat doctor who will perform this service.

If you already have had a hearing test within the past year...

Save time by simply sending us your hearing test results. If by fax, be sure to include the hearing test cover form found on the hihealthinnovations.com *How To Order* page with your results.

We'll call you within 3 days of receiving your results with recommended hearing aid options.

2. Order your custom-programmed hearing aids.

Conveniently order in person, by phone or online. You will receive hearing aids that are tailored to your specific hearing loss.

Call *hi HealthInnovations* to make an appointment.

1-855-523-9355, TTY **711**, 9 a.m. – 5 p.m. CT, Monday – Friday
hihealthinnovations.com/medicare



¹Compared to industry average pricing. ²Other colors and models are available. Shipping and sales tax may be included.

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.

Get active with SilverSneakers.®

The fitness program is provided as part of your UnitedHealthcare® retiree plan.



**FITNESS
PROGRAM**

- Visit any of the 14,000+ fitness locations.¹
- Join more than one fitness location at a time for added flexibility.
- Use fitness equipment.²
- Take SilverSneakers group exercise classes.²
- Try SilverSneakers FLEX® classes such as tai chi, yoga and dance for variety. FLEX classes are offered in neighborhood locations outside the traditional gym.²

Start using SilverSneakers to get more active today.

To learn more, visit **silversneakers.com** or call SilverSneakers Customer Service toll-free at **1-888-423-4632**, TTY **711**, Monday – Friday, 8 a.m. – 8 p.m. ET.



¹At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

²Classes and amenities vary by location.

Sun Life Financial Retiree Dental Plans

For 2019, Sun Life Financial 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. Sun Life Financial offers different dental plan options depending on where you live. 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 available to retirees / LTD recipients in all states:

- Freedom Basic ("Low" option)
- Freedom Advance ("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 Network¹, for additional savings on your dental care.

The Indemnity Plan features include:

- Freedom to choose any dentist, including specialists
- Access to over 120,000 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

PREPAID DENTAL PLANS

There are three Prepaid Dental Plan options for retirees / LTD recipients and the options vary depending on where you live:

- DHMO Dental Plan 220 with Ortho Copays (*Available in Arizona only*)
- Heritage Secure with Specialty Benefit Amendment ("SBA") (*Available in Arizona only*)
- Other Prepaid plans are also available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT

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). 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

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 Sun Life Financial.

¹The PPO network remains as the Assurant Dental network. The Assurant name and related logos are trademarks of Assurant, Inc and are used under license.

Important Things to Consider When Making Your Dental Plan Elections

Depending on where you live, your dental plan options vary. You should carefully review the differences in the dental plans. See pages 38-39 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 Sun Life Financial 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 only), 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 only), 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 Sun Life Financial 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 please visit Sun Life Financial's dedicated website for ASRS members at SunLife.com/ASRS, call their representative on-site at 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 38-39 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 pages 38-39 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.

Sun Life Financial 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 120,000 individual 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 have agreed to negotiated fee arrangements of up to 30% off their Usual and Customary fees for all covered procedures. 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 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 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. 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 Sun Life Financial and receive reimbursement up to a specified amount	Specialty dentists who have agreed to the SBA (indicated by an "S" in the directory) provide certain specialty procedures for a fixed copayment. All 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 calendar year	No annual maximums
Orthodontia is not covered	Orthodontia is not covered	Orthodontia copayments for children and adults when provided by an In-Network 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 Sun Life Financial 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 Sun Life Financial. Plans contain limitations, exclusions, and restrictions.

Sun Life Financial Retiree Dental Plans



		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				
EXAMS AND X-RAYS ¹		Plan Pays ² (Subject to Frequency Limitations)		You Pay (Fixed Copay)	You Pay (Fixed Copay)
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 SERVICES ¹					
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				In-Network Only	In-Network Only
None	Bracketing	Not Covered	Not Covered	\$300	25% Discount
D8080	Comprehensive Ortho (under age 19)	Not Covered	Not Covered	\$2,000	from Plan
D8090	Comprehensive Ortho (19 or older)	Not Covered	Not Covered	\$2,200	Orthodontist

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.

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ACCESS PLAN

Your Sun Life Financial 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 Website at www.vsp.com

Are You Using All of Your Benefits?

As an ASRS retiree, you have a myriad of benefits available to you at no cost. Some are included with UHC medical insurance and some are available to all retirees regardless of your insurance provider. Visit AzASRS.gov for examples of these beneficial resources to help you manage all aspects of your health, your care and your costs.

WellCard

Did you know that you have a FREE discount card available to you as an ASRS retiree? This program is designed to help you save money on health care related services and prescriptions. Not only is it free, but it is also available to anyone in your household. There's no need to enroll in any of the ASRS health insurance plans to be eligible.

Once you are retired, you simply go online to AzASRS.gov/ **Retirees/Healthcare/AdditionalBenefits** to register for your card. You will use the Group ID "ASRSH" when you register for the card. This isn't insurance, but a DISCOUNT program available for times when insurance does not pay for a service or prescription. Every penny saved helps now that you are on a fixed income.

“When I show
my



my pharmacist
shows me
the savings!”

Perks Connect

Did you know as an ASRS retiree you can save at thousands of merchants locally and nationally. This program is designed to help you save money on travel, dining, entertainment and shopping. Your savings are just a few clicks away. Registering is free and easy. Go to the Healthcare/Additional Benefits tab to register. Click "Register Now" and use group code ASRS. Complete the registration form and select a category and start saving. There is no need to enroll in any of the ASRS health insurance plans to be eligible.

OFFERED EXCLUSIVELY THROUGH YOUR ARIZONA STATE RETIREMENT SYSTEM DISCOUNT SITE



+ many more!

INSURANCE AND BENEFITS

The Best Brands for Insurance and Benefits



Liberty Mutual.
INSURANCE

Home, Auto & Life
Insurance

MetLife

Auto & Home Insurance



Mutual of Omaha

Whole Life Insurance



Pet Insurance



START SAVING TODAY

Register for savings in your area and across the country

1. Go to: azretirees.perksconnection.com
2. Click "Register Now"
3. Use Group Code: **ASRS**
4. Start Saving!

SAVE

LOCALLY

NATIONALLY

ON THE GO



Login today to see these and thousands of other local and national discounts

azretirees.perksconnection.com

Glossary

Note: comprehensive glossary can be found at AzASRS.gov

- **Primary Care Physician** is a member's first source of care and can refer to specialists when additional care is needed. This can be general or family practitioners, internists or pediatricians. Will provide a majority of a member's needs including routine care, annual well visits and preventative care, as well as care for sickness or injury.
- **Premium** is the monthly cost of the medical or dental insurance.
- **Deductible** is the amount an individual must pay for health care expenses before insurance covers the costs.
- **Co-Payment** is the amount an insured person is expected to pay for a medical expense at the time of the visit.
- **Co-Insurance** is money that an individual is required to pay for services, after a deductible has been paid. Usually, it's a percentage participation, which means that you essentially split the cost of your healthcare with your insurance carrier.
- **Out-Of-Pocket limit** is the maximum amount you could pay in a given plan year. You'll never pay more than your out-of-pocket limit during the plan year. The out-of-pocket limit includes all of your network co-payment, deductible and co-insurance payments.
- **Health Maintenance Organization (HMO)** is a medical plan providing comprehensive medical benefits, including preventive care, when you agree to use a select group of network providers. Generally all care is directed by your chosen Primary Care Physician (PCP). Your PCP will refer you to a specialist if medically appropriate.
- **Group Medicare Advantage Plan (HMO)** is a plan for members who are enrolled in Medicare Parts A and 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 comprehensive health services to persons who are entitled to Original 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.
- **Preferred Provider Organization (PPO) Plan** is a plan that provides benefits in an indemnity fashion, but pays a higher percentage of the cost of services if patients use a PPO network provider than if they use a non-PPO provider. If you go to a provider who is a member of the PPO network, after you first satisfy a deductible, the plan generally pays 80 percent of the cost for care and you pay 20 percent. If you go to a provider who is not a member of the PPO network, after you first satisfy a deductible, the plan generally pays 60 percent of the cost for care and you pay 40 percent.

Glossary

- **Preferred Provider** is a provider who has signed an agreement with the insurance carrier not to charge that carrier's members more than the insurer's Allowable Amount.
- **In-Network** means the services are provided by a contracted provider in accordance with all plan requirements.
- **Retrospective Rate Adjustment Agreement (RRA)** requires that revenue received by UnitedHealthcare in the form of subscriber premiums in excess of medical costs and negotiated expenses be returned to the ASRS. As a result, the ASRS has set up a fund from which to offset the ASRS plan premiums for 2019, 2020, and 2021 in proportion to the excess refunded from each plan. For example, excess funds given back to ASRS from the MAPD HMO plan would be earmarked for those enrolled in the same plan during those payback years.
- **Group Medicare Advantage PPO Plan-** A plan for members who are enrolled in Medicare Parts A and 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 comprehensive health services to persons who are entitled to Original Medicare benefits and who choose to enroll in the Group Medicare Advantage PPO Plan. By enrolling in the Group Medicare Advantage PPO Plan, you have access to UnitedHealthcare's national network of providers. In addition, you can see providers out-of-network and pay the same out-of-pocket costs as in-network providers, as long as they participate in Medicare and accept the plan.
- **The ASRS Premium Benefit Program** is a benefit 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 a 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 whether you are Medicare eligible.
- **Free Standing Facility/Place of Service-** is an entity that provides health care services but is not associated with, or a department of, a Hospital.
- **Subscribers-** are individuals that make up a group of people who pay for health insurance premiums. Specifically, these are individuals whose employment or, in ASRS' case, retirement status make them eligible for group health insurance benefits.

Notes

Notes

Telephone Numbers & Websites

Remember: when calling the insurance carriers, tell them you are an ASRS Member.

Medical Provider

UnitedHealthcare of Arizona

- **Group Medicare Advantage HMO & PPO Plans**
(M-F, 8 AM-8 PM, MST)
844-876-6161 / TTY: 711, when prompted: 844-876-6161
- **Choice Plan (in-state)** (*Non-Medicare Plans*) 800-357-0971
- **Navigate Plan** (*Non-Medicare Plans*) 855-828-7715
- **Choice Plus PPO Plan (out-of-state)** (*Non-Medicare Plans*)
800-509-6729
- **OptumRx** (Available 24/7) 800-377-5154
- **UnitedHealthcare Vision** (Vision Provider) 800-638-3120

Internet Addresses:

Medicare Plans: uhcretiree.com/asrs
Non-Medicare Plans: myuhc.com
Behavioral Health: liveandworkwell.com
UnitedHealthcare Vision: myuhcvision.com

Dental Provider

Sun Life Financial (Group #0000G933)
(M-TH 7 AM - 7 PM, CST; Friday 7 AM - 6 PM, CST) / SunLife.com/ASRS

- **Indemnity Dental Claims** 800-442-7742
- **Prepaid Dental** 800-443-2995
- **Vision Discount Services** 800-877-7195 / VSP.com

ASRS Retirees may also call the ASRS On-Site Representative (Weekdays, 8AM - 5PM, 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) 800-562-9625 / WellCardHealth.com

Hearing Benefits

EPIC Hearing UnitedHealthcare (*Contracted UHC Hearing Provider*) 866-956-5400

ASRS Member Services

Phoenix Area (Weekdays, 8 AM - 5 PM, MST) 602-240-2000 / AzASRS.gov
Tucson Area (Weekdays, 8 AM - 5 PM, MST) 520-239-3100 / AzASRS.gov
Out-Of-Area (Weekdays, 8 AM - 5 PM, MST) 800-621-3778 / AzASRS.gov

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

ARIZONA STATE RETIREMENT SYSTEM

Phoenix Member Services

3300 North Central Avenue
Phoenix, AZ 85012
602-240-2000

Tucson Member Services

4400 E. Broadway Blvd, Suite 200
Tucson, AZ 85711
520-239-3100

Find us online at:

AzASRS.gov

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