

HEALTH INSURANCE ENROLLMENT GUIDE 2021

Effective
January 1,
2021

For **Non-Medicare & Medicare**
Eligible ASRS Retirees



Your money. Your future. Secure for your lifetime.

Please read this guide completely

This guide is a summary of the official Arizona State Retirement System (ASRS) plan documents, contracts, Arizona statutes and federal regulations that govern the plans. Other important information regarding the benefits of the plans, including your rights to make claims and appeals regarding benefit decisions, are included in the official documents. You should keep a copy of this Enrollment Guide with your other important documents related to your coverage under 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.

Be aware that we have color-coded the information within this guide to indicate information that is applicable to either only non-Medicare retirees, Medicare eligible retirees, or both:



Blue indicates information applicable **only** to non-Medicare retirees



Red indicates information applicable **only** to Medicare eligible retirees



Purple indicates information applicable to **both** non-Medicare and Medicare eligible retirees

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Welcome to Open Enrollment

Welcome to the Arizona State Retirement System (ASRS) retiree group health insurance annual open enrollment period for plan year 2021.

This Enrollment Guide has been designed to provide you with an overview of medical and dental insurance plan offerings, as well as other benefits afforded to you as an ASRS retiree.

Unlike years past, this single guide contains information for both our Medicare as well as non-Medicare plans. Please pay particular attention to the color-coded pages and information with respect to the Medicare and non-Medicare plans and premiums.

You may participate in these medical and/or dental insurance plans if you retired from the ASRS, Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP), or the University Optional Retirement Plans (UORP).

The open enrollment period runs the full month of November with new plan coverages beginning January 1, 2021.

The ASRS put out to bid in 2020 separate proposals for medical and dental insurance plans. After significant review and careful analysis, medical insurance plans for 2021 have been awarded to our current carrier, UnitedHealthcare, offering plans for both Medicare and non-Medicare. Also, beginning this plan year, we are offering plans from two new dental carriers, Cigna Dental and Delta Dental of Arizona.

You will find lower rates for dental plans compared with the similar previously offered plans. Retirees will also find enhanced coverages. For those who carried SunLife Financial dental coverage in 2020, you will be migrated to the closest aligned dental plan for 2021 with one of the new carriers, unless you make an active change during open enrollment.

For 2021, we will continue to offer both the Group Medicare Advantage HMO and Group Medicare Advantage PPO plans from UnitedHealthcare. The premiums have decreased and additional programs and services have been added including an online weight loss program and home-delivered meals immediately after an inpatient hospital or skilled nursing stay. For the non-Medicare group, we will continue to offer both Choice Premier and Choice Value plans, with premiums increasing in 2021. We are also introducing a new lower-premium plan option, Choice Economy, for in-state retirees.

We are also pleased to inform you that calendar year 2021 will be the third year that the ASRS will apply funds accumulated through a contractual arrangement between ASRS and UnitedHealthcare, referred to as a Retrospective Rate Agreement (RRA). This agreement is similar to an excess revenue sharing plan with returned funds used to reduce medical premiums for most plan participants. You can learn more about the RRA in this Enrollment Guide.

This is a passive open enrollment, which means that if you are pleased with your current coverages and do not wish to make any changes, then no action is required on your part. You will automatically be enrolled in your existing plans or in the closest aligned plan offered for 2021. This would include moving from SunLife Financial, our current dental insurance carrier, to one of our new carriers, Cigna Dental or Delta Dental of Arizona.

Please review this guide carefully for all the details. Despite an open enrollment period that will not include in-person meetings this year due to the ongoing pandemic, we are offering virtual meetings and other web-based learning opportunities, including webinars, on-demand videos and teleconferences.

The ASRS online health insurance enrollment – available through your secure myASRS account – will allow you to view your current ASRS medical and dental elections, enroll in a new plan, terminate coverage, make changes to your plans, and add or remove dependents. Visit AzASRS.gov for more information on open enrollment.

Please stay safe during these difficult times, and know that we are here to assist you.

Sincerely,

Paul Matson, Director
Arizona State Retirement System

2021 Benefit Highlights

The ASRS is committed to offering value-based health plans to eligible retirees and their families. Below are some plan highlights for 2021.

Dental Plans

Beginning in 2021, we are offering plans from two new carriers: Cigna Dental and Delta Dental of Arizona. These new plans include enhanced benefits at lower monthly premiums.

If you are enrolled in a dental plan through the end of 2020, and take no action during the open enrollment period, you will automatically be enrolled in a new dental plan that the ASRS believes most closely aligns with your existing plan in order to avoid any lapse in coverage for 2021. Or, you may select a different plan during the open enrollment period. The default plan migration is shown below. For more information about the new plans, see “Dental Plans Comparison” on page 25.

How 2020 dental plans will migrate to 2021 offerings:

2020 Plan	New 2021 Plan
SunLife Freedom Advance (High Option)	Delta Dental High Plan Option
SunLife Freedom Basic (Low Option)	Delta Dental Low Plan Option
SunLife DHMO 220, Heritage Secure & Prepaid	Cigna DHMO

Medicare: UnitedHealthcare Group Advantage Plans

The medical benefit structure remains unchanged for both Medicare Advantage plans and plan premiums are reduced in 2021.

- Additional programs and services have been added including an online weight loss program and home-delivered meals immediately after an inpatient hospital or skilled nursing stay. For more information on programs and services, see pages 38-40.
- Please note the Centers for Medicare and Medicaid Services (CMS) have issued modified prescription drug coverage thresholds and stage limits for 2021. For more information on prescription drug coverage, see pages 35-37.

Non-Medicare: UnitedHealthcare Group Plans

The medical benefit structure remains unchanged for the Choice Premier and Choice Value plans and plan premiums will increase in 2021.

- For non-Medicare participants, we are introducing a **new plan option, Choice Economy**, for in-state retirees in 2021. For more information about the new plan option, see “Plans Comparison” on pages 16-19.

Eligibility

The following individuals 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 survivors**

Who is an eligible dependent?

- Your legal spouse
- Your 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 legal spouse, up to age 26
- Foster children up to age 26
- A child for whom insurance is required through a Qualified Medical Child Support Order, court order, or administrative order
- A child of any age who is, or becomes, disabled and is dependent upon you

Note: All dependents over the age of 26 must be approved as a disabled dependent and you will be required to submit documentation as proof of guardianship.

Qualifying Life Events

For ASRS Medical or Dental Insurance

What is a Qualifying Life Event?

A qualifying life event allows you the opportunity to enroll and/or make changes to existing coverage for yourself or your dependents outside of the annual open enrollment period.

You must make these changes no later than 31 calendar days from the date the qualifying life event took place, unless a different deadline is indicated for a specific qualifying life event.

The following are the Qualifying Life Events recognized by the ASRS for enrollment and/or changes to your existing coverage outside of the annual open enrollment period. ASRS has the sole discretion to determine whether a Qualifying Life Event has occurred and whether your situation allows you to enroll or make changes to existing coverage.

- Retirement
- Participation in the ASRS Long Term Disability Program
- Change in marital status, dependent status, or primary residence that impacts your current ASRS coverage
- Change in eligibility for Medicaid/Children's Health Insurance Program (CHIP) or Medicare. Medicare eligibility is NOT a Qualifying Life Event for dental plans.
- Loss of coverage (Spouse, Employer, COBRA)

Voluntarily terminating your group or individual medical insurance plan is not a qualifying life event. Additional supporting documentation showing the reason for the qualifying life event is required. All dependents over the age of 26 will require proof of guardianship, and must be approved as a disabled dependent.

Your enrollment application must be submitted within 31 days of the date of your qualifying life event. Coverage will be effective on the first day of the month after you submit your enrollment application for coverage.

For more detailed information, visit the ASRS website at [AzASRS.gov](https://www.AzASRS.gov) by selecting "Healthcare" under the "Retirees" tab.

Important Time Frames

- The effective date for the 2021 plan year is January 1, 2021 through December 31, 2021.
- You must enroll no later than 31 calendar days after your retirement date or other qualifying life event date.
- 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 enrollment application.

Pre-Enrollment Task List

Use this handy task list to help prepare for enrollment

Research and Choose a Plan

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

Attend a 'Know Your Insurance' Meeting

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 Card

If you or your dependent will be enrolling in a Medicare plan, have your Medicare card available.

You will need to provide your Medicare number as well as your Medicare Part A & B effective dates on your online enrollment application.

Gather Supporting Documentation

If required, proof must be received within 31 days of the qualifying life event.

Online Enrollment

You must complete the entire online process for your enrollment 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 that your application has been submitted. Check the status of your online enrollment in the **Pending Request** link in your secure myASRS account.

If you are retired from PSPRS, CORP, or EORP you must contact their benefits office to request the correct enrollment application.

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 (*but not more than 90 days ahead of the effective date*)
- 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.
- Making a change due to a Qualifying Life Event

Online Resources

Everything you want to know about ASRS Retiree Group Health Insurance can be found in one convenient place on the ASRS website at AzASRS.gov by selecting “Healthcare” under the “Retirees” tab.

There you can explore the insurance plans and benefits information including comparison charts, FAQs, certificates of coverage and more.

You will also find on-demand Health Insurance videos to assist you in selecting the plan that will best meet your healthcare needs. You have the freedom to navigate for specific topics of interest, view sections in any order, and return as many times as needed. You can learn at your own pace.

For more detailed information, watch the **What You Will Need for Online Health Insurance Enrollment** video found under the “Retirees” tab by selecting “Healthcare” then the “Online Health Insurance Enrollment” link.

2021 Premium Savings

This will be the third year of a three-year planned distribution of funds accumulated through a Retrospective Rate Agreement (RRA) with UnitedHealthcare to reduce medical premiums for plan participants. The RRA provides for a set level of retention of revenues by the medical insurance carrier with any surplus revenues to be returned to the ASRS. This agreement was implemented in 2011 and subsequent look-backs at revenues versus medical costs and expenses have resulted in a return of funds to the ASRS. Those 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 the revenues versus expenses of that particular plan. The vast majority of funds were derived from the Medicare plans, so the Medicare plans receive the most significant reduction of premiums from the RRA funds, with the non-Medicare plans receiving slight offsets.

In total, over the three-year planned distribution of funds during plan years 2019, 2020 and 2021, ASRS retirees are projected to save more than \$127 million in medical premiums. For plan year 2022 and forward, an annual analysis will be completed to determine if future offsets can be made each plan year to reduce medical premiums.

The table on this page shows the 2021 premiums for various Medicare and non-Medicare plans being offered. The premiums you will pay are under the column marked "NEW 2021 Monthly Premium."

The final premium shown here does not take into account any further reductions you may be entitled to from the Premium Benefit. See pages 12 and 13 for information on the Premium Benefit and eligibility.

	Monthly Premium BEFORE Savings	2021 Monthly Savings due to the RRA	NEW 2021 Monthly Premium
WITHOUT MEDICARE <i>You & your dependents DO NOT have Medicare Part A and B</i>			
Choice Premier (Single)	\$1,082	\$20	\$1,062
Choice Value (Single)	\$906	\$20	\$886
Choice Economy (Single)	\$795	\$20	\$775
Choice Plus PPO (Out of State, Single)	\$1,381	\$20	\$1,361
WITH MEDICARE A & B <i>You & your dependents have Medicare Part A and B</i>			
Group Medicare Advantage HMO (Single)	\$73	\$73	\$0
Group Medicare Advantage PPO (Single)	\$108	\$41	\$67

Monthly Dental Premiums

	Single	Family (Single +1)	Family (Single +2 or more)
DELTA DENTAL PPO - NATIONWIDE COVERAGE			
Delta Dental High Plan Option	\$ 35.75 per month	\$ 71.35 per month	\$ 100.97 per month
Delta Dental Low Plan Option	\$ 16.60 per month	\$ 35.09 per month	\$ 64.24 per month
CIGNA DHMO - SELECT STATES (EXCLUDES AK, ID, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, AND WY)			
Cigna DHMO	\$9.75 per month	\$ 15.99 per month	\$ 24.71 per month

Monthly Medical Premiums

From UnitedHealthcare

WITHOUT MEDICARE (You and your dependent(s) DO NOT have Medicare Part A and B)			
ALL ARIZONA COUNTIES	Single	Family (Single +1)	Family (Single +2 or more)
Choice Premier	\$ 1,062.00 per month	\$ 2,124 per month	\$ 2,974.00 per month
Choice Value	\$ 886.00 per month	\$ 1,772.00 per month	\$ 2,481.00 per month
Choice Economy	\$ 775.00 per month	\$ 1,550.00 per month	\$ 2,170.00 per month
OUT-OF-STATE			
Choice Plus PPO	\$ 1,361.00 per month	\$ 2,722.00 per month	\$ 3,811.00 per month

WITH MEDICARE A & B (You and your dependent(s) have Medicare Part A and B)			
ALL ARIZONA COUNTIES	Single	Family (Single +1)	Family (Single +2)
Group Medicare Advantage HMO	\$ 0.00 per month	\$ 0.00 per month	\$ 0.00 per month
Group Medicare Advantage PPO	\$ 67.00 per month	\$ 134.00 per month	\$ 201.00 per month
OUT-OF-STATE			
Group Medicare Advantage PPO	\$ 67.00 per month	\$ 134.00 per month	\$ 201.00 per month

COMBINATION FAMILY PLANS: ONE person with Medicare (You, or your dependent(s), are a combination of Medicare eligible and non-Medicare eligible)		
ALL ARIZONA COUNTIES	1 person with Medicare, 1 without Medicare	1 person with Medicare, 2+ without Medicare
Group Medicare Advantage HMO with Choice Premier	\$ 1,062.00 per month	\$ 2,124.00 per month
Group Medicare Advantage HMO with Choice Value	\$ 886.00 per month	\$ 1,772.00 per month
Group Medicare Advantage HMO with Choice Economy	\$ 775.00 per month	\$ 1,550.00 per month
Group Medicare Advantage PPO with Choice Premier	\$ 1,129.00 per month	\$ 2,191.00 per month
Group Medicare Advantage PPO with Choice Value	\$ 953.00 per month	\$ 1,839.00 per month
Group Medicare Advantage PPO with Choice Economy	\$ 842.00 per month	\$ 1,617.00 per month
OUT-OF-STATE		
Group Medicare Advantage PPO with Choice Plus PPO	\$ 1,428.00 per month	\$ 2,789.00 per month

COMBINATION FAMILY PLANS: TWO people with Medicare (You, or your dependent(s), are a combination of Medicare eligible and non-Medicare eligible)		
ALL ARIZONA COUNTIES	2 people with Medicare, 1 without Medicare	2 people with Medicare, 2+ without Medicare
Group Medicare Advantage HMO with Choice Premier	\$ 1,062.00 per month	\$ 2,124.00 per month
Group Medicare Advantage HMO with Choice Value	\$ 886.00 per month	\$ 1,772.00 per month
Group Medicare Advantage HMO with Choice Economy	\$ 775.00 per month	\$ 1,550.00 per month
Group Medicare Advantage PPO with Choice Premier	\$ 1,196.00 per month	\$ 2,258.00 per month
Group Medicare Advantage PPO with Choice Value	\$ 1,020.00 per month	\$ 1,906.00 per month
Group Medicare Advantage PPO with Choice Economy	\$ 909.00 per month	\$ 1,684.00 per month
OUT-OF-STATE		
Group Medicare Advantage PPO with Choice Plus PPO	\$ 1,495.00 per month	\$ 2,856.00 per month

Premium Benefit

What is it?

As part of your benefits, the ASRS provides a health insurance premium benefit to supplement the cost of retiree health insurance. The premium benefit is effective on the first day of the month following your enrollment or 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 former ASRS employer are eligible for a monthly premium benefit, which is paid to the health insurer or your former employer. A premium benefit also applies to eligible retirees participating in the ASRS health insurance plans from EORP, CORP, and PSPRS.

How does it work?

Your ASRS health insurance premiums will be automatically deducted each month from your ASRS pension payment, if your pension payment amount is greater than the net cost of your insurance premiums. 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 will be retroactive to the beginning of the coverage.

Your insurance carrier(s) will mail a bill directly to you and it will be your responsibility to pay premiums directly to the insurance carrier(s) 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.)
- Receiving a pension payment that does not cover the net cost of your insurance premiums

Optional Premium Benefit

If you are a new ASRS retiree you may elect to receive a reduced premium benefit that, upon your death, may be continued to your beneficiary. The Optional Premium Benefit is designed for those members who have a spouse or dependent who will want to continue with ASRS insurance and receive assistance with premium costs.

Other things to note about the Optional Premium Benefit:

- The Optional Premium Benefit is only available to retirees who select a Term Certain or Joint & Survivor Annuity option. It is not available to retirees who select the Straight Life Annuity.
- You have a one-time opportunity to elect this benefit when you retire.
- You 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 your age and the age of your beneficiary.

You can find out what your reduction would be by using the online estimator in your myASRS account at **AzASRS.gov**.

Premium Benefit: Determine Your Amount

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						
<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

Monthly Health Insurance Cost Worksheet

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

A. Your monthly medical plan premium (<i>from page 11</i>)	<input type="text"/>
	+
B. Add your monthly dental plan premium (<i>from page 10</i>)	<input type="text"/>
	=
C. Total Premium (<i>A plus B</i>)	<input type="text"/>
	-
D. Subtract your Premium Benefit (<i>See chart above</i>)	<input type="text"/>

=

Your Net Premium (*C minus D*)

Additional Benefits

As an ASRS retiree, you have a myriad of benefits available to you at no cost. Some are included with our medical and dental insurance plans and some are available to all retirees regardless of your insurance carrier. 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](http://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.

Offers powered by:



EXCLUSIVE SAVINGS & BENEFITS FOR RETIREES



Register for FREE today!

azretirees.perksconnection.com

Click "Activate your account now" to get started

Insurance & Benefits

Home/Auto Insurance, Long Term Care & more



Local & National Discounts

Get exclusive savings from popular national retailers – categories include entertainment, health & wellness, travel, electronics and more. You'll also get exclusive access to local merchants right in your community and surrounding area.



NON-MEDICARE RETIREE INFORMATION

The following pages contain plan information that is applicable to retirees that are not yet eligible for Medicare

Medical Plans Comparison

It's all in the details. Let's break it down.

You have four different plans to choose from, each with its own benefits. To compare the details of each plan, including coverage amounts, see the charts on the next few pages.

Medical Plan Details	Arizona only plans			Out of State Plan
	Choice Premier	Choice Value	Choice Economy	Choice Plus PPO
 In-Network coverage only You must receive care for covered benefits from contracted network providers. Out-of-Network coverage not available.	✓	✓	✓	
 In and out-of-network benefits You may receive care and services from providers and facilities in and out of our network, but staying in the network can help lower your costs.				✓
 Virtual Visits Get care with Virtual Visits anywhere, on your computer or mobile device* for medical conditions like pink eye, the flu, and more. (*data rates may apply)	✓	✓	✓	✓
 Nationwide Network UnitedHealthcare has access to a broad network of physicians and hospitals nationwide.	✓	✓	✓	✓
 Pharmacy Benefits Order up to a 3-month supply of medications you take regularly and have them delivered right to your home, or 30-day retail.	✓	✓	✓	✓
 Tier 1 Providers Use Tier 1 providers for lower copays. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	✓	✓		

More benefits that are part of the plans.

UnitedHealthcare's digital tools and online resources help make managing your health - and health plan - easier and more convenient. Here are just a few examples of what's included.



Access your plan easily.

myuhc.com® is your personalized health hub. Find a doctor, manage your claims, estimate cost and more.



Get your info on the go.

Our **UnitedHealthcare**® app helps you find care, review and pay claims and even gives you a digital health plan ID card - all from the palm of your hand.



Have fun and get healthier.

Spark your transformation with **Real Appeal**®, a free digital program that provides you with up to a full year of support for lasting weight loss. Start today at **success.realappeal.com**.



Connect with a doctor now.

Get care with **Virtual Visits**® any time - on your mobile device* for medical conditions like pink eye, the flu and more. *Data rates may apply

Medical Plans Comparison

PLAN BENEFITS	CHOICE PREMIER (AZ Plan) In-Network Only		CHOICE VALUE (AZ Plan) In-Network Only		CHOICE ECONOMY (AZ Plan) In-Network Only	
	Single Only	\$1,062	Single Only	\$886	Single Only	\$775
PREMIUMS	Single + 1	\$2,124	Single + 1	\$1,772	Single + 1	\$1,550
	Single + 2 or more	\$2,974	Single + 2 or more	\$2,481	Single + 2 or more	\$2,170
DEDUCTIBLE (Calendar Year)	Medical	Pharmacy	Medical	Pharmacy	Medical	Pharmacy
	Individual	\$500	\$0	\$4,000	\$0	\$5,250
Family (2 or more)	\$1,000	\$0	\$8,000	\$0	\$11,500	\$500
OUT-OF-POCKET LIMIT						
Individual	\$4,000		\$6,000		\$8,000	
Family (2 or more)	\$8,000		\$12,000		\$16,000	
COVERED SERVICES						
	Member Pays		Member Pays		Member Pays	
Doctors and Specialists						
Virtual Visit (online)	No Charge		No Charge		No Charge	
Office Visit - Primary Care	\$40 Copay* \$20 Copay* - Tier 1		\$80 Copay* \$40 Copay* - Tier 1		\$80 Copay*	
Office Visit - Specialist	\$100 Copay* \$50 Copay* - Tier 1		\$160 Copay* \$80 Copay* - Tier 1		\$160 Copay*	
Preventive Care						
Screening and Counseling	No Charge		No Charge		No Charge	
Immunizations	No Charge		No Charge		No Charge	
Well-Woman/Man Visits	No Charge		No Charge		No Charge	
Preventive Labs & Imaging Tests	No Charge		No Charge		No Charge	
Diagnostic Labs & Imaging Test						
Minor Lab & X-ray	\$10 Copay* at a free-standing facility or in a Physician's office		\$20 Copay* at a free-standing facility or in a Physician's office		\$20 Copay* at a free-standing facility or in a Physician's office	
	\$30 Copay* at a hospital based facility		\$60 Copay* at a hospital based facility		\$60 Copay* at a hospital based facility	
Major Diagnostic	\$150 Copay* at a free-standing facility or in a Physician's office		\$250 Copay* at a free-standing facility or in a Physician's office		\$250 Copay* at a free-standing facility or in a Physician's office	
	\$250 Copay* at a hospital based facility		\$350 Copay* at a hospital based facility		\$350 Copay* at a hospital based facility	
Emergency Care						
Urgent Care Visit	\$50 Copay*		\$75 Copay*		\$75 Copay*	
Emergency Room (waived if admitted)	\$150 Copay*		\$300 Copay*		\$300 Copay*	
Ambulance	No Charge		30%**		30%**	
Other Care						
Outpatient Mental Health	\$20 Copay*		\$40 Copay*		\$40 Copay*	
Inpatient Mental Health	\$100 copay* plus 30%		30%**		30%**	
Outpatient Surgery and Scopic Procedures	30%** at a free-standing surgery center or in a Physician's office		30%** at a free-standing surgery center or in a Physician's office		30%** at a free-standing surgery center or in a Physician's office	
	40%** at a hospital based facility		40%** at a hospital based facility		40%** at a hospital based facility	
Inpatient Hospital Expenses	\$100 copay* plus 30%		30%**		30%**	
Hearing Aids	30%**		30%**		30%**	
Vision	\$30 Copay*		\$30 Copay*		\$30 Copay*	

These Plan Comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these Plan Comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

* per visit/occurrence

** after the medical deductible has been met

Medical Plans Comparison

PLAN BENEFITS	CHOICE PLUS PPO (Out of State Plan)			
	IN-NETWORK		OUT-OF-NETWORK	
PREMIUMS	Single Only		\$1,361	
	Single + 1		\$2,722	
	Single + 2 or more		\$3,811	
DEDUCTIBLE (Calendar Year)	Medical	Pharmacy	Medical	Pharmacy
Individual	\$3,750	\$250	\$5,625	\$250
Family (2 or more)	\$7,500	\$500	\$11,250	\$500
OUT-OF-POCKET LIMIT				
Individual	\$7,000		\$12,000	
Family (2 or more)	\$14,000		\$24,000	
COVERED SERVICES	Member Pays		Member Pays	
Doctors and Specialists				
Virtual Visit (online)	No Charge		45%**	
Office Visit - Primary Care	\$80 Copay*		45%**	
Office Visit - Specialist	\$200 Copay*		45%**	
Preventive Care				
Screening and Counseling	No Charge		45%**	
Immunizations	No Charge		45%**	
Well-Woman/Man Visits	No Charge		45%**	
Preventive Labs & Imaging Tests	No Charge		45%**	
Diagnostic Labs & Imaging Test				
Minor Lab & X-ray	\$40 Copay* at a free-standing facility or in a Physician's office		45%**	
	\$80 Copay* at a hospital based facility			
Major Diagnostic	20% at a free-standing facility or in a Physician's office		45%**	
	30% at a hospital based facility			
Emergency Care				
Urgent Care Visit	\$75 Copay*		45%**	
Emergency Room (waived if admitted)	\$300 Copay*		\$300 Copay*	
Ambulance	20%**		20%**	
Other Care				
Outpatient Mental Health	\$20 Copay*		45%**	
Inpatient Mental Health	\$200 Copay* plus 30%		45%**	
Outpatient Surgery and Scopic Procedures	30%** at a free-standing surgery center or in a Physician's office		45%**	
	40%** at a hospital based facility			
Inpatient Hospital Expenses	30%**		45%**	
Hearing Aids	30%**		45%**	
Vision	\$20 Copay*		45%**	

These Plan Comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these Plan Comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

* per visit/occurrence

** after the medical deductible has been met

Pharmacy Plans Comparison

The UnitedHealthcare Prescription Drug List (PDL) is the list of medications that are covered by the plan. The PDL is organized by cost levels, known as tiers. Choosing medications in the lower tiers may save you money. To find what tier your medication is on, login to myuhc.com or visit the Health Care page of the Retiree section at AzASRS.gov.

A COMPARISON OF PRESCRIPTION BENEFITS BY PLAN				
Prescription Drug Tier	Choice Premier	Choice Value	Choice Economy	Choice Plus PPO (In-Network & Out-of- Network)
PHARMACY DEDUCTIBLE (Calendar Year)				
Individual	\$0	\$0	\$250	\$250
Family (2 or more)	\$0	\$0	\$500	\$500
Any Retail Pharmacy (up to 31-day supply)				
Tier 1	\$10	\$10	\$15	\$20
Tier 2	\$50	\$60	\$90	\$90
Tier 3	\$100	\$120	\$180	\$180
Mail Order / CVS (90-day supply)				
Tier 1	\$25	\$25	\$37.50	\$50
Tier 2	\$125	\$150	\$225	\$225
Tier 3	\$250	\$300	\$450	\$450

These plan comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these plan comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Two Choices to get your 90-Day Supply of Prescriptions: Mail-Order (OptumRx) and In-Store (CVS90)

OptumRx® and CVS Pharmacy® make it easy for you to get your maintenance medications and save money. The CVS90 Saver Plus program allows you to get 90-day supplies of your maintenance medications at nearly 9,700 CVS Pharmacy locations, while OptumRx offers home delivery - the choice is yours.

Whether you decide to get your maintenance medications from a CVS Pharmacy location or through OptumRX home delivery, it is easy to get started.

If you choose OptumRx home delivery:

-  **ePrescribe** Your doctor can send an electronic prescription.
-  **Online** Register at myuhc.com.
-  **Phone** Call the number on your health plan ID card.

If you choose a CVS Pharmacy location:

-  **In-Store** Bring in your prescriptions or empty prescription bottles and the pharmacist will do the rest.
-  **Phone** Call your local CVS Pharmacy and a pharmacy staff member will help you.
-  **Online** Transfer your prescriptions in a few simple steps. Just go to CVS.com/transfer.

Finding A Doctor

How to find a doctor or hospital in our Choice and Choice Plus networks



Three ways to search and save: online, the mobile app, or over the phone

Use doctors, hospitals, pharmacies, labs and other providers and facilities in our network to help lower your health care costs. Here are three ways to start your search.

Go online

If you are not a member:

1. Visit welcometouhc.com
2. Under "I want to.... what would you like to do", select **Find a network doctor or hospital**.
3. Select the "**Choice**" or "**Choice Plus**" Network depending on your plan.
4. Next, click on "**Change Location**" and enter the zip code of search area.
5. Finally, either type in the name of physician in the **Search field** or click on the **People** tile to search by provider specialty type.
6. Search for the two blue hearts Premium Care Physician symbol for lower office copays. (applies to Choice Premier and Choice Value plans only) 

If you are a current member:

1. Log in to your myuhc.com® account
2. Select **Find a Doctor**.
3. On the next screen, click on the **Medical Directory** tile.
4. Next, either type in the name of physician in the **Search** field or click on **People** tile to search by provider specialty type.
5. Finally, look for the **Tier 1** Premium Provider symbol next to each physician for lower office copays. (applies to Choice Premier and Choice Value plans only) 

Mobile App

1. Download the **UnitedHealthcare**® App. 
2. Sign in or create account.
3. Follow the prompts to search for providers

Call us: 1.800.509.6729



A customer care professional will be happy to help you with your doctor search over the phone!

If you are a member, you can also call the number on your health plan ID card.

What is a "network"?

A network is a group of doctors, hospitals and other providers and facilities that have a contract with UnitedHealthcare. As part of their contract, they have agreed to follow our guidelines and provide health care services to you at lower prices.

Why is this important?

If your plan is an in-network only plan and you seek services from a non-network provider, you will be 100% responsible for the costs.

Finding A Doctor

Choice Premier and Choice Value

Get a plan with access to a national network and help save with Tier 1 providers.



You pay less by using Tier 1 providers. They have been recognized for providing the greatest value.



There's no need to select a primary care physician (PCP) or get referrals to see a specialist.

However, by selecting a PCP, your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.



Age appropriate preventive care is covered 100% when using network providers.

For a listing of the UnitedHealth Premium Program Premium Specialties that are evaluated go to: www.myuhc.com/content/myuhc/Member/Assets/Pdfs/Geoaccess/Premium_Program_Specialty.pdf.

Note that not all specialties are evaluated, including but not limited to Dermatology, Podiatry, Ophthalmology and Optometry. If your specialty is not evaluated, you will pay the higher copay.

Look for Tier 1 care first.

Where you go for care can make a difference. Tier 1 providers are network doctors that are recognized for value in health care delivery. Your doctor's Tier 1 status may change throughout the calendar year. Please check and verify your doctor's Tier 1 status before you schedule your next appointment.

The Tier 1 symbol looks like this:  or 

Tier 1 Provider: Members in a tiered benefit plan through ASRS will pay a lower copay when using a Tier 1 provider.

Look for the Tier 1 symbol when doing a network search at welcometouhc.com.



Doe, John, MD
Family Practice, General Practice
★★★★★ 16 Reviews

1 N Main St. Ste. 000
Anywhere, AZ 00000
(000) 000 - 0000 PHONE
3.6 Miles Away

 Premium Care Physician

Accepting All Patients

[View Enrollment Information](#)

Non-members not logged into myuhc.com will see this:	Members logged into myuhc.com will see this:
 Premium Care Physician The physician meets the criteria for providing quality and cost-efficient care.	
 Quality Care Physician The physician meets the criteria for providing quality care.	Non - Tier 1
 Not Evaluated for Premium Care The physician's specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation or the physician's program evaluation is in process. Examples include but not limited to: Dermatology, Podiatry, Ophthalmology and Optometry	Non - Tier 1
 Does Not Meet Premium Quality Criteria The physician does not meet the criteria for providing quality care, so the physician is not eligible for the cost-efficient care designation.	Non-Tier 1

Additional Programs & Services

At UnitedHealthcare[®], we want to make it easier for you and your doctor to take care of your health. As a member, you have an array of programs and services available. Here are some of the ways we can help.



Virtual Doctor Visits - No Cost

See a doctor or a Behavioral Health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat - anytime, day or night.

With Virtual Doctor Visits you can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction or depression

Register and then schedule an appointment. On your tablet or smartphone you can download the **UnitedHealthcare[®]**, **Doctor on Demand[™]**, **Teladoc[®]**, or **AmWell[®]** apps.



Real Appeal[®] - No Cost

Get help losing weight and keeping it off. Whether you want to lose a lot of weight or just a few extra pounds, **Real Appeal[®]** is designed to help with simple steps and support along the way for lasting weight loss.

As a benefit of your health plan, it includes:

- A personalized transformation coach will guide you and customize steps to fit your needs, personal preferences, medical history and goals.
- 24/7 online support and a mobile app to help you stay on track and help you reach your goals.
- A success kit featuring a personal blender, digital food scale and more.

Join Real Appeal at signup.realappeal.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1st of each year.

Additional Programs & Services



Quit for life[®] – No Cost

Quit For Life is a clinically proven tobacco cessation program offered in collaboration with the American Cancer Society[®]. The program combines digital and telephonic tools and resources, along with physical, psychological and behavioral strategies to provide members with a personalized quit plan to overcome their tobacco addiction.

Get the support you need to quit your way:

- Personalized Quit Plan tailored to specific quit-tobacco goals.
- Flexible access to QuitCoach[®] staff through secure messages or phone.
- Multiple support options such as Text2Quit[®], online learning and urge management tools.
- 24/7 support for easy access to coaching services.

Start living TOBACCO-FREE by enrolling today at **1-866-QUIT-4LIFE** or www.quitnow.net.



SilverSneakers[®] fitness program – No Cost

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more at participating fitness locations.* SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

Find a fitness location at silversneakers.com or call toll-free **1-888-423-4632**, TTY **711**, 8 a.m. - 8 p.m. ET, Monday – Friday.

* At-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.



Hear the moments that matter most with custom-programmed hearing aids

Your hearing is an important part of your overall well-being and can impact not only your health, but the way you communicate with those around you. Treating your hearing loss helps you to stay connected so you don't miss out on the moments that matter most. With UnitedHealthcare Hearing, you have access to a wide selection of hearing aid styles and technology from name brand and private label manufacturers at significant savings. Plus, you'll receive personalized care from experienced hearing providers along with professional support every step of the way, helping you to hear better and live life to the fullest.

Learn more now at **1-855-523-9355** or www.uhchearing.com

DENTAL PLANS FOR ALL RETIREES

A variety of dental plans for both non-Medicare and Medicare retirees from Delta Dental of Arizona and Cigna Dental.

Dental Plans Comparison

Beginning in 2021, we are offering plans from two new carriers, Delta Dental of Arizona and Cigna Dental.



Plan Available:

- Cigna DHMO



Plans Available:

- Delta Dental High Plan Option
- Delta Dental Low Plan Option

Our dental PPO plans let you visit any licensed dentist, but you will save the most money if you see an in-network dentist. Services received from an out-of-network dentist may incur higher out-of-pocket costs. With more than 3,500 network dentists in Arizona and 157,878 network dentists nationwide, it's easy to find the right dentist for your family!

Cigna's Dental Health Maintenance Organization (DHMO) plan offers you no deductibles or dollar limits and it is care that's easy to use at a wallet-friendly price. You choose a network general dentist to manage your overall care, pay a fixed^b portion of the cost per visit, and your plan picks up the rest. Remember, you won't be covered if you go to a dentist who is not in our network. Detailed procedure costs are outlined on your Patient Charge Schedule (PCS) which makes your coverage simple, straight forward and transparent! *(Plan not available in AK, ID, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, and WY.)*

	Delta Dental High Plan Option	Delta Dental Low Plan Option	Cigna DHMO
Individual/Family Deductible	\$50/\$150	\$50/\$150	No Deductible
Annual Maximum	\$2,000 per individual	\$1,000 per individual	No Annual Maximum
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100% ^{a,b}
	Plan Pays		Retiree Pays
Office Visit Fee	Not Applicable	Not Applicable	\$5 ^a
Fillings	80%*	80%*	\$22 ^b
Periodontal Cleanings	80%*	80%*	\$115 Scaling/Root planning ^b \$78 Maintenance ^b
Emergency Treatment	80%*	80%*	\$48 ^b
Implants	25%/50% ^{††}	Not Covered	Not Covered
Dentures	25%/50% ^{††}	Not Covered	\$770 ^{b,c}
Crowns	25%/50% ^{††}	Not Covered	\$470 ^{b,c}
Endodontics (Root Canal)	25%/50% ^{††}	Not Covered	\$530 ^b
Orthodontia	Not Covered	Not Covered	\$515 ^b

* Deductible applies to these services.

† These services will be covered at 25% in year one and 50% in year two and beyond.

a) Patient is responsible for a per patient per office visit fee of \$5 in addition to any other applicable patient charges.

b) Please refer to your Patient Charge Schedule (PCS) for full details, prices listed may not be comprehensive of treatment.

c) The co-payments for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades (such as gold/high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule (PCS). For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224).



DELTA DENTAL - PPO PLAN OPTIONS

Our number one goal is to provide exceptional dental benefits for our members. With nearly 50 years of experience insuring Arizona’s smiles, we’ve established ourselves as the dental benefits leader. We cover more than 1.2 million enrollees—and the number keeps growing!

Why Choose Delta Dental?

- More than 3,500 unique dentists in Arizona and 157,878 unique dentists nationwide¹
- Freedom to visit any licensed dentist (you don’t have to select a primary dentist)
- Local customer service, with more than 97% of inquiries resolved on the first call²

Find a Delta Dental Dentist

With more dentists than any other carrier, it’s likely your dentist is already in our network!

Visit deltadentalaz.com/asrs and use our provider search to find a dentist near you. You can also download the Delta Dental mobile app to search for a network dentist.

Plan Highlights

- ✓ **Preventive Care is 100% Covered** – Routine cleanings, exams and bitewing X-rays are fully covered for Delta Dental members.
- ✓ **Checkup Plus™** – Preventive and diagnostic services are not deducted from your annual maximum, giving you more money to use when you need it most.
- ✓ **No Missing Tooth Limitations³** – Your benefits are not limited due to any pre-existing conditions, like missing teeth.
- ✓ **Implant Coverage³** – Implants are now covered under major services! And there are no missing tooth clauses to hold you back if you need implant treatment.

Delta Dental Plan Options and Rates

Delta Dental offers two great PPO plan options to choose from for 2021. Depending on the dental needs of you and your family, you may enroll in the Delta Dental High Plan Option or Delta Dental Low Plan Option.

	Single	Family (Single +1)	Family (Single +2 or More)
Delta Dental High Plan Option	\$35.75 per month	\$71.35 per month	\$100.97 per month
Delta Dental Low Plan Option	\$16.60 per month	\$35.09 per month	\$64.24 per month

¹Delta Dental National Provider File, March 2020.
²Delta Dental of Arizona internal data, January 2020.
³This benefit is only available with the Delta Dental High Plan Option.
 Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0820



Benefits Plan Overview

Both Delta Dental plan options cover preventive care, like routine exams and cleanings, at 100%. The Delta Dental High Plan Option works well for those who need more extensive dental care. The Delta Dental Low Plan Option is great if you visit the dentist twice a year and have the occasional cavity.

	Delta Dental High Plan Option	Delta Dental Low Plan Option
Individual/Family Deductible	\$50/\$150	\$50/\$150
Annual Maximum	\$2,000	\$1,000
Included Networks ⁴	PPO + Premier	PPO + Premier
Preventive Services	100%	100%
Basic Services ⁵	80%	80%
Major Services ^{5,6}	25%/50%	Not covered
Is patient responsible for dentist's total billed charges?	Only when visiting an out-of-network dentist	Only when visiting an out-of-network dentist

Basic Services

- Full Mouth and Periapical X-rays
- Fillings
- Emergency Treatment
- Periodontal Maintenance
- Occlusal Adjustment
- Simple Extractions

Major Services

- Root Canal Treatment
- Implants
- Bridges and Dentures
- Cone Beam Imaging
- Crowns, Inlays and Onlays
- Surgical Extractions

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist.



Out-of-network dentist



Premier dentist



PPO dentist

Questions?

Visit deltadentalaz.com/asrs for more information about your plan options and how to enroll.



Vision Discount Plan

Delta Dental members receive discounts on vision care services, including exams, frames, lenses, contacts and more! Visit eyemedvisioncare.com/deltadental to see the available savings.

⁴Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

⁵Deductible applies to these services.

⁶Major services will be covered at 25% in year one and 50% in year two and beyond.

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0820



Choose a dental plan that can keep up with your needs, no matter where you are in life.

The Cigna Dental Care Plan offers:

- Lower monthly premiums than a DPPO
- Enhanced coverage such as teeth whitening
- No deductible before coverage begins
- No annual maximum on covered benefits
- Largest network of its kind in the nation

The **Cigna Dental Care® (DHMO)¹** plan provides coverage for dental care, including visits to your dentist for regular oral exams, cleanings, fluoride treatments, X-rays and other covered services.² Most preventive services are covered at little or no extra cost to you.

When you visit your in-network dentist you will pay the copay listed on your Patient Charge Schedule (PCS), which you'll receive in the mail after you enroll. In addition to listing all of the covered services and the amount you'll pay for those services when you use an in-network dentist, it also outlines any frequency limitations. Procedures not listed on your PCS are not covered.

With the Cigna Dental Care plan, you don't have to pay an annual amount (deductible) before your dental plan begins paying for covered dental care costs. In addition, there are no calendar year or lifetime benefit maximums.

Important plan features

You can change your network dentist at any time.

Your network general dentist will give you a referral if you need care from a network specialist. (Referrals are not required for network pediatric dentists for children under age 13 and network orthodontists.)

You must select a primary care dentist in the Cigna Dental Care Access Plus network who will coordinate all of your dental care needs.³ You may select a different primary dentist for each member of your family and you may select a pediatric dentist for children under age 13 years old. If you have family members living out of state, like college-age children, they can choose a provider close to where they live as long as the Cigna Dental Care plan is available in that state.

How to find a dentist

Visit www.Cigna.com/ASRS to search for dentists in the **Cigna Dental Care Access Plus network**.

The Cigna Dental Care plan is not available in AK, ID, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, and WY.

Rates for Arizona State Retirement System	
Single	\$9.75
Family (Single + 1)	\$15.99
Family (Single + 2 or more)	\$24.71

Save with Cigna Healthy Rewards^{®4}

Just use your Cigna ID wallet card when you pay and let the savings begin. Get discounts on the health products and programs you use every day for:

- Nutritional Meal Delivery Service
- Fitness Memberships and Devices
- Vision Care, Lasik Surgery, Hearing Aids
- Alternative medicine
- Yoga Products and Virtual Workouts

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.
 2. In general, the following frequency limitations apply: Two (2) exams, cleanings and fluoride treatments per calendar year; one (1) full mouth X-ray every three (3) calendar years; one (1) panorex X-ray every three (3) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services.
 3. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details
 4. Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

MEDICARE RETIREE INFORMATION

The following pages contain plan information that is applicable to retirees that are eligible for Medicare

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 benefits 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 unless your birthday falls on the first of the month, in which case you become Medicare-eligible the first of the prior month.

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 ASRS. Medicare Part D is included in both of the ASRS Medicare plans offered.

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.

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

Medical Plans Comparison

For 2021, UnitedHealthcare® continues to be the sole carrier 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 – Arizona only

Each covered individual must choose a Primary Care Physician (PCP) from the HMO’s network of providers. All the physicians, specialists or facilities you use must be contracted with the same network. Keep in mind, providers in the network may change at any time. The online directory of providers is available at www.UHCRetiree.com/asrs.

- When a covered individual needs health care, he or she must visit their PCP. The PCP will either provide care or refer the individual to a specialist in the HMO network.
- If care is received from the PCP or a referred network physician, you generally will pay a copay. If care is received from a non-network provider, you’ll have to pay the full cost. If your PCP refers you to a specialist or other physician, it’s important that you always check first to be sure the physician is a network provider.

UnitedHealthcare® Group Medicare Advantage PPO Plan – Nationwide

With this plan, you have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. No referral is needed to see a specialist. If you need to find a new doctor or specialist, consider a doctor in our network. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions.



Important: Both these Medicare Advantage plans include a Medicare Part D drug benefit. You automatically receive prescription drug coverage when you enroll in either of these plans. Some of your outpatient prescription drug costs may be covered under a supplemental drug benefit plan.

Medical Plans Comparison

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. For a full list of covered benefits for each plan, please visit www.UHCRetiree.com/asrs.

After you enroll for coverage

UnitedHealthcare® will send you a Member ID card and a Quick Start Guide for your 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.

If you have any questions about your plan, call UnitedHealthcare® Customer Service at the number on the back of your Member ID card. Their number is also listed on the inside 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 – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
Monthly Premium	Single \$0 Family (Single +1) \$0	Single \$67 Family (Single +1) \$134
Network	In-Network-only coverage, except for emergency or Urgent Care	Any willing Medicare provider
Annual Medical Out-of-Pocket Maximum (this is the most you could pay in your medical copays)	\$4,000	\$5,000
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

Medical Plans Comparison

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
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	\$0 copay after \$150 deductible on first inpatient hospitalization annually
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		
Foreign Travel Benefit (emergency or urgently needed services)	Worldwide Coverage — same copays apply as if care was received in U.S.*	Worldwide Coverage — same copays apply as if care was received in U.S.*
Podiatry Services (Medicare-covered)	\$30 copay	\$25 copay
Hearing Services		
Routine hearing exams Limited to one routine hearing exam every 12 months	\$0 copay (must use in-network providers, including UnitedHealthcare® Hearing providers for exam)	\$0 copay
Hearing Aid Allowance	Up to \$500 (every 36 months) must use UnitedHealthcare® Hearing for hearing aids	Up to \$500 (every 36 months)

*You will pay for the cost of the services in full. Send a copy of the itemized bill or an itemized receipt to UnitedHealthcare® for reimbursement.

Medical Plans Comparison

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
Vision Services		
Routine eye exam (refraction) Limited to one routine eye exam every 12 months	\$20 copay	In-Network: \$20 copay Out-of-Network: \$80 allowance
Routine eyewear or contact lenses allowance is every 12 months combined	In-Network: Standard lenses covered at 100% \$130 allowance for frames OR \$105 allowance for contacts in lieu of glasses	In-Network: Standard lenses covered at 100% \$130 allowance for frames OR \$105 allowance for contacts in lieu of glasses Out-of-Network: \$100 allowance for standard lenses \$100 allowance for frames OR \$100 allowance for contacts in lieu of glasses
Other Services		
Real Appeal®	Included	Included
Post Discharge Meals	Included	Included
Fitness Program	SilverSneakers®	SilverSneakers®
HouseCalls Program	Included	Included



Important Note: This is only a brief summary of benefits. Please refer to the plan’s Evidence of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare® will provide information on how you can access your Evidence of Coverage to view the complete information on benefit details, limitations and exclusions after your enrollment is processed.

Prescription Drug Coverage

Here are Medicare’s rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan. Both of the Medicare Advantage plans offered by ASRS include prescription drug coverage. They have coverage that is equal to or more than the standard Medicare Part D coverage.

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in the ASRS plan, you and your dependents, if applicable, will be disenrolled from the ASRS plan(s).

Remember: If you drop or are disenrolled from ASRS retiree coverage, you may not be able to re-enroll in medical insurance with the ASRS unless you have a Qualifying Life Event or until the next open enrollment period.



Important: 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.

Prescription Drug Coverage

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

Prescription drug plan features:

- No prescription drug plan deductible
- Standard UnitedHealthcare® Group Medicare Advantage formulary applies. Your ASRS group plans offer a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan’s drug list (formulary). The drug tier for each prescription drug is shown on the list.
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit www.UHCRetiree.com/asrs.
- Convenient prescription by mail program.

UnitedHealthcare® Group Medicare Advantage HMO Plan

Tier	Prescription Drug Type	Your Costs	
Coverage Gap	Continue to pay your copay in the coverage gap (see page 37)	Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Generic and some Brands	\$10 copay	\$20 copay
Tier 2	Preferred Brands and some generics	\$40 copay	\$80 copay
Tier 3	Non-Preferred Brands and some generics	\$40 copay	\$80 copay
Tier 4	Specialty Drugs and some generics	\$40 copay	\$80 copay

UnitedHealthcare® Group Medicare Advantage PPO Plan

Tier	Prescription Drug Type	Your Costs	
Coverage Gap	Coinsurance in the coverage gap (25% for generics/25% for brand)** (see page 37)	Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Generic and some Brands	\$10 copay	\$20 copay
Tier 2	Preferred Brands and some generics	\$35 copay	\$70 copay
Tier 3	Non-Preferred Brands and some generics	\$35 copay	\$70 copay
Tier 4	Specialty Drugs and some generics	\$35 copay	\$70 copay

**Member pays copay up to \$4,130 in Total Drug Expenditures. Member then pays 25% of prescription costs until \$6,550 in Out-of-Pocket costs has been met. Member then pays \$3.70 generic, \$9.20 brand copay or 5% of drug cost, whichever is greater.

Prescription Drug Coverage

Prescription drug payment stages

Annual deductible: Your plans do not have an annual deductible.

Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
<p>In this drug payment stage: You pay your copay for each prescription you fill (HMO: \$10/\$40, PPO: \$10/\$35). The plan pays the rest.</p> <p>You stay in this stage until total drug costs (paid by you and the plan) reach \$4,130. Once this amount is reached you move into the Coverage Gap.</p>	<p>In this drug payment stage (after total drug costs reach \$4,130):</p> <p>HMO only: You continue to pay your copay as you did in the initial coverage stage.</p> <p>Your copays from the Initial Coverage and Coverage Gap stages, plus the manufacturer discounts on brand name drugs (about 75%) are applied towards out-of-pocket costs.</p> <p>You stay in this stage until out-of-pocket costs reach \$6,550. This includes all copays paid by you and the manufacturer discount on brand name drugs.</p> <hr/> <p>PPO only: You pay 25% of the cost of brand name or generic drugs</p> <p>You stay in this stage until out-of-pocket costs reach \$6,550. This includes copays you paid in the Initial Coverage stage, the 25% you paid in the Coverage Gap, plus the manufacturer discount (about 75%) on brand name drugs.</p>	<p>After out-of-pocket costs reach \$6,550:</p> <p>You pay your \$3.70 generic copay, \$9.20 brand name copay or 5% of the drugs cost — whichever is higher.</p> <p>You stay in this stage for the rest of the plan year.</p>

Additional Programs

At UnitedHealthcare,[®] we want to make it easier for you and your doctor to take care of your health. As a member of one of the UnitedHealthcare plans, you have an array of programs and services, many available at no additional cost. Here are some of the ways we can help.



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards.



HouseCalls

With the UnitedHealthcare[®] HouseCalls program, you get an annual in-home preventive care visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care. HouseCalls may not be available in all areas.

To learn more or schedule a visit, go to www.UHCHouseCalls.com or call toll-free **1-866-686-2504**, TTY **711**, 8 a.m. – 8:30 p.m. ET, Monday – Friday.



SilverSneakers^{®2}

Stay active at network fitness centers with a SilverSneakers membership. There are no fees when you visit a network location and use basic membership services*.

Find a fitness location at silversneakers.com or call toll-free **1-888-423-4632**, TTY **711**, 8 a.m. – 8 p.m. ET, Monday – Friday.

*At-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.

¹If additional tests are required, there may be a copay or coinsurance.

²Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers GO and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

Additional Programs



NurseLine

Speak with a registered nurse about your medical concerns and questions. Nurses are available anytime, day or night¹.

For more information, call toll-free 1-877-365-7949, TTY 711, 24 hours a day, 7 days a week.



Hear the moments that matter most with custom-programmed hearing aids

Get a hearing exam and access to brand-name and private-labeled hearing aids from any of our 5,500 UnitedHealthcare Hearing providers nationwide.

For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only — other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.



Real Appeal® — New for 2021

Real Appeal is a step-by-step online program that helps make losing weight fun. The program also offers tools to help you gain energy, reduce your risk of developing serious health conditions, and achieve your long-term health goals.

1-844-924-7325, TTY 711,
uhc.realappeal.com



Post Discharge Meals — New for 2021

You have access to 84 home-delivered meals immediately after an inpatient hospital stay or skilled nursing stay through Mom's Meals. A referral from a UnitedHealthcare Clinical Advocate is required. Learn more at www.MomsMeals.com. Call 1-855-428-6667 to place your order.

¹The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Additional Programs



Virtual Visits

Meet with a network doctor or Behavioral Health Specialist virtually — using your computer, tablet, or smartphone — anytime, day or night.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction or depression
- Trauma and loss
- Stress or anxiety

You can find a list of participating virtual doctors by signing in to your personal online account at www.UHCRetiree.com/asrs.



Go beyond the plan benefits to help live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide. Renew, our member-only Health & Wellness Experience, includes:

- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

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.

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.

 - To be eligible for this plan, I must live in the plan’s service area and be a United States citizen or be lawfully present in the U.S.

- ✓ 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.

Statements of Understanding

- ✓ **I will receive information on how to get an 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) contracted providers. The only exceptions are emergency or urgently needed services, or out-of-area dialysis services.

Telephone Numbers & Websites

When calling these insurance carriers, be sure to tell them you are an ASRS retiree.

Medical Carrier

UnitedHealthcare

- **Group Medicare Advantage HMO & PPO Plans**
(Weekdays, 8 AM-8 PM, local time)
844-876-6161/ TTY: 711, when prompted: 844-876-6161
- **Non-Medicare Choice and Choice Plus Plans** (in-state & out-of-state)
(Weekdays, 8 AM-8 PM, local time)
800-509-6729

Internet Addresses:

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

Dental Carriers

Delta Dental of Arizona (Delta Dental High Plan Option & Delta Dental Low Plan Option)

- **Website:** deltadentalaz.com/asrs
- **PPO Dental Customer Service & Claims:** 833-335-8201, TTY: 711 (Weekdays, 8 AM - 5 PM, MST)
- **Vision Discount Services (via EyeMed, Group #9231093):** 866-246-9041 or eyemedvisioncare.com/deltadental

Cigna Dental Care (DHMO) Plan

- **Customer Service and Claims:** 800-244-6224 (Available 24/7)
- **Website:** Cigna.com/ASRS

Prescription Discount Card

WellCard (Available 24/7) 800-562-9625 / WellCardHealth.com

ASRS Member Services

Phoenix Area: 602-240-2000 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov
Tucson Area: 520-239-3100 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov
Out-Of-Area: 800-621-3778 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov

PSPRS, CORP & EORP Benefits Office

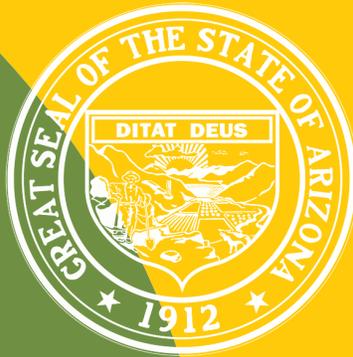
(Weekdays, 8 AM - 5 PM, MST) 602-255-5575 / PSPRS.com

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



An agency of the State of Arizona

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